



## RIPON CITY COUNCIL SMALL GRANTS SCHEME 2026/27 APPLICATION FORM

Please ensure that you have read the accompanying guidance before filling in this form.  
 Please note that your application will not be processed if the form is not fully completed or the required supporting evidence is not supplied.  
 Please complete the form in BLOCK CAPITALS using black ink.  
 Ripon City Council's Small Grants Scheme is designed to be an easy to access source of funding for local organisations. Please do not hesitate to contact the Chief Officer if you have any questions or require help filling in this form. Contact details can be found in the accompanying guidance.

### Section 1 – Applicant Details

<i>Name of Organisation:</i> To whom a cheque will be paid if an award is made.	
<i>Main Contact:</i> Must be the person who signs the declaration at the end of the form, who will be managing the project or activity.	
<i>Position in Organisation:</i> E.g. Chair / Secretary.	
<i>Address of Organisation:</i> Please include your postcode.	
<i>Telephone Number:</i>	
<i>E-mail Address:</i>	

### Section 2 – Organisation Details (refers to organisation named in Section 1)

<i>Is your organisation based in Ripon?</i>	Yes		No	
<i>How is your organisation best described?</i>				
Please tick one only.				
A registered charity.				
A voluntary sector organisation.				
A social enterprise.				
A Community Interest Company.				
Other, please state:				
<i>How many trustees / members of your organisation's management committee are there?</i>				
<i>How many volunteers does your organisation benefit from?</i>				

<i>How many other members does your organisation have?</i>		
<i>How many paid staff does your organisation employ?</i> Please give a full time equivalent.		
<i>At the end of its last financial year what funds did your organisation have (to agree to your submitted accounts)?</i>		£
If this is more than 6 months running costs, please provide an explanation of what these funds are for?		

### Section 3 – Project Details

<i>Project Title:</i>					
<i>Description of Project:</i> Please outline your project in no more than 250 words. Continue on a separate sheet if necessary.					
<i>Location of Project:</i> Please provide an address, or a description sufficient to identify, where any grant funding will be spent.					
<i>How many people do you expect to benefit from this project?</i> Please give an estimate of numbers.					
<i>Will it be Ripon residents who benefit from your project?</i> Ripon City Council's Small Grants Scheme has been funded by an increase in the precept (money collected through the Council Tax levied on Ripon residents). Tick one of the boxes below to indicate whether it will be Ripon residents who benefit from your project:					
Wholly	<input type="checkbox"/>	Mainly	<input type="checkbox"/>	Partly	<input type="checkbox"/>
<i>Which sectors of the Ripon community will your project benefit?</i> Please tick all that apply.					
Community	<input type="checkbox"/>	Welfare	<input type="checkbox"/>	Sport	<input type="checkbox"/>
Health	<input type="checkbox"/>	Education	<input type="checkbox"/>	Arts	<input type="checkbox"/>
Culture	<input type="checkbox"/>	Leisure	<input type="checkbox"/>	Minority Groups	<input type="checkbox"/>
Youth	<input type="checkbox"/>	Families	<input type="checkbox"/>	Elderly	<input type="checkbox"/>
Commerce	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

How will your project benefit Ripon?			
What evidence do you have to show that there is a need for your project in Ripon?			
Project Start Date:		Project End Date: (If Applicable)	

**Section 4 – Costs & Funding**

**Please set out the estimated costs of the project:**

Important - Ripon City Council requires sight of at least 3 quotes for single items or projects costing £1,000 or above. Please remember to attach these; otherwise your application **will not** be processed.

<i>Item</i>	<i>£</i>
<i>Total Cost of Project</i> Figure to match total funding, below.	

**How will your project be funded?**

<i>Name of Funder</i>	<i>Funding Confirmed Yes / No</i>	<i>£</i>
Ripon City Council – Small Grants Scheme		
Not to exceed £1,000		
Organisation’s Financial Contribution (if any).		
<i>Total Funding</i> Figure to match total costs, above.		

*If you are applying for funding to help with revenue (running) costs, please explain how this project enhances the existing work of your organisation:*

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<i>How do you intend to continue to fund the project if there will be ongoing running costs?</i>	
<i>Please provide information on any other assistance you are giving and / or receiving to support this project e.g. in kind contributions.</i>	

### **Section 5 - Other Information**

*Is there any other information that you would like Ripon City Council to know about your project or organisation when considering your application?*

### **Section 6 - Checklist**

<i>Have you included:</i>	<b>Yes / No</b>
A copy of your organisation's Constitution or the Minutes of your last Annual General Meeting?	
The most recent set of audited accounts for your organisation?	
3 quotations for costs or items over £1,000?	
Details of any consents required (e.g. planning permission)?	
Documents which show how you have evidenced the need for your project in Ripon?	
Details of lease / rental agreements if your project involves a building or premises?	
Any other relevant documentation? Please detail below:	

*If you have answered 'No' to any of the above please attach a letter explaining the reason why. It is in your own interest to provide Ripon City Council with sufficient information to be able to properly evaluate your application. Failure to do so could lead to an unsuccessful application.*

**Section 7 - Declaration (to be signed by the contact listed in Section 1).**

*By signing this declaration I declare that:*

- I have read the accompanying guidance before completing this application form.*
- The information given in this form, on behalf of the organisation listed in Section 1, is correct to the best of my knowledge.*
- I am authorised to apply for a grant on behalf of the organisation named in Section 1.*
- If the information in the application changes I will notify Ripon City Council as soon as possible.*
- The organisation listed in Section 1 complies with all relevant legislation.*
- The organisation listed in Section 1 has due regard to equalities legislation.*
- The organisation listed in Section 1 has appropriate safeguarding policies and procedures in place for working with children, young people and vulnerable adults.*
- The organisation listed in Section 1 has insurance and safety measures in place including public liability insurance.*
- I will ensure, on behalf of the organisation listed in Section 1, that the financial assistance, or such part of it as Ripon City Council may determine, will be repaid in the event of the organisation being in breach of the assurances given above, or the facilities / project cease to be used for the purpose for which assistance is given within 5 years of a grant being awarded.*
- I confirm that the organisation listed in Section 1 will take part in the monitoring exercise to be carried out at the end of the grant programme.*

*The Freedom of Information Act 2000 gives members of the public the right to request any information that the Council holds. This includes information received from third parties, including grant applications. If information is requested under the Freedom of the Information Act, we the Council will release it, subject to being satisfied that none of the relevant exemptions apply.*

*We will treat personal details as private and confidential and not disclose them to anyone unconnected to the Council unless you give us permission to do so, or in circumstances where we are legally obliged to do so. Any information that you give us will be held securely and in accordance with the rules on data protection.*

*If your application is submitted by, or your organisation is connected to, a serving member of Ripon City Council then please use this space for the declaration of any relevant disclosable personal or pecuniary interests:*

*Signature:*

*Printed Name:*

*Date:*

**Please return this form by post to:**

SGS Applications  
c/o Chief Officer  
Ripon Town Hall  
RIPON  
HG4 1DD