

**BISHOP AUCKLAND TOWN COUNCIL**  
**COMMUNITY FUND**  
**APPLICATION FORM**

**SECTION 1 - ABOUT YOUR ORGANISATION**

**1.1 Name of Organisation**

**1.2 Address**  
 (Including Postcode)

**Tips**

Give full name as it appears on your governing documents.

**1.4 Is your organisation:**

a. a registered charity?

Yes

No

If yes please give Charity Number.

b. a company limited by guarantee?

Yes

No

If yes please give Company Registration No.

c. a branch of a larger organisation?

Yes

No

If yes, please name the organisation.

d. VAT registered?

Yes

No

If yes, please give VAT Registration No.

e. Does your organisation have a bank account requiring 2 or more signatories?

Yes

No

f. Account Name.

**1.5 When was your organisation set up?**

**1.6 How many people are on your Governing Body or Management Committee?**

**1.7** The Town Council has limited resources for grants and would therefore normally only provide funding for organisation that fall in the following categories:

a. A new group/organisation that would bring direct benefit to the Town and its inhabitants.

b. Existing groups/organisation that would bring direct benefit to the Town and its inhabitants. That are experiencing financial hardship.

c. Existing groups/organisation wishing to set up a new project that would bring a direct benefit to the Town and its inhabitants.

d. Existing group/organisation wishing to provide a social event to its members that will enhance them and the wider community.

**1.8** If your organisation does not fit into one of the categories in 1.7 above, but feel there are special circumstances why the Council should provide funding for your project, please explain these below:

Give full name as it appears on your governing documents.

Tick as appropriate and give relevant information.

Your parent organisation may have legal responsibility if we give you a grant.

If VAT registered, the amount of funding will be not include the cost of recoverable VAT.

If successful, your payment will be made to this account.

Please give month and year.

Please tick the most appropriate box and continue to 1.9.

Should none of these boxes be applicable, please explain why in 1.8 below.

If unable to answer 1.7 above, please explain the special circumstances that the Town Council should be aware of when considering support for your application.

<b>1.9 Who is the main contact for this application?</b>		<p>This must be the person that submits the application. They should be someone from the organisation, over 18 years old and authorised to make the application.</p> <p>A business address must be used where your organisation has one.</p>
<b>Name</b>	<input type="text"/>	
<b>Position in Organisation</b>	<input type="text"/>	
<b>Address</b> (If different to Page 1)	<input type="text"/>	
<b>Telephone:</b>	<input type="text"/>	
<b>Email</b>	<input type="text"/>	

## SECTION 2 - ABOUT YOUR PROJECT

<b>2.1</b>	<b>Briefly describe your Project / Event/ Community Plan.</b>	<p>Tell us what you will do with the grant.</p> <p><b>Be specific</b> about what you will do, how you will do it and what you would spend the grant on.</p> <p>Explain how your project will benefit the Town and/or residents of Bishop Auckland.</p>
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<b>2.2</b>	<b>How many people living in the Town Council area will benefit from your project?</b>	
<b>2.3</b>	<b>When will the Project / Event/ Community Plan take place?</b>	<p>Applications will be considered at the next available town council meeting.</p>
	<p>Start date: <input type="text"/></p> <p>End date: <input type="text"/></p> <p>Are these dates flexible? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

### SECTION 3 – COST OF YOUR PROJECT/EVENT

### 3.1 Provide all costs associated with your project

### 3.2 Have you applied for a funding for this project/event from any other source?

Organisation	Amount Applied for:	Amount Granted (if known)	Not yet known

Where possible list individual items or activities that make up your project.

Make sure costs are accurate and based on quotations where possible.

You should not include any VAT you can reclaim in the amount requested column. The maximum grant awarded is £1,000.

If your application is successful you will be required to present paid invoices before a grant payment is made

We will need to know if you have asked or been given funds from other sources to help fund your project.

## SECTION 4 – SUPPORTING INFORMATION

#### 4.1 Does your organisation have:-

a. Public Liability Insurance? Yes  No

b. Leaders Qualification? Yes  No

c. Affiliation to a governing body? Yes  No

d. Other relevant insurance? Yes  No

Please provide details if you answer yes to any of these questions

#### 4.2 Give details if you answered yes to any of the above

As a result, the *labeled* and *unlabeled* data are combined into a single *supervised* dataset. This dataset is then used to train a *supervised* learning model. The *supervised* learning model is used to predict the labels for the *unlabeled* data. The predicted labels are then used to refine the *supervised* learning model. This process is repeated until the *supervised* learning model is able to correctly predict the labels for the *unlabeled* data.

**4.3 Does your project involve work with children under the age of 18 or vulnerable adults?**

Yes

No

If yes, please answer the following questions

a. Does your group have safeguarding policies and procedures that are appropriate to your organisation's work and the project you are asking us to fund and do you review these regularly?

Yes

No

b. Do all staff and volunteers have a CRB check at least every 3 years?

Yes

No

c. Do you carry out rigorous recruitment and selection for staff and volunteers?

Yes

No

It is your responsibility to have appropriate safeguarding policies and procedures in place. We may ask to inspect these.

**SECTION 5 – SUPPORTING DOCUMENTS CHECKLIST****\* I confirm I have included the following documents in support of this application:****Please Tick**

- Most recent Income and Expenditure account.
- Current bank statement.
- Constitution or Rules of the organisation.

**\* INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED****SECTION 6 – DECLARATION**

I certify that I have completed this form to the best of my knowledge and the information contained therein is correct.

I have read and understood the terms and conditions and agree to them.

Signed

Date

Name (print)

**This form, together with your supporting documentation should be returned to:**

Bishop Auckland Town Council, 54 Kingsway, Bishop Auckland, DL14 7JF

[council@bishopauckland-tc.gov.uk](mailto:council@bishopauckland-tc.gov.uk) Tel: 01388 207110**Customer Notice**

We have recently updated our terms and conditions for all our services, including making some important updates to our privacy notices. To find out more about how we collect, use, share and retain your personal data, visit: <http://bishopauckland-tc.gov.uk/legal-information/privacy-statement/>