

Grant Application Form

APPLYING FOR:	Community Chest Grant
(Tick one box)	Festival Fund Grant

DATE APPLICATION SUBMITTED:

Contact Name:		
Position:	BOWLS CO	ECRETARY
Organisation:	SALTIASH	Bowls CLUB.
Contact Address:		
Telephone Number:		
E-mail:	saltanh bou	elsoluls e gmail com
Status of Organization:	Bowks	CLUB
Charity/Company number (if applicable)	Charity No:	NONE
	Company No:	NONE
What geographical area does your organization cover?	PL12	

Company of the Compan	your
How long has gorganization be existence?	een in
existence?	

99 YEARS.

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
	We ho Bowls	ud a grant- viu Gloria	for J Chan	unior .
Have you applied for a grant from Saltash Town Council within the last <u>5 Years</u> ?	could	be 5.	us ag	0 66
(Please list – continue on a separate sheet if necessary)		Junior Bowls	1=500?	YES.
Please list the aims and objectives of your organization	Se hoo	cums of Sands to that. That and Sir Rotate enlands	Further wow	notudine e-sels Id help Brunne

What are the main activities of your organization? Lawn Bours Club gor people of all ages and abillities.	ivities of your	awn Bouls Club for cople of all ages and oillities.	-
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	Yes / No or N/A
Are you part of a religious group?	100
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?	N/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/19.
If application is from an education, health or social service establishment – is project in addition to statutory services?	N/17.

2. Your project

Project	Start Date	Ongoing
	Finish Date	Ondoing
	Total Cost	£ 650-00
	Grant Applied For	£ 650-00

Project title:	Schools	Bowls	
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Description of project (please continue on a separate sheet if necessary):	Annual School Bowls Townament. 1 School 3 years ago I learn 2 Schools This year 3 learns 18 Children.
Where will the project/activity take place?	SALTITISH BOWLS CLUB.

Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)	Junier School Children. 18-36 each year.
What evidence do you have that this project is required? (This might be survey work or statistical evidence)	As book onsinally Heam of 6 2 shoots this year 3 learns of 6
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)	Mayor Richard Bick ford has said that he approves very much if what is happening within The local schools.

How will the project be managed and how will you measure its success?	The project will be managed by the Coacher, Success will be measured by more children playing.
Please give the timescale and key milestones for your project, including a start date and finish date.	The project is ongoing.
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)	We have been intouch with the local school (Borrow Brunel) and plan to run an after school club Supervision will be by school stall

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)	The costs involved are for the Junior Bowls only
How will you promote STC once application and project are complete?	More than happy to put information on Website & Facebook

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	
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4. Further information enclosed Checklist.

	Enclosed (please tick)
A copy of your organization's most recent bank statements (mandatory)	V
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 a documents if the above do n status)	Can drops into STC if required	
A copy of your organization's statements (if any exist)	s latest set of accounting	
Copies of any letters of suppo	ort for your project	
	iously received a grant from STC and evidence of how you promoted uncil	
Other (please list)	Believe you might provided 4 sets probably 3 you	already; ars ago.

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

Our constituion is quite long and we would be more Than happy to drop into STC if required.

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.

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Signed:	
Print Name(s):	
Position(s):	Mens Seatedary and Coach.
Date:	2nd August 2022

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	