



Saltash Town Council



Grant Application Form

APPLYING FOR:
(Tick one box)

Community Chest Grant

Festival Fund Grant

DATE APPLICATION SUBMITTED:

1ST NOV 2019

Contact Name:	
Position:	TREASURER
Organisation:	SALTASH VE 75 COMMITTEE
Contact Address:	
Telephone Number:	
E-mail:	
Status of Organization:	COMMUNITY ORGANISATION
Charity/Company number (if applicable)	Charity No: N/A Company No: N/A
What geographical area does your organization cover?	PL12, SALTASH, SOUTH EAST CORNWALL WEST DEVON

<p>How long has your organization been in existence?</p>	<p>SINCE 16TH AUGUST 2019</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 <u>5 Years</u>?</p> <p>(Please list – continue on a separate sheet if necessary)</p> <p>2</p>				
<p>Please list the aims and objectives of your organization</p>	<p>TO PROVIDE A SERIES OF COMMEMORATIVE AND CELEBRATORY EVENTS, TO MARK SALTASH'S PART IN THE VE 75 NATIONAL CELEBRATION 2020.</p>			

<p>What are the main activities of your organization?</p>	<p>TO ORGANISE AND RAISE FUNDS TO PROVIDE A SERIES OF COMMEMORATIVE AND CELEBRATORY EVENTS FOR THE 75TH ANNIVERSARY OF VE DAY IN MAY 2020.</p>
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	<p>Yes / No or N/A</p>
<p>Are you part of a religious group?</p>	<p>NO</p>
<p>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?</p>	<p>N/A</p>
<p>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?</p>	<p>N/A</p>
<p>If application is from an education, health or social service establishment – do you work in partnership with other groups?</p>	<p>N/A</p>
<p>If application is from an education, health or social service establishment – is project in addition to statutory services?</p>	<p>N/A</p>

2. Your project

<p>Project</p>	<p>Start Date</p>	<p>8 / MAY / 2020</p>
	<p>Finish Date</p>	<p>8 / MAY / 2020</p>
	<p>Total Cost</p>	<p>£ 8,944 -</p>
	<p>Grant Applied For</p>	<p>£ 1,486 -</p>

<p>Project title:</p>	<p>SALTASH VE 75</p>
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<p>Description of project (please continue on a separate sheet if necessary):</p>	<p>PLEASE SEE SEPARATE SHEET</p>
<p>Where will the project/activity take place?</p>	<p>SALTASH FORE STREET</p>

<p>Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)</p>	<p>THIS ALL INCLUSIVE EVENT WILL PROVIDE AN OPPORTUNITY FOR THE WHOLE OF THE POPULATION OF SALTASH AND SURROUNDING AREA TO BENEFIT</p>
<p>What evidence do you have that this project is required? (This might be survey work or statistical evidence)</p>	<p>FRIDAY, 8TH MAY 2020 WILL BE A RECOGNISED PUBLIC HOLIDAY TO COMMEMORATE AND CELEBRATE VE 75.</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 PROJECT WAS INITIATED BY THE MAYOR OF SALTASH. EXPRESSIONS OF SUPPORT HAVE BEEN MADE BY SALTASH ROTARY, SALTASH MODEL CLUB AND THE ROYAL BRITISH LEGION</p>

<p>How will the project be managed and how will you measure its success?</p>	<p>THE PROJECT WILL BE MANAGED BY THE SALTASH VEYS COMMITTEE. ITS SUCCESS WILL BE MEASURED BY THE NUMBER OF PARTICIPANTS AND VISITORS TO SALTASH FORE STREET IN ADDITION TO THE AMOUNT OF MEDIA COVERAGE IT RECEIVES.</p>
<p>Please give the timescale and key milestones for your project, including a start date and finish date.</p>	<p>START & FINISH DATE - FRIDAY 8TH MAY, 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>ALL CHILDREN TAKING PART WILL BE UNDER PARENTAL, GUARDIAN OR RECOGNISED OFFICIAL GROUP SUPERVISION. PROVISION FOR LOST CHILDREN WILL BE AT THE FIRST AID POST, ON SITE.</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>PLEASE SEE SEPARATE SHEET</p>
<p>How will you promote STC once application and project are complete?</p>	<p>ACKNOWLEDGEMENT WILL BE RECORDED AT EVERY OPPORTUNITY ON PRINTED MATERIALS AND PRESS AND MEDIA STATEMENTS.</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)
SIOG	£7,058	✓	
SALTASH ROTARY	£150	✓	
SALTASH INNER WHEEL	£150	✓	
SALTASH LIONS	£100	✓	

Please confirm the bank account your project is using is in the project's name/organization name	YES
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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 <u>relevant</u> Employer's, Building & Public Liability Insurance Certificates & Title Deeds if appropriate (mandatory)	*INSURANCE TO FOLLOW

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)	N/A
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	N/A
Other (please list)	-

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

* INSURANCE CERTIFICATE WILL FOLLOW WHEN GRANT FUNDING AGREED.

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):		
Position(s):	TREASURER	
Date:	1/11/2019	