SIMON DIGBY (SHERBORNE) MEMORIAL TRUST

The Manor House, Newland, SHERBORNE, Dorset, DT9 3JL
Tel: 01935 812807

Mr Steve Shield Clerk to the Trustees

GRANT APPLICATION FORM

SECTION A : GENERAL INFORMATION					
Name and address of organisation:					
a) Name and address of correspondent:					
b) Telephone number:					
Please provide your current membership numbers					
Adult: Junior (under 16)	Male Male	Female Female			
Are non members permitted to use your facilities?			Yes	No	N/A
If yes, please state number of non members using facility				Adult:	Junior:
Please state briefly the history of your organisation and its aims and objectives:					
Is your organisation a registered charity?		Yes	No	If yes …Number	
Is your organisation a limited company?		Yes	No	If yes …Number	
On a separate sheet please provide details on the charges made for the services or activities provided by your organisation together with information of any concessions given.					

SECTION B : FINANCIAL INFORMATION
Please enclose a copy of your latest audited accounts with the completed application form or for a new group a statement of your estimated Income and Expenditure for the first year.
Please provide details of:

a) The total income raised by members' subscriptions during the last financial year:							
Adult £			Junior £				
b) Additional income from non-members during the financial year: £							
c) How your everyday expenses are covered: (*Please rank in order of importance)*							
Local authority grant aid	*(please state which)*						
Fundraising events			Members subscription				
Bar and other sales	Other sources						
If your application refers to land and buildings:							
a) Do you hold the freehold of the land and buildings (if yes, go to section C)					Yes		No
b) **If no,** who owns the freehold?							
c) **If no,** do you own the leasehold?					Yes		No
d) **If yes**, how long is the lease:	Years:		When does it expire:				
e) **If no,** on what terms do you use the land and buildings?							

SECTION C : PROJECT DETAILS

Please state the purpose for which assistance is required:

Location of project (postal address, if different to Section A)

What is the aim of the project:

Please enclose, if applicable, one copy of plans and specifications, including site plans.

Do you have the following consents?	N/A	Yes	No		N/A	Yes	No
Outline Planning Permission				Listed Building Consent			

Detailed Planning Permission				Fire Regulation Approval			
Building Regulation Approval				Other necessary consents *(please specify)*			

Does the design of the project take into account the needs of disabled people?		
Yes	Please give details:	
No	Please state why not	
Project Dates:	Proposed starting date:	Expected completion date:

If this project is part of a larger scheme or phased development, please give details:

Please state briefly how you feel your project will benefit the people of Sherborne.

SECTION D : DETAILS OF PROJECT COST AND FINANCE

Please list the capital costs associated with the project

i)	Construction of new building	£	ii)	Adaption of existing building	£
iii)	Internal fixtures and fittings	£	iv)	Surface and pitch improvement	£
v)	Play equipment	£	vi)	Professional fees	£
viii)	Other costs (please specify)				£
	TOTAL PROJECT COST				£

Please enclose copies of estimates and tenders with the application form

Please state how you propose to finance the project:

Applications for Grant Aid

Body applied to	Confirmed	Rejected	Awaiting decision	Amount
Your existing Organisation Funds				
Proposed fund raising				
Amount requested from Simon Digby (Sherborne) Memorial Trust				
TOTAL £				

a)	Have you considered the possible increased running costs associated with the project?					
	No change necessary		Yes (*Please provide details on a separate sheet/business plan)*			
b)	How will the increased annual costs be covered?					
	Charges and subscriptions		Grant Aid		Fund raising events	
	Bar and other sales		Other			

SECTION E : ADDITIONAL INFORMATION

If you would like to add any additional information in support of your application, please do so below:

Please complete the following: I would like to apply for financial assistance from the Simon Digby (Sherborne) Memorial Trust. I understand that submission of this form does not mean that a grant will be awarded automatically. I note that grant aid cannot be given retrospectively.

Signature:	Official Position:	Date:

I have enclosed the following (where application):

A copy of the organisation's constitution		The latest audited accounts	
One copy of plans and specifications		Copies of estimates tenders or quotations	
Running cost projections/business plan			

NB The Data Protection Act 1998 The information provided on this application may be held on a computerised register

Please provide below your bank details to enable a prompt payment should a grant be made:-

Accound Name:

Sort Code:

Account Number:

Applications should be returned to: The Clerk to the Trustees, Simon Digby (Sherborne) Memorial Trust, The Manor House, Newland, Sherborne, Dorset , DT9 3JL