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Saltash Town Council



Grant Application Form

APPLYING FOR: (Tick one box)

Community Chest Grant

Festival Fund Grant

23 MAY 2019

DATE APPLICATION SUBMITTED:

Contact Name:	MR N'EILL KELLIHER
Position:	CHAIRMAN
Organisation:	SALTASH ST. STEPHENS CRICKET CLUB
Contact Address:	
Telephone Number:	
E-mail:	
Status of Organization:	COMMUNITY AMATEUR SPORTS CLUB
Charity/Company number (if applicable)	Charity No: NA
	Company No: N/A

What geographical area does your organization cover?	CALTASH & SULLOUNDING VILLAGES -	
How long has your organization been in existence?	SINCE 1982.	

Please note that it may be asked to attend a meeting of the Policy and Resources Committee to answer questions on your application.

Organisation Background

Have you applied for a grant from Saltash Town Council within the last <u>5 Years</u> ?	Date Applied	Project	Amount Applied for	Successfu i Y/N
(Please list – continue on a separate sheet if necessary)		WE HAVE NOT APPLIED FOR A GRANT.		
	To Ma	NITAIN & PROMOTE	CLICKETINS	AUTASH
Please list the aims and objectives of your organization	TO MAINTAIN & PROMOTE CLICKET IN SAUTASH & TO DEVELOP AYOUTH POULY AS SOON AS THE PLAYING SULFACE IS UP TO COUNTY SAFETY STANDARDS. THE FACILITIES & PLAYING SULFACE AT CHAPEL FIELD ALE PLOBBELY THE WOLST IN COLUMNAL & WITHOUT SINTABLE FUNDINGS IT WILL PLOVE DIFFICULT TO PROMOTE THE GAME TO OUR YOUTH OF THE TOWN.			

What are the main activities of your organization?	SALETASH ST STEPHENS C. C. HAVE BEEN PLAYFING CRICKET AT CHAREL FIELD SINGE SALETASH. C. CLUB FOUND THE'R NEW GROUND AWAY FROM SALETASH. WE PLAY 9/10 HOWE GAMES AT CHARE FIRED AND PAY FOR RESRMAC TO PREPARE THE GROUND.

	Yes / No or N/A
Are you part of a religious group?	NA
If application is for a Church – is it for anything other than a parish clock, Community Hall (used by all within the community) or environmental purposes?	N/A
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?	NA
If application is from an education, health or social service establishment – is project in addition to statutory services?	NA

Your project

Project	Start Date	oct 2019) TBA
	Finish Date	oct 2019)
	Total Cost	£ 3,0.67.92
	Grant Applied For	£ 1,000

Project title:	ON CHAPEL FIELD. (SHE ESTIMATE)
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Description of project (please continue on a separate sheet if necessary):	THE CLICKET SQUARE ON CHARLEFIELD HAS NOT BEEN LOOKED AFTER COLLECTLY SINCE 1982 NORK REQUIRED. SADDLE (BUMP) REMOVED SQUARE SAKED TO ALLOW BONDING PRAINTGE SQUARE TOP DRESSED & SEDED.
Where will the project/activity take place?	THE CLICKET SQUAREON CHAREL FIELD
Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)	IN THE FIRST INSTANCE THE BENEFIT WILL BE THE CLICKET OLUB RUS VISITING TEAMS, BUT WITH THE GLOUND IMMERROWERIES IT WILL THEN BE POSSIBLE TO SUPPORT A YOUTH- SECTION WHICH IS NOT POSSIBLE AT PRESENT DUE TO SAFETY CONCERUS (RS PITCH.)
What evidence do you have that this project is required? (This might be survey work or statistical evidence)	THE PITCH WAS INSPECTED LAST SEASON BY ME KETTH GOLDSMITH (CORNNAULCE) WHO EXPRESSED CONCERN ABOUT THE GROWINGS CONDITION, AND AS THE CHUR HAS GAINED PROMOTION THE EXPECTATIONS OF VISITING TEAMS WITH REGARDS TO SAFETY HAS INCREASED
What support have you received for this project? (Please tell us about any	WE HAVE REEN SELF SUPPORTING FOR THE 'PAST 5. YEARS & HAVE BOUGHT OUR OWN

EQUIPMENT TO HED IMPROVE THE OUTHERD E-SQUARE. WE HAVE ALSO FAINTED THE CHANGING ROOMS AT CHARGE FIELD TWICE DUE TO THERE FOR STATE.

(Please tell us about any expressions of support you have received from outside

your organization Consultation with Community)

How will the project be managed and how will you measure its success?	
Please give the timescale and key milestones for your project, including a start date and finish date.	· ANY WORK UNDERTAKEN HAS TO TAKE PLACE AFFER THE CRICKET SEASON HAS FINISHED; SO END OF AUGUST SEPT • IF FUNDING IS AVAILABLE. • IF ONLY A LIMITED AMOUNT CAN BE FUNDED THEN THE BUMB (SADDLE) * NEEDS VEYELLING & RESERVEDED.
What arrangements do you have in place to ensure safeguarding of children and for young people and/or vulnerable people (applicable only if your project involves working with this client group)	NA

• How you will pay for your project.

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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)
CONTRETED CORNUALL CC STILL AWATTING & REPLY.			

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

	Enclosed (please tick)
A copy of your organization's most recent bank statements (mandatory)	/
Copies of all <u>relevant</u> 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)	/

our 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		
	ceived a grant from STC	

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

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:

- that any false information we provide, even if provided in good faith, may lead to the withdrawal of the grant offered;
- that any grant offered will be used only for the purposes set out

in this application;

- that we will provide reports on progress at the request of the Town Council;
- the support of the Town Council will be publicised;
- 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):	NEILL KELLIGER	
Position(s):	CHAIRMAN	
Date:	9-4-19	

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	