Saxilby with Ingleby Parish Council



Grant Application Form

2022-23		
When completing this application form, please use a continuation sheet if required.		
Name of organisation:		
Title (Mr/Mrs/Ms):		
First Name:		
Last Name:		
Position in Organisation:		
Organisation Address:		
Postcode:		
Telephone number:		
Email:		
Are you or any members of your organisation related to any elected members or employee of the Council? If so, please give details:		

Purpose/aims appropriate):	of	organisation.	(Attach	constitutional	documents	as
Size of organis	atior	/number of mer	mbers:			
				red. Please inclu scheme requiring		vho
			,		,	
	_	ject or scheme the breakdown of co		funding:		
Type of grant b	eing	applied for:				
Revenue		oject				
Please tick as app	ropria	ate				
Amount of gran	nt ap	plied for:				
		providing part t		or the project or	scheme detai	led,
•						

Detail the organisation's activities over the previous year:		
Detail the organisation's plans for the forthcoming year:		
Please provide details of any previous financial assistance provided by the Council, including dates, details of any schemes or projects and the amount received from the Council:		
Does your service/project involve work with children, young people under the age of 18 or vulnerable adults?		
age of 18 or vulnerable adults? Yes No		
age of 18 or vulnerable adults?		

- review your safeguarding policies at least annually
- complete a rigorous recruitment and selection process for staff and volunteers who work with children, young people or vulnerable adults, including checking criminal records and taking up references
- check criminal records at least every three years
- follow statutory or best practice guidance on appropriate ratios of staff or volunteers to children, young people or vulnerable adults
- provide child protection and Health and Safety training or guidance for staff and volunteers
- carry out a risk assessment, if appropriate

Yes

No

secure extra insurance cover, if appropriate

I	confirm that n	ny organisation	meets these re	equirements:

Please tick as appropriate		
Please provide any additional information you may consider relevant or help of the Council when considering this application:	ful	

Organisations awarded a grant will be required to provide the Council with a written report within 6 months of the award date to demonstrate how the funds are being spent. Receipts may be required to demonstrate expenditure on specific purchases. The report may also be used in the Council's Annual Report.

CONSENT

Your privacy is important to us and we would like to communicate with you about the council and its activities. To do so we need your consent. You can find out more about how we use your data from our Privacy Policy which is available from our website www.saxilbyparishcouncil.gov.uk or from the Council Office, St Andrews Community Centre, William St, Saxilby, LN1 2LP.

You can withdraw or change your consent at any time by contacting the Council Office.

We may contact you to keep you informed about what is going on in the Council's
area or other local authority areas including news, events, meetings, clubs,
groups and activities. These communications may also sometimes appear on our
website, or in printed or electronic form (including social media).

- We may contact you about groups and activities you may be interested in participating in.
- We may use your name and photo in our newsletters, bulletins or on our website, or our social media accounts (for example our Facebook page or Twitter account).

I agree that the Council may process my personal information for providing information and to correspond with me. Please fill in your details below and confirm your consent.

Declaration and Consent:

I declare that to the best of my knowledge and belief, all particulars and information provided in this document are correct and complete. I understand that any false declaration or misleading information or any significant omission may result in the rejection of the application or repayment of any grant aid subsequently provided.

I give my consent for the council to communicate with me

Name:	
Address:	
Signed	Date

This form must be returned to the Clerk at Saxilby with Ingleby Parish Council, St Andrews Community Centre, William Street, Saxilby, Lincoln, LN1 2LP. clerk@saxilbyparishcouncil.co.uk

Your application must be accompanied by a copy of your most recent published financial accounts plus any other documentation as requested in the form.

Application Form 2022-23 version 3.3