Bingley Town Council 
Bingley Town Council, Myrtle Place, Bingley BD16 2LF

# CIL AWARDS TO VOLUNTARY GROUPS

## Application form

|  |  |
| --- | --- |
| Name of group: |  |
| Main group contact:(full name and title) |  |
| Position in group(Please confirm that you are authorised to apply for funding on the group’s behalf) |  |
| Address |  |
| Telephone |  |
| E-mail |  |
| Additional contact(Please provide full name, position in group and email address) |  |
| Description of the schemeFull details required. Continue on a separate sheet if necessary. |  |
| What are the full costs of the scheme? |  |
| How will the parish of Bingley benefit from this scheme?Please state:1. The total number of anticipated beneficiaries from Bingley parish, and/or
2. the total number of members of your group who live in the parish.

  |   |
| Where is other funding for the scheme to come from? (Tell us the funder and the amount you expect from them) |  |
| Please tell us the stage at which your other applications are at, i.e. just applied, awaiting outcome of application or funding confirmed. | . |
| What contribution to these costs would you like from the Town Council? |  |
| Is this contribution for a specific element of the scheme? |  |
| Please provide details from your most recent annual accounts |  |
| Year Ended |  |
| Total Income |  |
| Total Expenditure |  |
| Savings (reserves etc)*If your organisation is holding significant financial reserves please provide a full explanation of why these cannot be used to cover the costs you are applying for* |  |
| What is the structure of your organisation? | Informal group 🞏Registered charity 🞏Other 🞏 Please give details below……………………………………………………………………… |
| Please describe the aim of your organisation. |  |
| Please advise if your organisation has any business or political links. |  |
| What kind of insurance does your organisation have?*You may be required to submit copies of your insurance certificates* |  |

Supporting information checklist

Please ensure that the following documents are submitted with your application (accounts and bank statements must always be submitted).

|  |  |
| --- | --- |
|  | Tick to confirm enclosure |
| Three quotes for capital items and works over £500 |  |
| Copy of the most recent/audited accounts  |  |
| Evidence of planning permission (if necessary) |  |
| Three most recent bank account statements together with details of the bank account that you would like the grant paid into. |  |
| If your accounts show that your organisation is holding significant financial reserves, please explain why you are applying to the Town Council for financial assistance. Please give an explanation of any significant reserves |  |
| Where appropriate please supply the constitution, registered charity or company number of your organisation |  |
| Evidence of appropriate insurance (if necessary) |  |
| Please describe your group’s commitment to equality, accessibility and diversity |  |
| Signature of applicantDate In signing this application, you agree that should your organisation be successful; you will acknowledge the contribution of Bingley Town Council in any of your publicity relating to this grant, if this condition is not met Bingley Town Council reserves the right to request repayment of the grant in full. Only one application per group in any one year is permitted. **If your organisation does not use the grant for its intended purpose, the Town Council reserves the right to request the return of funds allocated**. |  |

Applicants should read the ‘Information for applicants’ before completing their application.

Please return your completed application to: enquiries@bingleytowncouncil.gov.uk

Or to

Bingley Town Council,

Myrtle Place

Bingley

BD16 2LF