

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 **Community Fund**? £

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

Please name other major sponsors:

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 **Community Fund** 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 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:

Date of Application Review:

Composition of review panel:

Review Panel decision and reasoning:

Date proof of expenditure and evaluation for received: