

**APPLICATION FOR GRANT AID SUPPORT**  
**GILSTRAP CHARITY**

<b>1. About Your Organisation</b>			
<b>Organisation Name:</b>			
<b>Contact Name:</b>			
<b>Address:</b>			
<b>Postcode:</b>		<b>Telephone No.</b>	
<b>Email Address:</b>			
<b>2. Project Description</b>			
<b>Please describe the nature of your project and its objectives:</b>			
<b>Nature of Project:</b>			
<b>Objectives:</b>			
<b>Expected Start Date:</b>		<b>Expected Finish Date:</b>	
<b>Where will your project/event take place?</b>			
<b>3. People who will Benefit from this Project/Event</b>			
<b>Please provide details of who will benefit from this event and which area of Newark the project/event will cover.</b>			
<b>How many people will participate in the project?</b>			
<b>What links does the project have to existing arts or cultural related events and programmes both locally and nationally?</b>			
<b>Why is the project needed?</b>			
<b>How will you promote and publicise your project?</b>			
<b>What longer term benefits will be derived from the project?</b>			

<b>4. Project/Event Budget</b>
Please provide details of the project/event budget, including the amount requested from the Gilstrap Charity. If the total cost is more than the grant requested, where will the rest of the funding come from?
Is your organisation VAT registered?      Yes/No If yes, please provide your VAT Registration Number: _____
Will there be any income generated from the project/event? If yes, please provide estimates.
<b>5. Have applications been made for other sources of third party funding?</b>
<b>6. Other Supporting Comments and Information</b>
<b>BANK ACCOUNT DETAILS</b> (If your application is successful, we will pay the award through a BACS transfer).
<b>DECLARATION</b>
I confirm that I am authorised to sign this application on behalf of .....
I undertake that any grant awarded will be used solely for the purpose outlined in this application. I also understand that the Gilstrap Charity reserves the right to withhold the payment of the whole or any part of the grant or to require repayment if any information contained herein is false or misleading.
Signed _____      Print Name _____
Date _____

**CONDITIONS OF GRANT FUNDING**

1. Approval must be sought for any subsequent changes to the submitted project outline.
2. If any grant awarded is surplus to requirements this should be returned to the Charity.
3. If funding is awarded the applicant will be required to provide progress reports to the Charity and a post event/project evaluation report.
4. The applicant will ensure that all necessary licences and consents are obtained.
5. The grant must be spent within 12 months of being awarded.
6. Proof of expenditure will be required.

7. Any publicity/marketing material associated with the grant funded event/initiative must acknowledge the Charity's grant funding contribution and include the Charity's logo and website address.

Please return this form to:

Clerk to the Gilstrap Charity  
Castle House  
Great North Road  
Newark  
Notts. NG24 1BY