



# Southam Town Council

The Grange Hall, Coventry Road,  
Southam, Warwickshire, CV47 1QA  
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Town Clerk Mrs Debbie Carro

## GRANT APPLICATION FORM

Name of Organisation

**Organisation main point of contact:**

**Name:**

**Address:**

**Postcode:**

**Telephone Number:**

**Email Address:**

Question	Answer
1. Title of activity/project	
2. Amount of grant requested?	
3. For what purpose is the grant required?	
4. Full estimated cost of above.	
5. Purpose of funding?	

<b>6. Explain why the activity/project is needed.</b>	
<b>7. How long will the activity/project last?</b>	
<b>8. If the activity is on-going, how long has it been going?</b>	
<b>9. How many Southam residents will directly benefit from this activity/project?</b>	
<b>10. How many people will indirectly benefit from this activity/project?</b>	
<b>11. What are the environmental benefits of the activity/project?</b>	
<b>12. What are the health benefits of the activity/project?</b>	
<b>13. How will you know that the activity/project is successful?</b>	
<b>14. How will you make sure that the Health &amp; Safety of participants and community are safeguarded and the environment protected?</b>	
<b>15. Have you received grant funding from Southam Town Council in the past 5 years? If yes, please state the amount awarded and details of the activity/project?</b>	

<b>16. Please submit a copy of the latest Annual Accounts for your organisation otherwise your application cannot be considered.</b>	
<b>17. Please itemise all significant changes from the figures shown in your submitted accounts.</b>	
<b>18. Are there any current balances being retained for specific purposes?</b>	
<b>19. Have any grants from alternative sources been applied for? If yes, please give details.</b>	
<b>20. Please state any further information in support of your application.</b>	
<b>21.</b> <u><b>Feedback Form</b></u>  <b>Attached to this Application Form is a feedback form that must be completed if this grant application is successful. Failure to complete this form and return it to Southam Town Council within 12 months of receiving your grant money will result in future grants from your organisation not being considered.</b>	

Grants are allocated twice a year at the February and September Council Meetings. In order to ensure your application is considered, please return this form to the Deputy Clerk/Financial Officer by the first Monday in February or the first Monday in September. A copy of your latest account should accompany the form.

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TO BE COMPLETED BY TOWN CLERK OR DEPUTY CLERK

Please score this Grant Application a 3, 2 or 1 based on the following:

- 3 Criteria fully met
- 2 Criteria partially met
- 1 Criteria not met

Score \_\_\_\_\_

# **SOUTHAM TOWN COUNCIL FEEDBACK FORM**

## **FEEDBACK ON SOUTHAM TOWN COUNCIL GRANT FUNDED ACTIVITY/PROJECT**

Organisation	
Title of activity/project	
Date of when grant was awarded?	
Dates of the activity/project	
How many people directly involved?	
How many people benefited (directly/indirectly)	
What added value – environmental, health, community involvement etc..	
What were the highlights?  Please attach any compliments or positive feedback, photos, copies of newspaper articles etc..	

**Thank you for completing this questionnaire, please return it to the  
Deputy Clerk/Financial Officer to the following address:**

**Southam Town Council  
The Grange Hall  
Coventry Road  
Southam  
Warwickshire  
CV47 1QA**