



MALMESBURY TOWN COUNCIL

GRANT APPLICATION FORM FOR VOLUNTARY ORGANISATIONS

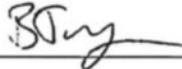

Please complete in dark ink and BLOCK CAPITAL LETTERS or type

CONTACT DETAILS	
Name of Organisation:	Malmesbury SCHOOL.
Charity No: (if applicable)	
Name of contact:	RUTH COLE
Contact address: (please include postcode)	MALMESBURY SCHOOL CORN GASTONS, SN16 0BT
Contact telephone no:	01666 829700
Contact email address:	rcole@malmesbury.wilts.sch.uk
Position in organisation:	SENIOR CURRICULUM LEADER IBL
YOUR GROUP	
Organisation's principal aims and objectives: What services, facilities and/or activities does your organisation provide?	GERMAN EXCHANGE FOR STUDENTS TO NIEBUHL 2024

Approximately, how many Malmesbury residents benefit from the above service, facility and/or activity?	WE ARE HOPING TO RECRUIT 20 MALMESBURY STUDENTS
YOUR EVENT, ACTIVITY OR PROJECT	
Purpose for which grant aid is sought:	TO ENABLE MORE STUDENTS TO ACCESS THE EXCHANGE TRIP BY REDUCING THE OVERALL COST
Please state briefly how a grant would benefit the community and/or residents of Malmesbury:	BY REDUCING THE PRICE PER PERSON, THE TRIP WILL BE MORE ATTRACTIVE + ACCESSIBLE
When are you planning for your project or activity to place?	Start Date: MAY - JUNE 2024 End Date: DATES TBC
What, if any safety issues are related to your event/ project/ activity? Safety issues could be related to participants, organisers, general public and /or the environment. Please tell us if your project/ activity has any such issues and what actions, policies or insurance you have to minimise risk.	FULL RISK ASSESSMENTS ARE COMPLETED FOR EVERY ASPECT OF THE TRIP BOTH IN UK + MALMESBURY + HAVE TO BE APPROVED BY WILTSHIRE COUNCIL BEFORE THE TRIP CAN GO AHEAD, INSURANCE IS INCLUDED
FUNDS	
Amount of grant aid sought:	£ 500

How much will the event/ project/ activity cost in total?	Total Cost = £560 per person, BUT DEPENDS ON NUMBER OF STUDENTS
Please give us a breakdown of how the grant money will be spent (i.e. itemise costs):	REDUCTION OF HEADLINE PRICE FOR STUDENTS
How much money has been/ is being raised towards this? (Please give full details including other sources of funding being sought).	£ STUDENTS / PARENTS PAY FULL AMOUNT COSTED.
If applicable - how do you plan to raise funds to meet any shortfall and by when?	—
<p>Please give us your bank or building society account details of where the grant is to be paid, should your application be successful:</p> <p>This account should require at least two people to sign each cheque or withdrawal. These people should not be related.</p> <p>Please confirm who these signatories are and the position they hold in your group.</p>	<p>Bank/ Building Society Name and Sort Code: LLOYDS 30-91-99</p> <p>Bank/Building Society Address: CHIPPENHAM</p> <p>Bank/Building Account Name and Number: THE ATHELSTAN TRUST 71027468</p> <p>I confirm that (number) signatories are required to sign each cheque or withdrawal of funds: NA - money</p> <p>The names and positions of the signatories are: will be</p> <p>Name: Position: used from Name: Position: account to Name: Position: account.</p>
Have you previously received a grant/donation from Malmesbury Town Council?(If yes, please state when, the amount and purpose of the grant).	No.

MORE INFORMATION

<p>Please provide details from your most recent annual accounts:</p>	<p>Account year ending: 20</p> <p>Total (gross income) <u>NA</u></p> <p>Minus total expenditure</p> <p>Equals loss/ profit for the year</p> <p>Savings (reserves, cash, investments)</p>	<p>£</p> <p>£</p> <p>£</p> <p>£</p>
<p>Senior Contact: Please read and sign the declaration on this form: (This could be your Chairperson, Treasurer or Secretary, for example. They must read the application and also sign below. They must be different to the person applying for this grant as on Page 1 of this form).</p>	<p>I confirm, on behalf of (insert name of group):</p> <p><u>MALMESBURY SCHOOL</u></p> <p>that I am authorised to sign this declaration on its behalf, and that to the best of my knowledge and belief, all replies are true and accurate.</p> <p>I further confirm that this application is made on the basis that if successful, the group will be bound to use the grant only for the purpose specific in this application, and will have to comply with any terms and conditions attached to the grant.</p> <p>Position held in Group:</p> <p>Name: <u>MR BRETT JOUNY</u></p> <p>Address: <u>MALMESBURY SCHOOL</u> <u>CORN GARDONS SN16 0DT</u></p> <p>Phone No: <u>01666 829700</u> Email: <u>bjouny@malmesbury-wilts.sch.uk</u></p> <p>Signed: <u></u> Date: <u>8/6/23</u></p>	
<p>Confirmation and Signature of Main Contact as on Page 1.</p>	<p>I confirm that. To the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for any additional information at any stage of the application process.</p> <p>Signed: <u></u> Date: <u>8/6/23</u></p>	

Completed forms should be returned to:
Town Clerk, Malmesbury Town Council, Town Hall, Cross Hayes, Malmesbury Wilts SN16 9BZ