

All of the borough of Tonbridge & Malling ☐

Part of the borough of Tonbridge & Malling ☐

How many people living in Tonbridge & Malling Borough directly benefit from contact with your organisation each year?

How many staff are employed by your organisation?

How many volunteers assist your organisation?

Have staff/volunteers who work with young people/vulnerable adults obtained DBS clearance if required?
Yes / No

4. INFORMATION ABOUT HOW YOU WOULD USE A GRANT FROM TONBRIDGE AND MALLING BOROUGH COUNCIL

What is the amount of grant you are applying for:

£

Please provide here a short summary of what the grant will fund:

Will the grant be used to fund:

A specific project or purchase ☐

On-going work ☐

A combination of the above ☐

Establishment of a new group ☐

Which of the following priorities does the grant application seek to support?

- ☐ Helping vulnerable communities through the cost-of-living crisis
- ☐ Supporting healthy lifestyles
- ☐ Improving community safety
- ☐ Helping people gain skills to access the workplace
- ☐ Supporting environmental and carbon reduction initiatives

5. WORKING IN PARTNERSHIP

Is this a joint grant application submitted with other partners?

Yes ☐

No ☐

If yes, please name partner organisations

Please give details of any applications made to other funding bodies for a grant for the financial year 2024/25

Funding organisation	Amount	Confirmed Yes / No

6. ACCREDITATION

Do you have or are you working towards any quality accreditation?

Yes ☐

No ☐

Please give details:

7. PERFORMANCE INDICATORS

Please list at least 3 indicators which will help you measure your success and will also enable us to assess whether our grant support to your organisation will have achieved its intended objectives. This will assist us to monitor progress throughout the year.

1.

2.

3.

4.

5.

8. YOUR CONFIRMATION

If my application is successful, I agree to acknowledge the support of the borough council in my publicity material or on my premises. I confirm that my organisation is committed to equal opportunities and complies with statutory requirements.

Signed:

Position:

Date:

YOUR CHECKLIST

- **Applications must be submitted by no later than 1 May 2024.**
- **Please attach a copy of your latest set of audited or signed accounts and a copy of the constitution of your organisation.**
- **Any grant given must be spent during the financial year in which it is awarded.**
- **Please ensure that all sections of this form are completed and any supplementary information which is required is attached. Please note we do not need additional information/literature about your organisation.**
- **Be sure to tell us full details about why you need a grant, what it will be used for and how you will measure your success**
- **Please be aware that grant applications are assessed against a number of criteria set out on the attached sheet. Ensure your grant application addresses the criteria where appropriate**

**For information
only – do not
complete**

Criteria and Scoring for applications

Criteria		Score	Awarded (office use only)
Location of the organisation	Based in the borough	3	
	Based in the local area (including Maidstone, Tunbridge Wells, Sevenoaks, Medway)	1	
Area of the borough served	Support focused on residents in more deprived communities (Trench, Snodland, East Malling or Aylesford)	3	
	Serves other areas of the borough	2	
Project Funding	Grant will fund a project or purchase or seeks to establish a new group	5	
	Grant will fund both ongoing work and a specific project purchase	3	
	Ongoing work only	1	
Delivery of priorities	Assists with the delivery of more than one priority	5	
	Assists with the delivery of one priority	3	
Partnership working	Application involves joint working with others	2	
Other sources of funding	Several sources of funding obtained	5	
	Funding obtained from one other source	3	
	Funding applied for but not yet confirmed	2	
Recognised quality standard	Has achieved accreditation	3	
	Is working towards accreditation	1	
Total Points Scored			