



Saltash Town Council



Grant Application Form

APPLYING FOR:
(Tick one box)

Community Chest Grant

Festival Fund Grant

DATE APPLICATION SUBMITTED:

12/04/2019

Contact Name:	BOBBY BILLINGHURST
Position:	FUNDRAISING + DATABASE ADMINISTRATOR
Organisation:	CORNWALL AIR AMBULANCE TRUST
Contact Address:	TREVITHICK DOWNS NEWQUAY CORNWALL TR8 4DY
Telephone Number:	
E-mail:	
Status of Organization:	REGISTERED CHARITY
Charity/Company number (if applicable)	Charity No: 1133295 Company No:
What geographical area does your organization cover?	CORNWALL AND ISLES OF SCILLY - WEST DEVON ON OCCASION

<p>How long has your organization been in existence?</p>	<p>CORNWALL AIR AMBULANCE WAS INCORPORATED IN 2009; PREVIOUSLY KNOWN AS FIRST AIR AMBULANCE SERVICE TRUST WHICH FORMED IN 1987 AS THE VERY FIRST AIR AMBULANCE IN THE UK.</p>
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Please note that it may be asked to attend a meeting of the Policy and Resources Committee to answer questions on your application.

1. Organisation Background

	Date Applied	Project	Amount Applied for	Successful Y/N
<p>Have you applied for a grant from Saltash Town Council within the last 5 Years? (Please list – continue on a separate sheet if necessary)</p>	05/09/16	OPERATING COSTS	NOT KNOWN	N
<p>Please list the aims and objectives of your organization</p>	<p>TO RELIEVE PAIN AND SICKNESS, FOR THE BENEFIT OF THE PUBLIC BY THE PROVISION OF AN AIR AMBULANCE SERVICE PRIMARILY IN CORNWALL AND ISLES OF SCILLY.</p>			

What are the main activities of your organization?	CORNWALL AIR AMBULANCE PROVIDES EMERGENCY MEDICAL AIR RESPONSE. OUR CRITICAL CARE PARAMEDIC CREW RESPOND TO A VARIETY OF CALL OUTS TO THE MOST SERIOUSLY ILL OR INJURED PATIENTS INCLUDING ROAD TRAFFIC ACCIDENTS, TRAUMA INJURIES, CARDIAC AND MEDICAL EMERGENCIES.
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	Yes / No or N/A
Are you part of a religious group?	NO
If application is for a Church – is it for anything other than a parish church, Community Hall (used by all within the community) or environmental purposes?	NA
If application is for a School – Is, it for anything other than environmental purposes or a project that does not benefit the wider community and is not in addition to statutory services?	NA
If application is from an education, health or social service establishment – do you work in partnership with other groups?	YES
If application is from an education, health or social service establishment – is project in addition to statutory services?	YES

2. Your project

Project	Start Date	01 / 01 / 2020
	Finish Date	30 / 04 / 2020
	Total Cost	£7.4 MILLION
	Grant Applied For	£1,000.00

Project title:	SAVING TIME, SAVING LIVES IN SALTASH
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<p>Description of project (please continue on a separate sheet if necessary)</p>	<p>TO PURCHASE AND COMPLETE A MEDICAL FIT-OUT OF A NEXT GENERATION AW169 HELICOPTER TO PROVIDE AN 'A+E' IN THE SKIES, SAVING MORE TIME AND ULTIMATELY SAVING MORE LIVES. PLEASE SEE ATTACHED.</p>
<p>Where will the project/activity take place?</p>	<p>THE HELICOPTER AIRBASE IS AT NEWQUAY AIRPORT HOWEVER THE CREW ARE DEPLOYED ACROSS THE COUNTY INCLUDING SALTASH. IN 2018 WE ATTENDED 13 RESIDENTS AND VISITORS IN SALTASH.</p>
<p>Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)</p>	<p>THE NEW HELICOPTER WILL SERVE RESIDENTS AND VISITORS TO SALTASH FOR A MINIMUM OF 20 YEARS. IN THIS TIME WE ANTICIPATE PROVIDING ADVANCED MEDICAL CARE AND HOSPITAL TRANSFER TO APPROX. 300 PEOPLE IN SALTASH.</p>
<p>What evidence do you have that this project is required? (This might be survey work or statistical evidence)</p>	<p>IN 2016 THE TRUSTEES CONDUCTED A REVIEW OF SERVICES. DUE TO OUR AGEING MD902 HELICOPTERS WITH ITS LIMITED SPACE AND MEDICAL EQUIPMENT THE CLINICAL TREATMENT AND SPEED IN REACHING PATIENTS IS COMPROMISED.</p>
<p>What support have you received for this project? (Please tell us about any expressions of support you have received from outside your organization Consultation with Community)</p>	<p>OUR £2.5 MILLION PUBLIC APPEAL HAS THE BACKING OF OUR LOCAL COMMUNITY. THE HELICOPTER TRANSITION HAS THE SUPPORT OF SOUTH WEST AMBULANCE SERVICE (WHO DISPATCH THE CREW) AND CLINICAL COMMISSIONING GROUPS.</p>

<p>How will the project be managed and how will you measure its success?</p>	<p>THE PROCUREMENT, PURCHASE AND IMPLEMENTATION IS BEING LED BY OUR CHIEF OPERATING OFFICER STEVE MURDOCH, OVENSEEN BY TRUSTEES. THE INCREASE IN MISSIONS AND HIGHER LEVELS OF CLINICAL TREATMENT WILL BE CAPTURED BY BOTH OUR MISSIONS DATA AND PHEMNET DATABASE.</p>
<p>Please give the timescale and key milestones for your project, including a start date and finish date.</p>	<p>WE AIM TO TAKE RECEIPT OF THE AW169 IN FEBRUARY 2020 WITH FIT-OUT AND CREW TRAINING COMPLETE. THE NEW HELI WILL BE OPERATIONAL FROM APRIL 2020 DATES ARE SUBJECT TO FUNDING.</p>
<p>What arrangements do you have in place to ensure safeguarding of children and/or young people and/or vulnerable people (applicable only if your project involves working with this client group)</p>	<p>OUR PILOTS ARE TRAINED BY SPECIALIST AVIATION SERVICES, AND THE PARAMEDICS BY SOUTH WEST AMBULANCE SERVICE. ALL CREW COMPLETE ENHANCED DBS CHECKS. ALL PATIENT CASES ARE REVIEWED.</p>

3. How you will pay for your project.

<p>What will the money be spent on? (Provide a full breakdown of project cost(s) identifying what cost(s) this grant would be spent on)</p>	<p>THE PURCHASE AND MEDICAL FIT-OUT OF AN AW169 HELICOPTER.</p>
<p>How will you promote STC once application and project are complete?</p>	<p>PRESS RELEASE TO SAULTASH AND DISTRICT OBSERVER, SOCIAL MEDIA.</p>

Saltash Town Council considers Match Funding is extremely important. Please list any applications you have made for funding from other organisations in the table below:

Organization	Contribution Sought (£)	Applied (please tick as appropriate)	Granted (please tick as appropriate)
CORNWALL AIR AMBULANCE DESIGNATED RESERVES	£3,400,000		✓
LIBOR FUND	£1,000,000		✓
LOAN	£500,000		✓
NEW HELI PUBLIC APPEAL	£2,500,000		£1,250,000 SECURED.

Please confirm the bank account your project is using is in the project's name/organization name	✓
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4. Further information enclosed Checklist.

	Enclosed (please tick)
A copy of your organization's most recent bank statements (mandatory)	✓
Copies of all relevant Employer's, Building & Public Liability Insurance Certificates & Title Deeds if appropriate (mandatory)	✓

A letter head showing the organization's address and contact details	✓
A copy of your constitution and articles of association (or similar documents if the above do not exist, showing the organization's status)	✓
A copy of your organization's latest set of accounting statements (if any exist)	✓
Copies of any letters of support for your project	
If your organization has previously received a grant from STC please include a brief report and evidence of how you promoted the contribution from the Council	NA
Other (please list)	

If any of the above documents have not been enclosed, please give reasons why in the box below:

5. Declaration by the applicant

I/we declare that, to the best of my/our belief, the information given on this application form and in any enclosed supporting document is correct.

I/we declare that, I/we have read the Town Council's Grant Policy and believe to the best of our knowledge, that we meet the criteria set out by the Policy.

I/we confirm that a risk assessment will be completed prior to an event granted funding by the Town Council.

I/we accept the following:

- (i) that any false information we provide, even if provided in good faith, may lead to the withdrawal of the grant offered;
- (ii) that any grant offered will be used only for the purposes set out in this application;
- (iii) that we will provide reports on progress at the request of the Town Council;
- (iv) the support of the Town Council will be publicised;
- (v) that should any grant offered, not be used in accordance with the terms and conditions set by the Town Council, we undertake on behalf of the organisation to repay the outstanding amount to the Town Council on demand.

Please be aware that the decision as to whether you have been successful in your application will be communicated to you shortly after the relevant Council meeting.

Signed:			
Print Name(s):	BOBBY BILLINGHURST	CATH COLLIER	
Position(s):	FUNDRAISING + DATABASE ADMINISTRATOR	FUNDRAISING OFFICIER	
Date:	22/04 /2019		

Applicants should refer to the Privacy Notice on the Town Council Website www.saltash.gov.uk for details on how we use your data.

COMPLETED FORMS SHOULD BE RETURNED TO:
The Town Clerk, Saltash Town Council, The Guildhall, 12 Lower Fore Street,
Saltash PL12 6JX Email: enquiries@saltash.gov.uk

OFFICE USE ONLY:	
Date received	
Received by:	
Application Reference:	
Date to P&R Chairman/Vice Chairman	
Approved to go to Committee	
Committee Date	
Decision/Minute number	
Amount awarded	
Application refused by P&R Chairman or refused by Committee	
Appeal notice issued	
Appeal received	
Approved for Committee	
Decision/Minute number	