



Saltash Town Council



Grant Application Form

APPLYING FOR:
(Tick one box)

Community Chest Grant ☒

Festival Fund Grant ☐

DATE APPLICATION SUBMITTED:

Contact Name:	NIGEL CRABB
Position:	TREASURER
Organisation:	FORDE CONSERVATION AND COMMUNITY ASSOCIATION
Contact Address:	
Telephone Number:	
E-mail:	
Status of Organization:	C I O
Charity/Company number (if applicable)	Charity No: 117 9921 Company No: N/A
What geographical area does your organization cover?	FORDE AND ANTONY PASSAGE CONSERVATION AREA OPEN TO ALL RESIDENTS OF SALTASH

How long has your organization been in existence?	56 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
Have you applied for a grant from Saltash Town Council within the last <u>5 Years</u> ? (Please list – continue on a separate sheet if necessary)	DEC 2021	RENEWING DISABLED ACCESS	£1000	Y
Please list the aims and objectives of your organization	PLEASE SEE CONSTITUTION.			

What are the main activities of your organization?	<p>TWO MAIN AREAS</p> <p>1) PRESERVING AND MAINTAINING ENVIRONMENT IN CONSERVATION AREA. MAINTAINING CREEK WALLS, MAINTAINING SLIPWAY TO ALLOW WATER SPORTS.</p> <p>2) COMMUNITY EVENTS, WEEKLY CLUBS VILLAGE FETE, CHRISTMAS CAROL SERVICE, MEETINGS, SOCIAL EVENTS.</p> <p>MAINTAINING VILLAGE HALL FOR COMMUNITY</p>
--	---

	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 / 10 / 2022
	Finish Date	01 / 03 / 2023
	Total Cost	£ 872.27
	Grant Applied For	£ 600.00

Project title:	PROTECTION - CINEMA CLUB
----------------	--------------------------

Description of project (please continue on a separate sheet if necessary):	TO PURCHASE A DVD/BLURAY PROJECTOR AND SCREEN TO ALLOW REFORMATION OF CINEMA CLUB WHICH FLOURISHED BEFORE COVID LOCKDOWN USING BORROWED EQUIPMENT WHICH IS NOW DAMAGED AND OBSOLETE.
Where will the project/activity take place?	FORDER VILLAGE HALL

Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)	1) FORDER COMMUNITY 80 2) CINEMA CLUB PATRONS APPROX 40 PER MONTH <u>40</u> 120
What evidence do you have that this project is required? (This might be survey work or statistical evidence)	EVIDENCE OF PREVIOUS SUCCESSFUL OPERATION UNDER AUSPICES OF CFLYM (CORNWALL COUNCIL) A LACK OF EQUIPMENT PREVENTS RE-ESTABLISHMENT
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)	GENERAL MEETING IN FAVOUR TRUSTEES IN FAVOUR

How will the project be managed and how will you measure its success?	THERE IS AN APPOINTED FILM OFFICER WHO SELECTS, ORDERS AND STAGES SCREENING (COLIN BROWN) SUCCESS MEASURED BY AUDIENCE NUMBERS PREVIOUS GROUP MADE SMALL PROFIT
Please give the timescale and key milestones for your project, including a start date and finish date.	WE WOULD LIKE TO BE UP AND RUNNING BY END OF MARCH POSSIBLE KT SCREENING MARCH/APRIL 2023 ANNUAL REVIEWS BY TRUSTEES
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)	N/A

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)	SEE ATTACHED SHEET
How will you promote STC once application and project are complete?	EQUIPMENT MARKED AS 1) BOUGHT WITH HELP STC 2) NEWSLETTER ARTICLE 3) SCREENING PUBLICITY WILL REFERENCE STC HELP

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)
FCCA TRUSTEES	£200	✓	✓

Please confirm the bank account your project is using is in the project's name/organization name	YES
--	-----

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)	✓
A copy of your organization's latest set of accounting statements (if any exist)	✓
Copies of any letters of support for your project	N/A
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 ATTACHED
Other (please list)	

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.

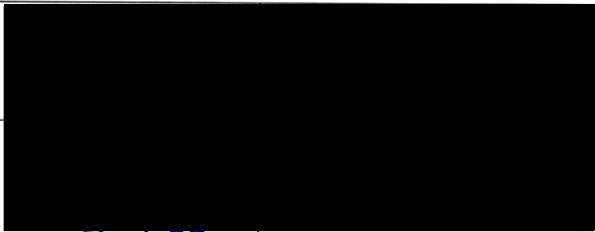
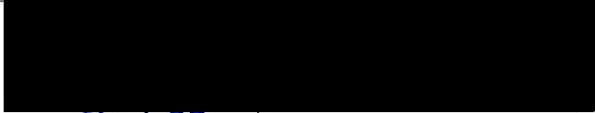
I/we declare that, I/we have read the Town Council's Grant Policy and believe to the best of our knowledge, that we meet the criteria set out by the Policy.

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:		
Print Name(s):		
Position(s):	TREASURER	CHAIRMAN
Date:	10/11/2022	