



GRANT APPLICATION FORM

When completing this application form, please use a continuation sheet if required.

Name of organisation:

First Name:

Last Name:

Position in Organisation:

Organisation Address:

Postcode:

Contact 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 of organisation:

Size of organisation/number of members:

Purpose for which the grant funding is required. Please include details of who in the Parish will benefit from the project or scheme requiring funding:

Total cost of the project or scheme requiring funding:

Please provide details of the breakdown of costs

Type of grant being applied for:

Revenue	<input type="checkbox"/>	Project	<input type="checkbox"/>
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Please tick as appropriate

Amount of grant applied for: £

If this grant will be providing part funding for the project or scheme detailed, explain how the rest will be funded:

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?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please tick as appropriate

If Yes, as a minimum we expect you to:

- have safeguarding policies in place that are appropriate to your organisation's work and the project you are asking us to fund
- 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
- secure extra insurance cover, if appropriate

I confirm that my organisation meets these requirements:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please tick as appropriate

Please provide any additional information you may consider relevant or helpful to the Council when considering this application:

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.

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 photos 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.

Checklist (tick to confirm included and agreement)

- Completed signed application form**
- Copy of most recent accounts**
- Copy of constitution/rules of the organisation**
- Confirm if awarded a grant will to provide the Council with copies of receipts for the purchase(s) within one month of expenditure.**

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 and documents must be returned to the Clerk
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.