



Saltash Town Council



Grant Application Form

APPLYING FOR:
(Tick one box)

Community Chest Grant

Festival Fund Grant

DATE APPLICATION SUBMITTED:

Contact Name:	BRIGETTE DIXON
Position:	CHAIR
Organisation:	TAMAR PROTECTION SOCIETY
Contact Address:	
Telephone Number:	
E-mail:	
Status of Organization:	CHARITY
Charity/Company number (if applicable)	Charity No: 1080453 Company No: 03789935
What geographical area does your organization cover?	CORNWALL ESPECIALLY TAMAR VALLEY

How long has your organization been in existence?	1960's
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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 5 Years?</p> <p>(Please list – continue on a separate sheet if necessary)</p>	FEB/2018	ELECTRICAL WORK	500-00	✓
<p>Please list the aims and objectives of your organization</p>	<p>TO PRESERVE THE ENVIRONMENT AND HERITAGE OF THE TAMAR VALLEY AND SURROUNDING AREAS</p>			

What are the main activities of your organization?	ENVIRONMENT, HERITAGE AND HISTORY
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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?	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	04 / 04 / 2022
	Finish Date	04 / 04 / 2022
	Total Cost	£ 1160-00
	Grant Applied For	£ 500-00

Project title:	REPLACEMENT OF UNSAFE FURNITURE
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<p>Description of project (please continue on a separate sheet if necessary):</p>	<p>THE FURNITURE IN OUR COURTYARD CAFE IS VERY OLD AND NOW IN SOME CASES UNSAFE FOR USE, WE HAVE MANAGED TO REPLACE SOME BUT THE REST NEEDS TO BE DISPOSED OF</p>
<p>Where will the project/activity take place?</p>	<p>MARY NEWMAN'S COTTAGE 48 CULLEN ROAD SALTASH PL12 4DT</p>
<p>Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)</p>	<p>ALL WHO ARE VISITORS TO THE COTTAGE</p>
<p>What evidence do you have that this project is required? (This might be survey work or statistical evidence)</p>	<p>AS EXPLAINED IN 'DESCRIPTION OF PROJECT'</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>ATTACHED REFERENCES EXPLAIN SUPPORT</p>

<p>How will the project be managed and how will you measure its success?</p>	<p>THE FURNITURE WILL ENSURE WE KEEP OUR VISITORS WHEN USING THE CAFE, THEY CAN SIT DOWN WITHOUT FALLING</p>
<p>Please give the timescale and key milestones for your project, including a start date and finish date.</p>	<p>WE AIN TO HAVE THIS FURNITURE IN PLACE BEFORE THE SUMMER 2022 WHEN MOST VISITORS USE OUR CAFE IN THE COURTYARD</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>N/A</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>TO REPLACE OLD UNSAFE GARDEN FURNITURE</p>
<p>How will you promote STC once application and project are complete?</p>	<p>WEBSITE / FACEBOOK AND GENERAL WORD OF MOUTH</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)
	N/A		

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)	✓

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)	See Below 
A copy of your organization's latest set of accounting statements (if any exist)	up to 31/12/2011 
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	see below
Other (please list)	AS PREVIOUSLY STATED IN PARA ③ "How will PAY FOR PROJECT"

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

M, A. A BEING SENT DIRECTLY TO
 YOU BY E. MAIL
 New enclosed

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):	BRIGETTE DIXON		
Position(s):	CHAIR		
Date:	29 / 3 / 2022		