

MALMESBURY TOWN COUNCIL

GRANT APPLICATION FORM FOR VOLUNTARY ORGANISATIONS (S137 Local Government Act 1972)

Please complete in dark ink and BLOCK CAPITAL LETTERS or type

| CONTACT DETAILS | | | | | |
|--|--|--|--|--|--|
| Name of Organisation: | THOMAS HOBBES OF MALMESBURY SOCIETY | | | | |
| Charity No: (if applicable) | | | | | |
| Name of contact: | CHAIR - MRS. KIM POWER | | | | |
| Contact address: (please include postcode) | C/O 3 Park Close, Malmesbury, Wiltshire SN16 OEB | | | | |
| Contact telephone no: | 07484 756255 | | | | |
| Contact email address: | kim@kimpower.co.uk | | | | |
| Position in organisation: Ch | air | | | | |
| | YOUR GROUP | | | | |
| Organisation's principal aims and objectives: | To promote Thomas Hobbes of Malmesbury locally and abroad, both as a reknowned son of Malmesbury, as well as a world famous philosopher. | | | | |
| What services, facilities and/or activities does your organisation provide? | To provide events, literature, talks (symposiums) etc both historical and philosophical, for both residents and visitors, to raise awareness of and promote Thomas Hobbes. We especially link in with local Schools and older more vulnerable residents in the area , as well as cross community groups, visitors and others online across the world. | | | | |

| Approximately, how many Malmesbury residents benefit from the above service, facility and/or activity? | Over the years, probably thousands of residents have participated in our events, especially during a previous drive to establish Malmesbury as a 'Philosophy Town' attracting world class historians and philosophers to come to Malmesbury, which was also of direct benefit to students at Malmesbury School and other related organisations in the Town e.g.the Museum. Plus activities are a big attraction for visitors to come to the town as well and this means corresponding spend in our 'High St.' | | | | |
|---|---|--|--|--|--|
| YOUR EVENT, ACTIVITY OR PROJECT | | | | | |
| Purpose for which grant aid is sought: | To provide some start up funding to establish a new annual Thomas Hobbes Festival in the Town, starting in April 2025. This is going to be a cross community project, growing year on year - Malmesbury School, the URC Church, Athelstan Museum, MHS and Civic Trust and more. This first year we anticipate a further archaeological dig (after uncovering Thomas Hobbes family house wall during the Athelstan 1100 Big Dig last year), this will link in over a weekend with Explore Malmesbury guided walks for residents and visitors, plus two philosophy talks, and a history talk. There will be interaction with Malmesbury School, plus filming and a publication (linked to both Bath and Bristol Universities), after the Festival to provide a continuing legacy until the next Festival. | | | | |
| Please state briefly how a grant would benefit the community and/or residents of Malmesbury: | We anticipate this will be an annual event which will give local residents, (including older and more vulnerable residents) as well as students access to this part of Malmesbury's history (and philosophy) and delivered by world experts in their fields as well as local historians. There will also be a large element of town promotion through our publicity, which will attract extra visitors and result in extra trade and income for our 'High St' economy | | | | |
| When are you planning for your project or activity to place? | Start Date: The Thomas Hobbes Festival will be the weekend of the 5th and 6th July 2025 and End Date: nearest weekend to the 5th annually, being the date of Hobbes' bith in 1588. | | | | |
| 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. | We do not anticipate any safety issues, however The Thomas Hobbes of Malmesbury Society are obtaining public liability insurance, plus Cotswold Archaeology have their own public liability insurance as do the other participating organisations. N.B. The area of the archaeological dig was scrutinized by Cotswold Archaeology as part of their risk assessment for the Big Dig in July 2024. | | | | |
| FUNDS | | | | | |
| Amount of grant aid sought: | £ 500 | | | | |

| How much will the event/ project/ activity cost in total? | Total C | ost = £3,500 | | | |
|---|---|-----------------|-----------|-----------|--|
| Please give us a breakdown of how the grant money will be spent (i.e. itemise costs): | £500 will go towards the costs of arranging the talks, visits to School and other preparatory work and publicity. | | | | |
| How much money has been/ is being raised towards this? (Please give full details including other sources of funding being sought). | £ Amount currently unknown Other funding being applied for includes matched funding from Cotswold Archaeology, Malmesbury Civic Trust, Wiltshire Council Area Board in respect of inclusion of older and vulnerable people, plus of course some funding from the Thomas Hobbes of Malmesbury Society. We also anticipate that ticket sales for the talks will offset some expenditure. | | | | |
| If applicable - how do you plan to raise funds to meet any shortfall and by when? | We do not anticipate any shortfall for the project. | | | | |
| Please give us your bank or building society account details of where the grant is to be paid, should your application be successful: | Bank/ Building Society Name and Sort Code: LLoyds Bank Plc - Sort Code 30 91 99 Bank/ Building Societ y Address: Chippenham Bank/ Building Account Name and Number: | | | | |
| | Thomas Hobbes of Malmesbury Society Bank Ac No. 00679806 | | | | |
| This account should require at least two people to sign each | I confirm that 2 (<i>number</i>) signatories are required to sign each cheque or withdrawal of funds: | | | | |
| cheque or withdrawal. | The names and positions of the signatories are: | | | | |
| These people should not be related. | Name: | Andrew Woodcock | Position: | Treasurer | |
| Please confirm who these signatories are and the position they hold in your group. | Name: | Rhiannon Parry | Position: | Secretary | |
| | Name: | | Position: | | |
| 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

| Please provide details from your most recent | Account year ending: 2024 30th Sept | | | | |
|--|--|--------------|--|--|--|
| annual accounts: | Total (gross income) | £ 748.42 | | | |
| | Minus total expenditure | £ 813.35 | | | |
| | Equals loss/ profit for the year £ 64.93 | | | | |
| | Savings (reserves, cash, investments) £ 1569.9 | | | | |
| Senior Contact: Please | I confirm, on behalf of (insert name of group): | | | | |
| read and sign the declaration on this form: | The Thomas Hobbes of Malmesbruy Society | | | | |
| (This could be your Chairperson, Treasurer or Secretary, for example. They must read the application and also sign below. They must be | 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. | | | | |
| different to the person applying for this grant as on Page 1 of this form). | 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. | | | | |
| | Position held in Group: Chair | | | | |
| | Name: Mrs. Kim Power | | | | |
| | Address: 3 Park Close, Malmesbury, Wiltshire SN 16 OEB | | | | |
| | Phone No: 07484 756255 Email: kim@kin | mpower.co.uk | | | |
| | Signed: Date | 03/02/2025 | | | |
| i i | | | | | |
| Confirmation and Signature of Main Contact as on Page 1. | 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 addional information at any stage of the application process. | | | | |
| | Signed: Date | : | | | |

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