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EAST RIDING  
OF YORKSHIRE COUNCIL

## Active Towns Community Grant Application

### I. Contact Details

Who is the lead applicant?

<b>Name</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Address</b>	

What group are you applying on behalf of?

<b>Name of Group</b>	
<b>Phone Number (If different from Lead Applicant)</b>	
<b>Email Address (If different from Lead Applicant)</b>	
<b>Address (If different from Lead Applicant)</b>	



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## 2. Group Details

Briefly describe what your Group/Club/Organisation does. Please include locations, dates and times when the group meets.

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Does your group have members?    Yes/No

## 3. Accreditation & Insurance

Have you achieved ERCAS (East Riding Club Accreditation Scheme) or ERMOS accreditation (East Riding Minimum Operating Standards)?

☐ Yes      ☐ No

If yes please give your ERCAS/ERMOS Number & Expiry Date:

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Do you have Public Liability Insurance?    ☐ Yes    ☐ No

## 4. Application Details

Please describe what you are applying for funding for? (Please check the fact sheet provided for details on what can and cannot be funded)

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If applicable what are your start and finish dates?

Start Date	
End Date	



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## 5. Funding Details

How much are you applying for?

What is the total cost?

Please give details of the funding you are applying for

Item	Funding Applying For	Total
TOTAL		

If you are not applying for the full amount, where will the other money come from?

Organisation	Amount	Secured or Unsecured?



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**What difference will the funding make and how do you plan to continue after the grant money has been spent?**

## 6. Additional Questions

**Please tell us where you heard about this funding:**

(Please select all that are relevant by ticking the box)

- ☐ Word of mouth
- ☐ Email from funder
- ☐ East Riding of Yorkshire Council website
- ☐ Facebook
- ☐ Twitter
- ☐ Newspaper
- ☐ Town and Parish Council
- ☐ Other

Would you be happy to support Active Towns / Goole Youth Action Events/Sessions in the future? ☐ Yes ☐ No

## 7. Declaration

Please sign and date the declaration. In dating and signing this document and submitting it you confirm that, to the best of your knowledge, the information provided on this application form is correct and you confirm that any grant awarded will be used exclusively for the purposes described.

Signed	Print Name	Date

Please send the completed application form to: Phil Jackson - Goole Youth Action - Email: [phil.gooleyouthaction@gmail.com](mailto:phil.gooleyouthaction@gmail.com)