



Saltash Town Council



Play parks Match Funding Application Form

DATE APPLICATION SUBMITTED:

Contact Name:	
Position:	
Organisation:	
Contact Address:	
Telephone Number:	
E-mail:	
Status of Organisation:	
Charity/Company number (if applicable)	Charity No: Company No:
How long has your organisation been in existence?	
Who owns the land the play park is situated on?	

Please note that it may be asked to attend a meeting of the Policy and Finance 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>				
<p>Please list the aims and objectives of your organisation</p>				
<p>What are the main activities of your organisation?</p>				

	Yes / No or N/A
Are you part of a religious group?	
If application is for a Church, School, education, health or social service establishment?	

2. Your project

Project	Start Date	/ /
	Finish Date	/ /
	Total Cost	£
	Grant Applied For	£

Project title:	
Description of project (please continue on a separate sheet if necessary):	
Where will the project/activity take place?	

<p>Who will benefit from the project? (What groups will benefit and approximately how many people will benefit in total)</p>	
<p>What evidence do you have that this project is required? (This might be survey work or statistical evidence)</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>How will the project be managed and how will you measure its success?</p>	
<p>Please give the timescale and key milestones for your project, including a start date and finish date.</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)	
--	--

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)	
How will you promote STC once application and project are complete?	

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:

Organisation	Contribution Sought (£)	Applied (please tick as appropriate)	Granted (please tick as appropriate)

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

4. Further information enclosed Checklist.

	Enclosed (please tick)
A copy of your organisation's most recent bank statements (mandatory)	
Evidence of local consultation demonstrating local need and community support <ul style="list-style-type: none"> • Copies of any letters of support for your project 	
A letter head showing the organisation'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 organisation's status)	
Accurate project costs with a detailed project plan <ul style="list-style-type: none"> • Full costs for equipment with ongoing maintenance¹ requirements included. • Materials and equipment to be from responsibly sourced materials. • Details of any planning requirements. 	
A copy of your organisation's latest set of accounting statements (if any exist)	
Written confirmation of permission and support from the landowner for the scheme	
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	

¹ Ongoing maintenance will fall with the owner of the land/specific play park.

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):			
Date:			

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 or 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 Chair or refused by Committee	
Appeal notice issued	
Appeal received	
Approved for Committee	
Decision/Minute number	