CC281 Saltash Floral Art Club

There are no concerns with this application.

Budget

6210 PF Community Chest £6,060 remaining

Saltash Town Council - Grant Application Form

(Tick one box)	Community Chest Grant	
1	Festival Fund Grant	
DATE APPLICATION SUB	MITTED:	
Contact Name:		
Position:	CHAIRMAN	
Organisation:	SALTASH FLORAL ART	
Contact Address:		
Telephone Number:		
E-mail:		1
Status of Organisation:	CHARITABLE THROUGH N.A.F.AS. (NATIONAL ASSOCIATION FLOWER AMONG	
Charity/Company number (if applicable)	Charity No: Social	
	Company No:	
What geographical area does your organisation cover?	PLI2	
How long has your organisation been in existence?	55 years +	

Please note that you may be asked to attend a meeting of the Policy and Finance 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 <u>5 Years</u> ?		NO		
(Please list – continue on a separate sheet if necessary)				
Please list the aims and objectives of your organisation	love of growing Enjoy creat	together to further flowers, Plants one fauner and ing the companing on atmosph one fun white ex is and association, locally an	s, folloge, similar ny of our nere of fac ngrassed	notwolly members endship. in
What are the main activities of your organisation?	member own had been been been been been been been bee	reing suitable instrators who bers their ideas names, workshing workshing our love material. In visits and the selling of me	s to use ops futhe of flower fundraisi	in their

	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?	NO
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?	NO
If application is from an education, health or social service establishment – do you work in partnership with other groups?	No
If application is from an education, health or social service establishment – is project in addition to statutory services?	No

2. Your project

Project	Start Date	01/05/2025
	Finish Date	ONCGING
Supplying a Safe and Weatheraf	Total Cost	£ Approx. £150-£200
Shelter for outside '	Grant Applied For	£ 150.

Project title:	
Description of project (please continue on a separate sheet if necessary):	A desire to obtain a Cazebo that would allow Saltash Floral Art to partake in Mayfair, Saltash Regatta and other festivate throughout the year and in the future.

Where will project/act	the		
project/act	ivity	take	place?

Various locations in the PHZ Area.

Who will benefit from the project?

(What groups will benefit and approximately how many people will benefit in total)

What evidence do you have that this project is required? (This might be survey work or statistical evidence)

What support have you received for this project? (Please tell us about any expressions of support you have received from outside your organisation Consultation with Community)

How will the project be managed and how will you measure its success?

Saltash Residents and people in outlying areas will have apportunity to purchase, plants, shrubs and homegrown fruits vegetable plants, that have been grown using environmental growing methods.

Unlimited number of people to benefit. Halimited In order to comply with the organisers safety standards for erected Shelters, the club needs to purchase a substantial Cazebo that complies with the regulations.

MONE

Maragement will be by the Committee of the Schash
Floral Art and success will be the Foot fall of the public to our Stall and the contribution from the club members

6 mollths to enable the Please give the timescale Saltash Club to participate with 2025 Activities and and key milestones for your project, including a start date and finish date. beyond. The Saltash Floral Art takes What arrangements do you Health and Safety senously and holds certificates and have in place to ensure safeguarding of children and or young people and/or policies to comply with requirements and rules have been formulated by the National Flower Chib Society vulnerable people (applicable only your if project involves working with this client group)

3. How you will pay for your project.

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)	A Sturdy Gazebo
How will you promote the contribution to your project from STC?	On all refevent promotional Nandouts and plant strikers the club will acknowledge STC.

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:

Organisation	Contribution Sought (£)	Applied (please tiek as appropriate)	Granted (please tick as appropriate)
	NONE		

Please confirm the bank account your project is using is in the project's name/organisation name	HSBC SALTASH FLORAL ART CLUB
--	------------------------------------

4. Further information enclosed Checklist.

	Enclosed (please tick)
A copy of your organisation'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 organisation's address and contact details	see explanation page 19.
A copy of your constitution and articles of association (or similar documents if the above do not exist, showing the organisation's status)	Policy Statement
A copy of your organisation's latest set of accounting statements (if any exist)	

Copies of any letters of support for you		
If your organisation has previously rece please include a brief report and eviden the contribution from the Town Council.	ce of how you promoted	
Other (please list)		

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

The SaltashToral Art Club do not use a letterhead as the club is required to fill out a standard form to book demonstrators and other communications are sent via e-mail.

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) it is a condition of the grant that the support of the Town Council is clearly 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.
- (vi) Saltash Town Council will use successful grant applications to publicise the Community Chest and Festival Fund.

I/we confirm that on completion of the project the following will be provided within one calendar month:

- a report to the Town Council demonstrating how the grant was used;
- evidence showing how the support of the Town Council was promoted;
- · copies of all receipts.

NOTE: You will be notified whether your application has been successful shortly after the relevant Town Council meeting.

	 1	
Signed:		
Oigirea.		

Print Name(s):			
Position(s):	CHAIRMAN	Treasurer	
Date:	3.11, 24	3.11.24	

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&F Chairman/Vice Chairman	
Approved to go to Committee	
Committee Date	
Decision/Minute number	
Amount awarded	
Application refused by P&F Chairman or refused by Committee	
Appeal notice issued	
Appeal received	
Approved for Committee	
Decision/Minute number	

DEVON & CORNWALL AREA OF NAFAS HEALTH & SAFETY POLICY

1.1 POLICY STATEMENT

Devon & Cornwall Area of NAFAS recognizes the importance of its health and safety duty to provide a safe and healthy environment in which its members and visitors (including the general public) can enjoy all floral activities.

- For the purposes of this Statement, the term 'Devon & Cornwall Area of NAFAS' shall include the Area Executive, its affiliated clubs, all paid-up members, and any volunteers.
- The term 'event' shall include all events, activities and meetings organised by Devon & Cornwall Area of NAFAS, and any activities arranged by Devon & Cornwall Area of NAFAS as part of a larger third-party event, e.g., the Area Show.

It is the policy of Devon & Cornwall Area of NAFAS to promote the health and safety of everyone attending an event by

- Taking all reasonable steps to safeguard the health, safety and welfare of all people at the venue
- Encouraging everyone present to co-operate in all matters of safety, and to report any situation which may be dangerous or potentially so.
- Ensuring that all equipment, tools and substances are maintained safely, and used appropriately
- Providing information to enable everyone to contribute to their own health and safety, and to support those who may have specific and particular needs
- Assessing risk as it relates to all aspects of an event and its venue, by carrying out risk assessments as early as possible in the planning of the event

1.2 RESPONSIBILITY

- Overall responsibility for health and safety at Area events shall lie with the Executive, or its named delegate(s), eg. Show and Residential Committees and the JDS&E Committee
- Overall responsibility for health and safety at Club events shall lie with the Club committee, or its named delegate(s)

1.3 HEALTH AND SAFETY ORGANISATION

- Devon & Cornwall Area of NAFAS will make itself aware of any health and safety measures which may exist at any venue used, or with any sub-contracted person/organisation
- Risk assessments must be carried out for all events, to include all personnel attending, the venue itself, the equipment and materials, and the Disability Discrimination Act (DDA) provision. These must be observed by the

delegate(s) responsible

- Any defect in structure, furniture or equipment must be reported to the hirer
 - Any instructions regarding the use of equipment, tools or substances must be followed, including prohibited use of any of the aforementioned

EMERGENCY PROCEDURES 1.4

- Devon & Cornwall Area of NAFAS will make itself aware of any prevailing emergency procedures which exist at any venue used
- Devon & Cornwall Area of NAFAS will inform all attendees at any event of the fire exits, procedures and muster point(s). All attendees must follow the directions given in relation to fire

FIRST AID AND ACCIDENTS 1.5

- It would be advisable, where possible, to have a first-aider at all area events which are open to the general public, unless it is part of a larger third-party event where first aid is provided by the third-party. When the latter is the case the contact details of that person much be recorded.
- Devon & Cornwall Area of NAFAS must familiarize itself with any first aid boxes and equipment existing at all venues hired
- Any deficiency in basic first aid equipment should be reported to the hirer
 - Any accident, injury or other first aid incident must be recorded, kept on file. In serious cases, the Area Executive should be notified.
 - · At club level, an accident/incident book must record any such occurrence and also record when the meeting was accident/incident free.

Devon & Cornwall Area of NAFAS will respect this policy at all levels. Copies will be circulated to the Area Executive and all affiliated clubs. This policy will be reviewed every two years, and amended as appropriate.

Signed:

1

Area Chairman

Date:

26th September 2023

Review Date:

September 2026

Saltash Floral Art Club Annual Accounts 2023/2024(INCOME)

INCOME 2023 October	3 AGM	Annual Bank Subscription Interest £315.00		Donations Flower Focus Arranger News	News	NAFAS	Rame £11.50	ments E	Brac Meal	Meal Sales	E3.00	veni	100				Events Exerts
October	3 AGM	£315.00					# 11.50			\	\	1			£170 00	£170 00 £61 00	£170 00 £61 00
November	7 Demonstration	£385.00					£83.00			\	\			E1/0.00	£1/0.00	£170.00	£1/0:00 £01:00
December	5 Workshop		£17.12				£7.00	\	1	1		£30.50	£30.50	£30.50	£30.50	£30.50	£30.50
2024								/									
January	6 Coffee Morning						58.50	£31	1.30	1.30 £3.00	.30	.30	.30 £3.00	.30 £3.00	.30 £3.00	.30 £3.00	.30 £3.00 £24.25
Echnish	10 Ouis Evening						£46.00						£76.0	£76.00	£76.00	£76.00	£76.00 £122.00
Manch	n Whitehop	£35 00	£17 25	596.00	8	\	£11.50		£3.10	23.10	23.10	23.10	23.10	23.10	23.10	23.10	£162.85
	o workship with IL			£3.60		\		מו	£3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30
Words	Z veolivenob serior or .	2		513 00	\	1	£13 50	13	£2.50	2.50	2.50	2.50		2.50 £203.00	£203.00	£203.00 £4.00	£203.00
may	Cellionanon	11.00			\												£18.67
June	/ HSBC		210.07		1		218 50	63 40	5	40	40	40	AO	AO		£4.00	
July	2 Demonstration			\			547.00		3 6	20 53.00			53.00	53.00	£3,00 £22,30	£3,00 £22,30	£3,00 £22,30
August	3 Comee Worning			\			£20.50		£4.50						£25.30		£25.30
Contonion	3 Demonstration		£17.42				£16.00		£2.10	2.10	2.10	22.10 £5.89		£5.89	£5.89 £20.00	£5.89	£5.89 £20.00
o position of	23 NAFAS Area Council Mtg		/										£210.0				
TOTAL		£749.00	£70.46	£16.60 £96.00	00.03 00	00.00	10 £253.00	£92.40	8	40 £6.00		€6.00	£6.00 £0.00 £111.24	£6.00 £0.00 £111.24 £0.00 £1499.00	£6.00 £0.00 £111.24 £0.00 £1499.00	£6.00 £0.00 £111.24 £0.00 £1499.00	£6.00 £0.00 £111.24

COPY





Contact tel 03457 60 60 60 see reverse for call times Text phone 03457 125 563 used by deaf or speech impaired customers www.hsbc.co.uk

Statement





Account Summary	
Opening Balance	3,549.07
Payments In	0.00
Payments Out	0.00
Closing Balance	3,549.07
7	

Interest Rate - Valid as at end date of the statement period

International Bank Account Number

Branch Identifier Code

Sortcode

Paid out

Account Number Sheet Number

Paid in

178

30 September to 29 October 2023

Account Name

Saltash Floral Art Club

Your Business Money Manager details Date

Payment type and details

29 Sep 23 29 Oct 23

BALANCE BROUGHT FORWARD BALANCE CARRIED FORWARD

3,549.07

3,549.07

Balance

Information about the Financial Services Compensation Scheme

Most deposits made by HSBC Business customers are eligible for protection under the Financial Services Compensation Scheme (FSCS). For further information about the compensation provided by the FSCS, refer to the FSCS website at fscs.org.uk, call into your nearest branch or call your telephone banking service. Further details can be found on the FSCS Information Sheet and Exclusions List which is available on our website (hsbc.co.uk/fscs/),





Contact tel 03457 60 60 60 see reverse for call times Text phone 03457 125 563 used by deaf or speech impaired customers www.hsbc.co.uk

Your Statement

3,508.31 0.00 277.28 3,231.03





	Account Summary
	Opening Balance
33577	Payments In
86 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Payments Out
× Language	Closing Balance

International Bank Account Number

Branch Identifier Code

Sortcode

Account Number Sheet Number

389

30 September to 29 October 2023

Account Name Saltash Floral Art Club

Your Ch		e Bank Account details	Name and the control of the control	a kan da kan a meringan kan da salah sa tanggaran da	Service Control
Date	Payn	nent type and details /	Paid out	Paid in	Balance
			. Day		
29 Sep 23		BALANCE BROUGHT FORWARD			3,508.31
04 Oct 23	CHQ	100973	10.00		3,498.31
18 Oct 23	CHQ	100964	260.00		3,238.31
20 Oct 23	DR	TOTAL CHARGES			
		TO 28SEP2023	7.28		3,231.03
29 Oct 23		BALANCE CARRIED FORWARD			3,231.03

Information about the Financial Services Compensation Scheme

Most deposits made by HSBC Business customers are eligible for protection under the Financial Services Compensation Scheme (FSCS). For further information about the compensation provided by the FSCS, refer to the FSCS website at fscs.org.uk, call into your nearest branch or call your telephone banking service. Further details can be found on the FSCS Information Sheet and Exclusions List which is available on our website (hsbc.co.uk/fscs/).

Credit Interest Rates	balance	AER variable	Debit Interest Rates	balance	EAR variable
Credit interest is not applied			Debit interest		21.34%



Certificate of Employers' Liability Insurance (a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998, one or more copies of this certificate must be displayed at each place of business at which the Policyholder employs persons covered by the Policy)

P	olicy Number:	
N	ame of Policyholder:	The Officers, Committee and Members for the time being
Da	ate of Commencement of Insurance:	of Devon and Cornwall Floral Art 17 June 2024
Da	ate of Expiry of Insurance:	30 April 2025
We	e hereby certify that subject to paragraph 2	10
1.	- Set Driem, Northern freight, tile isle of M	tisfies the requirements of the relevant law applicable in ian, the Island of Jersey, the Island of Guernsey and the s in territorial waters around Great Britain and its
2.	the minimum amount of cover provided by the	nis Policy is no less than £5 million (c)
Sig	ned on behalf of	

Signed on behalf of Aviva Insurance Limited (Authorised Insurance)



Authorised Signatory
Adam Winslow
Chief Executive Officer, UK & Ireland General Insurance

Notes

- (a) Where the employer is a company to which regulation 3(2) of the Regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers
- the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- (b) Specify applicable law as provided for in regulation 4(6) of the Regulations.
- (c) See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.



Certificate of Public Liability Insurance

Policy Number:

Name of policy holder: The Officers, Committee and Members for the time being of Devon and Cornwall Floral

Art

Date of Commencement of Insurance: 17 June 2024

Date of Expiry of Insurance: 30 April 2025

Business: Charity or Social Enterprise, and as per Policy.

Indemnity Limit

Public Liability GBP 5,000,000 in respect of any one Event

Products Liability GBP 5,000,000 in the Aggregate for the Period of Insurance

This is to certify that on the date of issue of this certificate, the policyholder was insured under the above numbered policy subject to the terms and conditions agreed with Aviva Insurance Limited.

Date of Issue: 17 June 2024

Appendix 2

Risk Assessment Form

HAZARD	HR	LR	POSSIBLE RISK	ACTION TO REDUCE RISK	ADD TO CP.
PLANT MATERIAL	*		SLIPS ON FOLIACIE	TIDY WORKSTATION & USE RUBBISH SACKS	
Sciesors & Knives	*		Cuts	SAPE HANDLING OF	
WATER SALLAGE	·¥		SUPS AND FALLS	DESIGNATED SPACE FOR BUCKETS CONTRIMING PLANTS	
PLANT POTS			TRIPS +	DESIGNATED AREA AWAY	
Malk Bloppol			FALLS	KEEP WORKS THROWS TIDY	
Inclement Weather		*	POTE AND MATERIALS SCATHERED	Make Sure everything is as secure as boscible	9
				passine passine	
	780 %				
			7:-		
				·	

Date: 14/5/2004
Signature:.

Review date:

HR - High Risk LR - Low Risk CP - Code of Practice