

Grant Application Form

APPLYING FOR:

Community Chest Grant



(Tick one box)

Festival Fund Grant

22012230000

DATE APPLICATION SUBMITTED: 23-5-2022

Contact Name:	STEVE JACKSON
Position:	TREASURER
Organisation:	SAFE 38
Contact Address:	
Telephone Number:	
E-mail:	PARTS OF THE PARTS OF THE
Status of Organisation:	Fileges list the stone and -1 Fileges list the stone and
Charity/Company number (if applicable)	Charity No: \sim/A Company No: \sim/A
What geographical area does your organisation cover?	SOUTH EAST CORNWALL

How long has your organisation been in existence?

4 YEAR 5

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
	NA	EMITTED	US NOTAGIL	DATE API
Have you applied for a grant rom Saltash Town Council within the last <u>5 Years</u> ?				Position:
Please list – continue on a separate sheet if necessary)			ino	Organisal
oparate cheet if hecossary)) resembl	Contact A
Please list the aims and		PAIGN FOR ROVEMENT IN S-E.		
objectives of your organisation	IN THE SHORT TERM AND) FOR A SAFER ROAD TO BE BUILT			
	To	BE BUILT	7.07()	

What are the main activities of your organisation?	DLOBBYING HIGHWAYS ENGLAND, COUNCILS, MPS AND GOVERNMENT TO IMPROVE THIS ROAD. (2) PROMOTING DRIVER AWARENESS OF DANGERS + DRIVER EDUCATION
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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?	~/A
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?	N/A
If application is from an education, health or social service establishment – do you work in partnership with other groups?	N/A
If application is from an education, health or social service establishment – is project in addition to statutory services?	N/A

2. Your project

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Project title: $SAF \in 38$

	SEE MAIN ACTIVITIES
Description of project (please continue on a separate sheet if necessary):	What are the axial solution of your organisation?
Where will the project/activity take place?	ALONG ROAD CORRIDOR LOCAL PRESS AND SOCIAL MEDIA
Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)	ALL ROAD USERS AND RESIDENTS ALONG ROAD
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How will the project be managed and how will you measure its success?	SAFE 38 COMMITTEE MANAGE ACTIONS.
	REPUCING CRASHES AND JELAYS THROUGH CLOSURES WILL INDICATE SUCCESS
Please give the timescale and key milestones for your project, including a start date and finish date.	ONGOING UNTIL SAFE NEW ROAD BUILT. VARIOUS SAFETY INTERVENTIONS HAVE ALREADY BEEN DONE TO EXISTING ROAD. MORE STILL NEEDED
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)	Please confirm the bank-eccount valuation coloct is project's name/organisation name

3. How you will pay for your project.

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IA OUR WEBSITE N) FACEBOOK PAGE
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Please list any applications you have made for funding from other organisations in the table below:

Organisation	Contribution Sought (£)	Applied (please tick as appropriate)	Granted (please tick as appropriate)
CORNWALL	407	9/7/18/	
ST. GERMANS PARISH COUNCIL	4 95	6/11/181	
MAR. MENHENIOT PARISH COUNCIL	400	15/5/20 1	
		lents do you s	What arranges

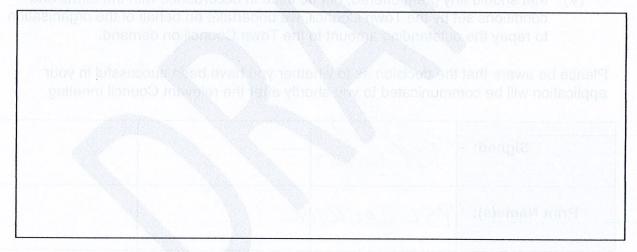
Please confirm the bank account your project is using is in the		3)
project's name/organisation name	V	
	and arrange and	

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)	N/A
A letter head showing the organisation's address and contact details	N/A

A copy of your constitution and articles of association (or similar documents if the above do not exist, showing the organisation's status)	
A copy of your organisation's latest set of accounting statements (if any exist)	
Copies of any letters of support for your project	N/A N/A
If your organisation 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)	(ii) that an applica

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:	

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		
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		