

TUTBURY PARISH COUNCIL

Clerk: Karen Duffill

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TRENT STAFFORDSHIRE

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Covid-19 Grant Application Form

What could be funded?

- Provisions - such as food or cleaning items
- Personal Protective Equipment (PPE)
- Publicity and printing costs
- Transport costs
- ID badges for volunteers
- Storage equipment
- Resources to support activities/combat social isolation

This list is not exhaustive. It is recognised a degree of flexibility will need to be exercised as grant applications may be varied.

What cannot be funded?

- Salaries
- Lost income
- Professional fees
- Non protective clothing

Payment of grants will be by cheque upon receipt of official VAT receipts/invoices but only for the specified items as agreed by the committee when awarding the grant. As an emergency measure a grant can be paid out prior to items being purchased but the applicant will be required to submit official VAT receipts/invoices as evidence once items have been purchased. Grants will be revoked in the absence of the required financial receipts being produced or if produced receipts do not match the grant application.

1. PROJECT TITLE:

2. APPLICANT CONTACT DETAILS:

a. ORGANISATION NAME:

b. CONTACT NAME:

c. CONTACT ADDRESS:

d. CONTACT TELEPHONE NUMBER:

3. WHAT ARE THE OBJECTIVES OF THE PROJECT?

4. HOW SHALL THE ABOVE OBJECTIVES BE FULFILLED?

5. HOW SHALL THE PROJECT PROVIDE VALUE FOR MONEY?

6. WHAT IMPACT WILL THE PROJECT HAVE ON TUTBURY PARISH?

7. WHAT IS THE TOTAL COST OF THE PROJECT? PLEASE PROVIDE A BREAKDOWN OF THE COSTS:

ITEM DESCRIPTION:	SOURCE OF FUNDING:	ITEM COST:

8. WHAT IS THE TOTAL GRANT THAT YOU ARE APPLYING FOR? PLEASE PROVIDE A BREAKDOWN OF THE COSTS THAT THIS SHALL COVER:

ITEM DESCRIPTION:	ITEM COST:

9. HAVE YOU INCLUDED A COPY OF THE FOLLOWING? IF NOT, WHY NOT?

a. A BANK STATEMENT FROM THE LAST THREE MONTHS

b. COPY OF CONSTITUTION

10. IF ACCEPTED DO YOU WISH TO MAKE A REQUEST THAT THE FUNDS ARE TRANSFERRED IN ADVANCE OF SPENDING (EMERGENCY MEASURE ONLY)?

11. HAVE YOU READ AND UNDERSTOOD THE 'COVID-19 GRANT APPLICATION CRITERIA'?

12. SIGNATURE OF APPLICANT:

a. SIGNATURE ON BEHALF OF THE ORGANISATION:

b. NAME:

c. ROLE WITHIN ORGANISATION:

d. DATE:

PLEASE RETURN COMPLETED FORM VIA EMAIL TO: tutburyparishclerk@gmail.com