

**WOODBIDGE TOWN COUNCIL**  
**APPLICATION FOR A GRANT**

*Before completing this form, please read carefully the attached document entitled TCP 23 – Grants Policy.*

*Copies of this form together with the **latest copy of your audited or examined accounts** must be submitted by **31<sup>st</sup> May 2023***

*If you have any queries on the completion of this form please contact the Town Clerk, Woodbridge Town Council, Shire Hall, Woodbridge, IP12 4LP Email: [townclerk@woodbridge-suffolk.gov.uk](mailto:townclerk@woodbridge-suffolk.gov.uk)*

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**DETAILS OF YOUR ORGANISATION**

Name of Organisation \_\_\_\_\_

Address \_\_\_\_\_

Contact Telephone No. \_\_\_\_\_

Email \_\_\_\_\_

Registered Charity No. \_\_\_\_\_

If you are part of a larger organisation, enters its name \_\_\_\_\_

Principal aims and activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of volunteers \_\_\_\_\_ No. of paid workers \_\_\_\_\_

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**DETAILS OF GRANT REQUESTED**

Explain your need for a grant with the likely number of beneficiaries and their age profiles

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grant Requested £ \_\_\_\_\_

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**BANK ACCOUNT DETAILS FOR GRANT TRANSFER** *(Should application be successful)*

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Reference Number: (If Applicable) \_\_\_\_\_

**SUPPORTING DOCUMENTATION**

Please confirm if your organisation holds the following documentation/ policies.

<b>Policy</b>	<b>Yes</b>	<b>No</b>
Aims of the organisation /Constitution / Memoranda and Articles / Terms of Reference		
Equality and Diversity policies		
Protection of Children and Vulnerable Adults (Safeguarding) Policy		
Health & Safety Policy		
Risk Assessments (covering activities for which funding is sought)		
Insurance Certification covering the activities for which funding is sought		

**DETAILS OF OTHER GRANTS**

Received in the last 5 years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

currently applied for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Use this space for any significant information about your organisation not already supplied

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Use this space to explain how Council support will be acknowledged/publicised

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I certify that the foregoing replies are accurate to the best of my knowledge

Signature of applicant \_\_\_\_\_

Office Held \_\_\_\_\_ Date \_\_\_\_\_

I endorse and support this application

Signature of Senior Person in Organisation \_\_\_\_\_

Office Held \_\_\_\_\_ Date \_\_\_\_\_

*Form ref GD Grant App Form 2023*

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