

CLUB

TOGETHER

GRANTS

for great community projects

NOMINATION FORM

CONTACT DETAILS

What is the name of your organisation?

Who is the contact person at your organisation?

What is their role?

Address:

Telephone no (day):

Telephone no (evening):

Email:

TELL US ABOUT YOUR ORGANISATION/GROUP

Is your organisation predominantly dedicated to providing service with and for **Dartford based communities**? YES NO

If NO, provide details of activity levels in the Borough and identify other levels of work and locations:

What type of organisation are you:

Charity	YES	NO
Company Limited by Guarantee	YES	NO
Constituted Voluntary Organisation/Group	YES	NO

Other (please specify)

Charity or Company Registration Number:

Please briefly describe the main purpose and activities of your organisation:

For how many years has your organisation been delivering services to Dartford **communities**?

TELL US ABOUT YOUR PROJECT

Where will the project take place?

When will the project take place?

Are the benefactors of this project predominantly **residents** of Dartford Borough? YES NO

Please give a brief outline of your project:

FINANCIAL DETAILS

What is the total expected cost of your project? £

How much do you need from Dartford Borough Council's **Club Together scheme**? £

How much have you raised (excluding Dartford Borough Council and major contributors)? £

Please name other major sponsors:

Please briefly describe the main purpose and activities of your organisation:

Please provide us with a breakdown of how this grant will be spent. *Please note you will be required to provide evidence of this spend upon completion of the project:*

Please give the details of the Bank Account to which you would like payment to be sent. (Should be the same as the official name of the organisation) **Please attach your audited accounts for the last year:**

Name of Account:

Name of Bank:

Account Number:

Sort Code:

DECLARATION

- I certify to the best of my knowledge that the information provided on the form is correct.
- I agree to spend the award from the Dartford Borough Council **Club Together Scheme** on the elements of the project stated in this nomination form.
- I will provide receipts as proof of expenditure and agree to complete an evaluation form.

Signed (authorised to sign on behalf of the organisation):

Name:

Position in Organisation:

Date:

Please give the details of the Bank Account to which you would like payment to be sent. (Should be the same as the official name of the organisation) **Please attach your audited accounts for the last year:**

Name of Account:

Name of Bank:

Account Number:

Sort Code:

Please send the completed nomination form and
a copy of your last audited accounts to:

Councillor Jeremy Kite
Leader
Dartford Borough Council
Civic Centre
Home Gardens
Dartford
Kent DA1 1DR

Don't forget to take a copy for your own records!

FOR OFFICIAL USE ONLY:

Date received:

Officer dealing with nomination:

