

Ecclesfield Parish Council

Council Offices, Mortomley Lane, High Green, Sheffield, S35 3HS
Telephone: (0114) 2845095 Fax: (0114) 2869486
e-mail: admin@ecclesfield-pc.gov.uk
Visit our Website: www.ecclesfield-pc.gov.uk
Tara Ball - Clerk to the Council

Please ensure that all the details requested on the following pages are completed in full. Please note that the Parish Council will be unable to process your application if any of the required information has been omitted.

Applicants may be required to provide proof of expenditure of any previous grant by providing invoices, receipts etc. before a new application may be considered.

Please submit this form completed within one month of receiving it.

- 1 What is your group called? *Give your name as it appears on your bank account.*

- 2 Please give us your contact details.

Title First name Surname

Position in group (if applicable)

Address.

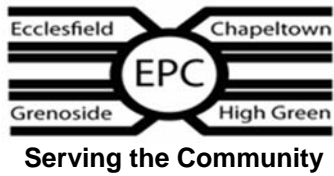
| | |
|----------------------|----------|
| <input type="text"/> | |
| <input type="text"/> | Postcode |

Your phone number, if we need to talk to you.

Your email address, if you have one

- 3 Full address of where your activities will be based.

| | |
|----------------------|--|
| <input type="text"/> | |
| Postcode | |



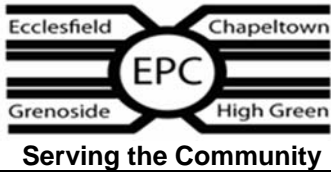
4. What is the purpose of your group – what difference do you make, How do you meet the needs of your community?

5. What activity will you put on or project will you undertake if we give you a grant and when will this take place?

6. Does your group receive funding from anywhere else? Please state who this is from and the amount of funding

7. Please give us a breakdown of what you want the funding to pay for :-

| Item requested | £ per item/activity | Total |
|----------------|---------------------|-------|
| | £ | £ |
| | £ | £ |
| | £ | £ |



| | | |
|---|---|---|
| | £ | £ |
| | £ | £ |
| | £ | £ |
| | £ | £ |
| | £ | £ |
| <i>Total grant requested from us</i> | | £ |
| <i>Total cost of activity</i> | | £ |

8. Please let us have a copy of your latest financial accounts together with a copy bank statement.

9. Please list all the people who are authorised to make withdrawals from your account.

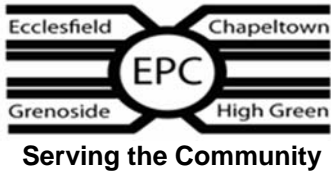
Name Name

Name Name

10. How many people have to sign for each withdrawal?

11. Please give details of your bank account including bank, account number and sort code. Please give details of who a cheque should be made out to.

12. Would all applicants please note that it is a requirement of the Parish Council that photographic evidence is provided of the event/purchase.



Please note that the Parish Council is subject to Freedom of Information Act 2000 and other related legislation. This means that most of the information you supply to the Council will probably be public.

Please contact the Clerk for details of the closing date for applications.

**Tara Ball
Clerk to the Council
Ecclesfield Parish Council
Council Offices
Mortomley Lane
High Green
Sheffield
S35 3HS**

Telephone No: 0114 2845095

Declaration of intent

This application needs to be signed by the person whose name appears as the contact at the beginning of the form.

I can confirm that the organisation named on the front of this form has authorised me to make this application.

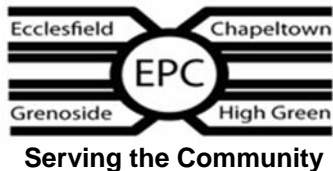
I can confirm that *all* the answers to the questions are true.

Name

Position in group

Signed

Date



The Parish Council has been advised to request a short questionnaire on any risks there may be in respect of applications for financial assistance. Therefore in order to be satisfied that there will be no legal implications for the council if they do give a grant in response to your request, I would be pleased if you could kindly reply to the following few points.

| QUESTIONS | TICK BOX OR ANSWER |
|---|--------------------|
| 1. Does the applicant/your group have adequate <u>public liability insurance</u> to a minimum of at least £2 million cover for any activities etc. which may benefit from the council's grant. Please supply us with a copy of your certificate along with your application. | |
| 2. Is the premium paid up to date (give date) | |
| 3. Have police checks (CRB disclosure) been carried out for group members who deal with children and vulnerable adults | |
| 4. What steps have been taken to minimise any accidents, loss or damage to property or people or property. | |
| 5. Will the grant be repaid to the Parish Council if the event does not take place or the items that the grant is requested for are not purchased? | |
| 6. Will the lack of a grant stop the event taking place or seriously curtail or reduce the activities of the group in any way | |
| 7. Has the health and safety of members of the group or the public participating in an event been properly assessed and have satisfactory conclusions been drawn from this assessment | |
| 8. Are you satisfied that all possible risks have been adequately covered by the systems and procedures you have placed in force for the event or for the use of the equipment purchased from the grant | |

Signed by ChairmanDate.....

Signed by SecretaryDate.....