



ECCLESFIELD PARISH COUNCIL

Serving your Community Since 1894

Ward Based Grant Application Form

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.*

ECCLESFIELD GALA COMMITTEE

- 2 Please give us your contact details.

Title

MR

First name

MICHAEL

Surname

WHITING

Position in group (if applicable)

CHAIRMAN (ORGANIZER)

Address.

	Postcode

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

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Your email address, if you have one

W11

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

ECCLESFIELD PARK

4. Which Ward will the project cover? Please tick the appropriate box (you may tick more than one):

Burncross	
Chapelton	
Ecclesfield	✓
High Green	
Thornclyffe	
Grenoside	

5. What is the purpose of your group – what difference do you make and how do you meet the needs of your community?

COMMUNITY EVENT
RAISE FUNDS FOR CHARITY

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

AS ABOVE

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

NO

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

Item requested	£ per item/activity	Total
INSURANCE	£	£405
TOILETS	£	£306
SKIP	£	£180
FIRST AID	£	£165
ENTERTAINMENT	£	£450
P.A	£	£200
PARK	£	£75
MARKET LICENCE	£	£12
Total cost of activity		£1793
Total cost of grant requested from us		£1,793.00

9. You must provide a copy of your latest financial accounts together with a copy bank statement.

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

Name	<input type="text"/>	Name	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>

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

2

12. 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.

ACCOUNT NO.	SORT CODE
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13. 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. If you do not want any information released your grant cannot be considered.

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	MICHAEL WHITING		
Position in group	CHAIRMAN (ORGANIZER)		
Signed	<input type="text"/>	Date	20-2-22
	<input type="text"/>		20-2-22

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 in the Group's name</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)	RENEWED 24/1/22
3. Have police checks (DBS 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?	YES
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	WOULD REDUCE ACTIVITIES
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	YES
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	YES

Signed by Chairman Date 20-2-22

Signed by Secretary Date 20-2-22