

1st Dec.



Saltash Town Council

Grant Application Form

APPLYING FOR:
(Tick one box)

Community Chest Grant

Festival Fund Grant

DATE APPLICATION SUBMITTED:

24/11/2021

Contact Name:	MICKY NORTHFIELD MBE
Position:	SECRETARY, WELFARE OFFICER
Organisation:	SALTASH AMATEUR BOXING CLUB
Contact Address:	C/O THE CORE YOUTH & COMMUNITY CLUB, CHURCH ROAD, SALTASH PL12 4AE
Telephone Number:	
E-mail:	
Status of Organization:	COMMUNITY AMATEUR SPORTS CLUB CASC CHARITY STATUS WITH HRMC.
Charity/Company number (if applicable)	Charity No: Company No:
What geographical area does your organization cover?	SALTASH, COLLINGTON, ST GERMAN'S, LOOE LISKEARD

How long has your organization been in existence?	10 YEARS - 6-10-10
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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>				
	No			
<p>Please list the aims and objectives of your organization</p>	<p>LOW COST AND AFFORDABLE BOXING FOR AGES 9+. IMPROVING CONFIDENCE, SELF-ESTEEM, FITNESS, COMMITMENT AND HEALTHY LIFESTYLE. CHANNELLING ENERGY AND AGGRESSION IN A POSITIVE MANNER.</p>			

<p>What are the main activities of your organization?</p>	<p>BOXING FITNESS TRAINING, BOXING TECHNIQUES, BOXING SHOWS, COMPETITIONS.</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>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>1 / 1 / 2022</p>
	<p>Finish Date</p>	<p>31 / 12 / 2022</p>
	<p>Total Cost</p>	<p>£1000</p>
	<p>Grant Applied For</p>	<p>£1000</p>

<p>Project title:</p>	<p>NATIONAL AWARDS, ENDORSED BY ENGLAND BOXING</p>
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Description of project (please continue on a separate sheet if necessary):	Coaching youngsters both male and female and putting them through the National Bowlers Programmes. Hall hire Costs Contribution from Club funds
Where will the project/activity take place?	Twice weekly at The Core during training sessions

Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)	75 Male and Female bowlers Groups - 9 - 11 yrs 11 - 18 yrs 19+ Costs £20 for 3 awards per Bowler
What evidence do you have that this project is required? (This might be survey work or statistical evidence)	The Club has little new period for the awards but due to Covid we don't have the income to fully fund this project.
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)	We can commit ^{£500} £500 towards ^{AWARDS} the project. The Bowlers are really keen to get some recognition for all the hard work and effort ^{AWARDS} ^{AWARDS}

<p>How will the project be managed and how will you measure its success?</p>	<p>Managed in house by Staff Volunteers With amendments from our Boxing Owens Tutor. The project will be a success as it is a existing project that has run since 2008.</p>
<p>Please give the timescale and key milestones for your project, including a start date and finish date.</p>	<p>Start Date Feb 2022 end date Feb 2023.</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>England Boxing Safeguarding Course done by all Coaches, Volunteers and helpers. Mandatorily</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>75 awards Packs @ £11 each 725 medals @ £3 each = £1500. Hall hire Costs £500</p>
<p>How will you promote STC once application and project are complete?</p>	<p>Put up a display board outlining the project and STC Contribution.</p>

Photo of awards Ceremonies

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)
SALTASH AMATEUR BOXING CLUB	£1000	✓	✓

Please confirm the bank account your project is using is in the project's name/organization name	HSBC
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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 relevant Employer's, Building & Public Liability Insurance Certificates & Title Deeds if appropriate (mandatory)	✓

A letter head showing the organization's address and contact details	* 1
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	* 2.
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	* 3 N/A.
Other (please list)	

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

- | | |
|-----|---|
| * 1 | JUST RELOCATED BASED TO THE CALL (SEP 21) and no correspondence with new address yet. |
| * 2 | N/A. |
| * 3 | N/A. |

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.

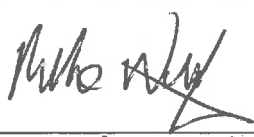

I/we declare that, I/we have read the Town Council's Grant Policy and believe to the best of our knowledge, that we meet the criteria set out by the Policy.

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):	M.A. NORTHFIELD	J. MCKINTY	
Position(s):	SECRETARY	CHAIRMAN	
Date:	28/11/21	28/11/21	