



Saltash Town Council



Grant Application Form

APPLYING FOR:
(Tick one box)

Community Chest Grant

Festival Fund Grant

DATE APPLICATION SUBMITTED:

Contact Name:	MR. PHIL TAYLOR
Position:	CHAIRMAN
Organisation:	SALTASH MUSIC, SPEECH & DRAMA FESTIVAL
Contact Address:	
Telephone Number:	
E-mail:	
Status of Organization:	CHARITABLE
Charity/Company number (if applicable)	Charity No: 1046226 Company No: —
What geographical area does your organization cover?	EAST CORNWALL AND WEST DEVON

How long has your organization been in existence?	30 YEARS
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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
Have you applied for a grant from Saltash Town Council within the last 5 Years? (Please list - continue on a separate sheet if necessary)	OCTOBER 2018	SALTASH MUSIC, SPEECH & DRAMA FESTIVAL	£1000	YES
	OCTOBER 2017	— " —	£1000	YES
	OCTOBER 2016	— " —	£1000	No (I THINK)?
	OCTOBER 2015	— " —	£1000	YES
	OCTOBER 2014	— " —	£1000	YES
Please list the aims and objectives of your organization	TO PROVIDE A COMPETITIVE MUSIC, SPEECH AND DRAMA FESTIVAL WHICH IS AFFILIATED TO THE BRITISH FEDERATION OF MUSIC FESTIVALS OF WHICH HER MAJESTY THE QUEEN IS PATRON. ALL PERFORMERS WILL BE ADJUDICATED BY PROFESSIONAL ADJUDICATORS AFFILIATED TO THE FEDERATION. TO BRING HUNDREDS OF VISITORS TO THE TOWN THUS SUPPORTING LOCAL BUSINESS			

What are the main activities of your organization?	<p>THE FESTIVAL IS DIVIDED INTO THREE DISCIPLINES .THEY ARE :-</p> <p>a) SPEECH AND DRAMA b) VOCAL SINGING c) INSTRUMENTAL</p> <p>PLEASE SEE THE ATTACHED SYLLABUS DETAILING THE 444 CLASSES THAT COULD BE ENTERED.</p>
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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 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?	N/A
If application is from an education, health or social service establishment – do you work in partnership with other groups?	N/A
If application is from an education, health or social service establishment – is project in addition to statutory services?	N/A

2. Your project

Project	Start Date	27 / 01 / 2020
	Finish Date	08 / 02 / 2020
	Total Cost	£ 6000 +
	Grant Applied For	£ 1000

Project title:	SALTASH MUSIC, SPEECH & DRAMA FESTIVAL
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<p>Description of project (please continue on a separate sheet if necessary):</p>	<p>THIS FESTIVAL CAN LAST FOR 12 DAYS DEPENDANT ON ENTRY NUMBERS. IT IS OPEN TO ANYONE / EVERYONE FROM THE VERY YOUNG TO SENIOR CITIZENS. EACH PERFORMER WILL PERFORM EITHER SET PIECES OR OWN CHOICE PIECES 'IN COMPETITION WITH OTHERS AND ADJUDICATED BY PROFESSIONAL ADJUDICATORS</p>
<p>Where will the project/activity take place?</p>	<p>SALTASH WESLEY METHODIST CHURCH</p>

<p>Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)</p>	<p>ALL PERFORMERS AND TEACHERS OF THE PERFORMERS WILL BENEFIT IN AN EFFORT TO IMPROVE THEIR DISCIPLINE. ON AVERAGE WE NORMALLY HAVE APPROX. 500 TO 600 ENTRIES. THE TOWN SHOPS & BUSINESSES BENEFIT FROM AN EXPECTED INFLOX OF VISITORS OF 2 WEEK PERIOD.</p>
<p>What evidence do you have that this project is required? (This might be survey work or statistical evidence)</p>	<p>HISTORICAL EVIDENCE THAT THIS FESTIVAL WILL BE THE 30th ANNUAL FESTIVAL SINCE JANUARY 1991. NUMBERS HAVE FLUCTUATED OVER THESE 30 YEARS PEAKING AT 1100 ENTRIES.</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>THIS FESTIVAL IS SUPPORTED BY MANY LOCAL SALTASH PEOPLE AS WELL AS FROM WEST DEVON & EAST CORNWALL. IT IS AN EVENT EAGERLY LOOKED FORWARD TO. TOWN SHOPS AND EATING PLACES ARE THRILLED WITH ADDITIONAL REVENUE FROM ALL AT THE FESTIVAL.</p>

<p>How will the project be managed and how will you measure its success?</p>	<p>THE FESTIVAL IS MANAGED BY A COMMITTEE OF ELEVEN VOLUNTEERS AND APPROX. ANOTHER 30 VOLUNTEERS OVER THE 2 WEEK DURATION. IT MUST BE STRESSED THAT ALL VOLUNTEERS ARE UNPAID. SUCCESS WILL BE MEASURED BY ENSURING THE FESTIVAL DOES NOT MAKE A FINANCIAL LOSS AND THE REACTION OF PERFORMERS AND TEACHERS</p>
<p>Please give the timescale and key milestones for your project, including a start date and finish date.</p>	<p>SPEECH & DRAMA - 27 TO 29 / 01 / 2020 VOCAL DISCIPLINE - 30 / 01 / 20 TO 01 / 02 / 20 INSTRUMENTAL - 03 TO 07 / 02 / 2020 GALA CONCERT - 08 / 02 / 2020</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>THE FESTIVAL HAS A CHILD PROTECTION AND VULNERABLE PERSON POLICY APPROVED BY THE FEDERATION OF FESTIVALS. PLEASE SEE THE ATTACHED PROGRAMME (PAGE 7)</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>A FULL SET OF AUDITED ACCOUNTS DETAILS WHAT MONEY IS SPENT ON IS FORWARDED WITH THIS APPLICATION</p>
<p>How will you promote STC once application and project are complete?</p>	<p>AS PREVIOUS YEARS, STC WILL BE PROMOTED ON THE MAIN FRONT COVER OF THE PROGRAMME AND ON ALL ADVERTISING AND DISPLAYS DURING THE FESTIVAL</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)
NONE	_____	_____	_____
 	 	 	
 	 	 	
 	 	 	
 	 	 	

Please confirm the bank account your project is using is in the project's name/organization name

4. 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)	✓
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	PLEASE SEE ATTACHED PROGRAMME, ETC.
Other (please list)	PARTICIPATING IN SUCH FESTIVALS NOT ONLY HELPS PERFORMERS TO IMPROVE THEIR ABILITY BUT ALSO TEACHERS HOW TO CONDUCT SPEAKING AND GAINING OF MORE CONFIDENCE IN THE WIDER WORLD.

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):	P. R. TAYLOR		
Position(s):	CHAIRMAN		
Date:	21 OCTOBER 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	

