**APPLICATION FOR GRANT AID 2025/2026**

**NB** – Grant recipients will be asked to provide a display stand at the Annual Town Meeting **[Monday 9th March 2026 at 7pm]** to demonstrate to the general public how the grant funds have been spent and the benefits accrued.

*A copy of the guidance notes for completing this form is attached. You are advised to read this when completing the form. Please use BLOCK CAPITALS if completing by hand.*

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| **PART 1 – YOUR ORGANISATION** | | |
| ORGANISATION NAME |  | |
| NAME OF CONTACT |  | |
| ADDRESS OF CONTACT |  | |
| TELEPHONE NUMBER: | DAYTIME  EVENING | |
| EMAIL ADDRESS |  | |
|  |  | |
| ARE YOU A REGISTERED CHARITY?  If so, please provide registration number |  | |
|  | | |
| PLEASE OUTLINE BRIEFLY THE ACTIVITIES OF THE ORGANISATION |  | |
|  | | |
| DO THE ORGANISATION’S ACTIVITIES SEEK TO MAKE A POSITIVE IMPACT ON THE ENVIRONMENT? PLEASE GIVE DETAILS | | |
|  | | |
| DOES THE ORGANISATION ITSELF ADOPT ENVIRONMENTAL POLICIES FOR REDUCING GREENHOUSE GAS EMISSIONS AND/OR INCREASE BIODIVERSITY? PLEASE GIVE DETAILS OF POLICIES AND AIMS | | |
|  | | |
| HOW DOES THE ORGANISATION ENSURE THAT THOSE WHO ARE DISADVANTAGED HAVE ACCESS TO SPORTS AND COMMUNITY ACTIVITIES. PLEASE GIVE DETAILS | | |
|  | | |
| PLEASE GIVE NUMBERS IN YOUR ORGANISATION WHO ARE | 1. PAID |  |
| 1. VOLUNTEERS |  |
| 1. MEMBERS LIVING WITHIN SEVENOAKS TOWN |  |
| HOW MANY BENEFICIARIES LIVE WITHIN SEVENOAKS TOWN? |  | |

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| **PART 2 – GRANT REQUEST** | |
| AMOUNT OF GRANT APPLIED FOR |  |
| PLEASE DESCRIBE YOUR PROJECT | |
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| PLEASE EXPLAIN WHAT YOU WILL BE USING THE GRANT FOR | |
|  | |
| WHICH TAX YEAR WILL THE GRANT BE USED IN |  |

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| **PART 3 – GEOGRAPHICAL AREA RELATING TO FUNDS REQUESTED** | |
| Does your project cover a geographical area beyond the parish of Sevenoaks Town Council?  (See map attached at the back of this form) | YES/NO |
| If yes, have you also contacted the respective parish councils OUTSIDE THE SEVENOAKS TOWN WARDS for grant funding? | YES/NO |
| Please provide details of which other town or parish councils you have contacted AND SUMS REQUESTED & AWARDED: | |
|  | |

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| **PART 4 – TO BE COMPLETED BY ALL APPLICANTS** | |
| HAS YOUR ORGANISATION APPLIED ELSEWHERE FOR A GRANT FOR THIS PROJECT? | |
| IF YES, PLEASE GIVE DETAILS | |
| YOU ARE INVITED TO GIVE ANY ADDITIONAL INFORMATION WHICH MIGHT ASSIST THE COUNCIL IN CONSIDERING THE APPLICATION | |
|  | |
| PLEASE STATE BALANCES IN HAND AT END OF LAST FINANCIAL YEAR |  |
| HOW MANY MONTHS OPERATING COSTS DOES THIS REPRESENT? |  |
| HOW MUCH HAS THE GROUP RAISED THROUGH ITS OWN EFFORTS E.G. FUNDRAISING, DURING THE LAST YEAR? |  |
| PLEASE GIVE DETAILS OF ANY PREVIOUS GRANT AWARDS MADE BY SEVENOAKS TOWN COUNCIL INCLUDING THE YEARS IN WHICH THE GRANTS WERE MADE. THE AMOUNT AND WHETHER THEY WERE FOR CAPITAL OR REVENUE EXPENDITURE | |
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| PLEASE ENSURE ALL RELEVANT DOCUMENTATION IS ENCLOSED WITH THIS APPLICATION  CHECKLIST | |
| All relevant parts of form completed |  |
| Form signed |  |
| Audited accounts for last two financial years attached |  |
| DO YOU HAVE A WRITTEN CONSTITUTION?  (THE COUNCIL RESERVES THE RIGHT TO ASK FOR A COPY) |  |

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| Please note, copies of this completed form and any supporting papers will appear on a Council Agenda and will be discussed by Council in the presence of press and public. |

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| I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS CORRECT. I AGREE THAT IF A GRANT IS AWARDED\*, I WILL SUBMIT A BRIEF REPORT CONFIRMING HOW THE MONEY HAS BEEN SPENT AND EXPLAINING WHAT DIFFERENCE THE GRANT MADE. PHOTOS WILL BE SENT IF POSSIBLE. I UNDERSTAND THAT I CONFORM TO THE GUIDELINES SET OUT IN THE GUIDANCE NOTES AND HAVE READ AND SUBMITTED MY APPLICATION IN ACCORDANCE WITH THE GUIDANCE NOTES. | |
| SIGNATURE | DATE |
| NAME AND POSITION IN ORGANISATION  IN CAPITALS PLEASE |  |

All Application Forms must be signed (electronic signature acceptable).

\* **IN THE EVENT OF A SUCCESSFUL GRANT AID APPLICATION, PAYMENT WILL BE BY BANK TRANSFER. PLEASE PROVIDE DETAILS (this information will not be published):**

|  |
| --- |
| **Bank:**  **Sort Code:**  **Account No:** |

Please return this form to Alison Futtit at [council@sevenoakstown.gov.uk](mailto:council@sevenoakstown.gov.uk) or at Sevenoaks Town Council, Council Offices, Bradbourne Vale Road, Sevenoaks, Kent TN13 3QG by:

* **Thursday 31st July 2025** for the September Finance & Delivery Committee
* **Friday 9th January 2026 f**or the February Finance & Delivery Committee

NB: Late applications will be reviewed at the following Grants meeting.

If you have any queries, please contact Alison Futtit on 01732 459953

A screenshot of a map

AI-generated content may be incorrect.

A screenshot of a computer

AI-generated content may be incorrect.