

Serving your Community Since 1894

Ward Based Grant Application Form

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

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 hame as it appears on your pank account.				
	CHAPELTOWN	WI			
2	Please give us your contact	details.			
	Title Mrs First name	Susan Sui	rname	Pass	
	Position in group (if applicable)	Presio	ENT		
	Address.				
		_		_	
			Postco	ode	
	Your phone number, if we n	eed to talk to you.			

Your email address, if you have one

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

CHAPELTOWN METHODIST CHURCH I, NETHER LEY AVE, CHAPELTOWN SHEFFIELD S35 IAE

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

Burncross	/
Chapeltown	/
Ecclesfield	✓
High Green	/
Thorncliffe	V
Grenoside	✓

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

TO ADVANCE THE EDUCATION OF WOMEN & GIRLS FOR THE PUBLIC BENEFIT IN ALL AREAS INCLUDING:
LOCAL NATIONAL & INTERNATIONAL ISSUESOF SOCIAL IMPORTANCE MUSIC, DRAMA & OTHER CULTURAL SUBJECTS,
ALL BRANCHES OF AGRICULTURE, CRAFTS, HOME ECONOMICS,
SCIENCE, MEALTH & SOCIAL WELFARE

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

THE ACTIVITY WILL BE A CELEBRATION OF THE QUEEKS
TO YEARS ON THE THONE.
THIS WILL BE A PARTY THAT WILL TAKE PLACE ON 9 JUNE
2022

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

No WE DO NOT RECEIVE ANY FUNDING FROM ANYWHERE ELSE.

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

Item requested	£ per item/activity	Total
PARTY DECORATIONS, BALLOONS, BUNTING, FLACE	£	£35-cc
TABLEWARE	£	£ 25.00
JUBILEE GAMES & PRIXES	£	£50.00
FOOD 35 @ £5-00 PER PERSON	£	£175.00
CELEBRATION CAKE	£	£25.00
	£	£
	£	£
	£	£
Total cost of activity		£310-00
Total cost of grant requested from us		£310.00

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

	the people who are au	thorised to	make v	rithdrawals fr	om your
account.					
Name		Name			
Name	-7	Name			
11. How many p	eople have to sign for e	ach withdr	awal?		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.					
1					
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	on of intent				
This application nee	eds to be signed by the uning of the form.	person wh	ose nar	me appears a	as the
l can confirm that a	the organisation name make this application.	ed on the	front of	this form h	as
	all the answers to the		s are tru	ıe.	
Name					
Position in group	PRESIDE	UT			
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
 Does the applicant/your group have adequate public liability insurance in the Group's 	
name 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 promism poid up to date (all a late)	
2. Is the premium paid up to date (give date)	11/1/22-10/1/23
Have police checks (DBS disclosure) been	
carried out for group members who deal with	No CHILDREN
children and vulnerable adults	OR VULNERABLE ADUM
4. What stops have been taken to minimize	
4. What steps have been taken to minimise any	THE GROUP IS HEALTH
accidents, loss or damage to property or people or property.	+ SAFETY AWARE.
or property.	
5. Will the grant be repaid to the Parish Council if	
the event does not take place or the items that	> (-0
the grant is requested for are not purchased?	YES.
	·
Will the lack of a grant stop the event taking	A SMALLER EVENT
place or seriously curtail or reduce the activities	WOULD TAKE PLACE
of the group in any way	11.6
7. Has the health and safety of members of the	
group or the public participating in an event	NEALTH & SAFETY
been properly assessed and have satisfactory	HAS BEEN THOROUGHLY CONSIDERED.
conclusions been drawn from this assessment	
8. Are you satisfied that all possible risks have	
been adequately covered by the systems and	YES WE SATISFIED
procedures you have placed in force for the	
event or for the use of the equipment purchased	
from the grant	

Signed by Chairman	Date	26/5	2/22
		2	,
Signed by Secretary	Date	28,2	,2022