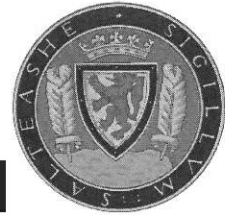




Saltash Town Council



Grant Application Form

APPLYING FOR:
(Tick one box)

Community Chest Grant

Festival Fund Grant

DATE APPLICATION SUBMITTED:

27/04/2020

Contact Name:	
Position:	FUNDRAISING OFFICER
Organisation:	CORNWALL AIR AMBULANCE TRUST
Contact Address:	TRENTICK 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

How long has your organization been in existence?	ESTABLISHED AS THE FIRST AIR AMBULANCE IN THE UK IN 1988.
---	---

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>	05/09/16	OPERATING COSTS	NOT KNOWN	N
	10/04/19	NEW HELI APPEAL	£1,000	Y
<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>			

<p>What are the main activities of your organization?</p>	<p>CORNWALL AIR AMBULANCE PROVIDES EMERGENCY PRE-HOSPITAL CRITICAL CARE FOR SOME OF THE MOST TIME CRITICAL, SERIOUSLY INJURED OR ILL ADULTS AND CHILDREN.</p> <p>IN 2019 WE WERE TASKED TO 35 INCIDENTS IN THE SALTASH AREA TO PROVIDE TREATMENT AT SCENE AND HOSPITAL TRANSFER BY AIR.</p>
--	---

	<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>NA</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>NA</p>
<p>If application is from an education, health or social service establishment – do you work in partnership with other groups?</p>	<p>YES</p>
<p>If application is from an education, health or social service establishment – is project in addition to statutory services?</p>	<p>YES.</p>

2. Your project

<p>Project</p>	<p>Start Date</p>	<p>01 / 08 / 2020</p>
	<p>Finish Date</p>	<p>31 / 12 / 2020</p>
	<p>Total Cost</p>	<p>£ 81,560</p>
	<p>Grant Applied For</p>	<p>£ 1,000</p>

<p>Project title:</p>	<p>7 MORE HOURS: 2 MORE LIVES</p>
------------------------------	-----------------------------------

<p>Description of project (please continue on a separate sheet if necessary):</p>	<p>WE FLY FROM 7AM-7PM. WE KNOW WE CAN SAVE ON AVERAGE 2 MORE LIVES EACH DAY BY FLYING UNTIL 2AM, 7 DAYS A WEEK. OUR NEW AW169 AIR AMBULANCE GIVES US THE OPPORTUNITY TO DO THIS; TO ENSURE EVERYONE HAS THE MAXIMUM CHANCE OF SURVIVAL.</p>
<p>Where will the project/activity take place?</p>	<p>THE HELICOPTER AIRBASE IS AT NEWQUAY AIRPORT HOWEVER WE ARE DEPLOYED ACROSS THE COUNTY; INCLUDING TO BOTH RESIDENTS AND VISITORS TO SALTASH.</p>

<p>Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)</p>	<p>IN 2019 WE WERE TASKED 35 TIMES TO THE SALTASH AREA. WE ANTICIPATE INCREASING HOURS WILL INCREASE MISSIONS BY 1/3. WE WOULD THEREFORE EXPECT TO TREAT AND CONVEY AN EXTRA 11 PEOPLE PER ANNUM FROM THE AREA.</p>
<p>What evidence do you have that this project is required? (This might be survey work or statistical evidence)</p>	<p>OVER THE LAST TWO YEARS WE HAVE PILOTTED A RAPID RESPONSE CAR, 4 DAYS A WEEK UNTIL 2AM. DESPITE HUGE LIMITATIONS WITH THE TRIAL IN 2019 WE CARRIED OUT A FURTHER 380 MISSIONS BY CAR.</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>THE PROJECT HAS THE SUPPORT OF SOUTH WEST AMBULANCE SERVICE WHO DEPLOY OUR SERVICES FROM THEIR CALL CENTRE IN EXETER.</p>

<p>How will the project be managed and how will you measure its success?</p>	<p>WE WILL MONITOR AFTER HOURS / POST 7PM TASKING. WE ANTICIPATE A 1/3 INCREASE IN MISSIONS EACH YEAR: FROM 1,100 TO AROUND 1,500 EACH YEAR. REACHING AND TREATING AROUND 400 EXTRA ADULTS AND CHILDREN.</p>
<p>Please give the timescale and key milestones for your project, including a start date and finish date.</p>	<p>SUBJECT TO FUNDING WE WOULD LIKE TO EXTEND AIR OPERATIONS FROM 01/08/20</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 CREW HAVE ENHANCED DBS CHECKS AND WORK TO NHS GUIDELINES FOR SAFEGUARDING CHILDREN AND VULNERABLE ADULTS.</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>SET UP COSTS INCLUDE A WEATHER STATION AS MET SYSTEMS GO OFFLINE AT TOPIT AND CREW HELMETS WITH NIGHT VISION + LIP LIGHTS</p>
<p>How will you promote STC once application and project are complete?</p>	<p>PRESS RELEASE TO SALTASH + DISTRICT OBSERVER</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)
TOWN + PARISH COUNCILS	£12,000	✓	PENDING .
PUBLIC APPEAL	BALANCE OF SET-UP + ON-GOING	DELAYED DUE TO COVID-19 .	

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

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	✓
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):			
Position(s):	FUNDRAISING OFFICER		
Date:	27/04/20		

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	

Appendix 3

Application scoring matrix

Key Priority Areas

Grants may be given for projects that fit into one or more of the following areas:

1	The promotion of tourism and leisure for both residents and visitors to the area with a community focus	
2	Supporting local safety campaigns	
3	Benefit health and wellbeing	
4	Promote pride in the community	
5	Highlight important local issues/history/culture to local residents and students	
6	Promote a sport - related initiative or event	
7	Increases visitors to Saltash and improves the local economy	
8	Promotes environmental issues which improve the local area	
9	Financial management and attempts to generate matched funding	
Total		

Scoring:

- 0 Does not meet criteria
- 1 Partially meets criteria
- 2 Meets criteria

Applications must score a minimum of SIX to be eligible to receive grant funding.