THORNCLIFFE COMMUNITY SPORTS

Charity Number Company Number Address



THORNCLIFFE COMMUNITY SPORTS

The Clerk of the Council Ecclesfield Parish Council Council Offices Mortomley Lane Sheffield S35 3HS

16th September 2022

Dear Clerk of the Council

Grant Application 2022

Please find enclosed a completed Ward Based Grant Application Form together with the recent Bank Statement and Financial Accounts.

We are once again applying for help to pay for the insurance which is needed as part of the conditions of the lease with Sheffield City Council. I have enclosed the cost of the insurance for 2021 which came to £501.50. No doubt this will have increased and I have, therefore, made an allowance for this in the amount asked for from the Council. We would return any funds not needed once a confirmed amount is provided by the insurance company for the current year 2022/2023.

There is a balance of £7,556.54 on the enclosed bank statement dated 6th August to 6th September 2022 but once the balances of the Pavilion and Boxing Gym projects are deducted, as per the spreadsheets enclosed, this leaves TCS with just £75.54 only to utilise.

I would like to thank the Parish Council, on behalf of Thorncliffe Community Sports for once again considering this financial application.

Yours faithfully

Mrs Anthea Brownrigg ' '
Secretary – Thorncliffe Community Sports
Mobile:



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 name as it appears on your bank account.							
	THORNCLIFFE COMMUNITY SPORTS							
2	Please give us your contact details.							
	Title MRS First name	ANTHEA	Su	rname	BROWNRIGG			
	Position in group (if applicable)	SECRE	TI	aR Y				
	Address.							
	, , ,		,					
	1			Postco	de			
	Your phone number, if we n	eed to talk to you	J .	,				

Council Offices Mortomley Lane SHEFFIELD S35 3HS

10 0114 284 5095 admin@ecclesfield-pc.gov.uk

10 www.ecclesfield-pc.gov.uk

Your e	email	address,	if you	have	one
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3. Full address of where your activities will be based.

THORNCLIFFE RECREATION GROUND

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

Burncross	1
Burneross	
Chapeltown	
Ecclesfield	
High Green	
Thorncliffe	
Grenoside	

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

NE PROVIDE RECREATIONAL/LEISURÉ
ACTIVITIES INCLUDING CROHN GREEN
BONLING AND TENNIS AND ARE HOPING
TO PROVIDE A FACILITY FOR AMATEUR
BOXING, SUBJECTTO PLANNING PERMISSION AND
FUNDING

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 INSURANCE IS A CONSITION OF THE LEAGE TCS HAS NITHSHEFFIELD CITY COUNCIL WHICH IS DUE TO EXPIRE IN 2043 7. Does your group receive funding from anywhere else? Please state who this is from and the amount of funding

ONLY SMALL A MOUNTS FROM "GIVE AS YOU LIVE"

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

Item requested	£ per item/activity	Total
RENEWAL OF THE INSURANCE	£ 65.0	£ 650
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
Total cost of activity		£65.0
Total cost of grant requested from us		£650

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

	ease list al ount.	I the people who are a	uthorised to	make	withdrawals fi	rom your
Name			Name	,		
Name		<u> </u>	Name			
11 . Ho	ow many p	people have to sign for	each withd	rawal?		2
12. Ple	ase give o	letails of your bank acc ase give details of who	count includ a cheque s	ing ban should t	k, account nu be made out t	imber and
,						
Please i	note that the related ouncil wi	plicants please note taphic evidence is pro the Parish Council is legislation. This me Il probably be public.	subject to ans that mo	Freedo	t/purchase.	ation Act 2000
		on of intent				
contact a	ication ne t the begir	eds to be signed by the	e person wh	ose na	me appears a	is the
I can cor	nfirm that	the organisation nan make this applicatior	ned on the	front of	f this form ha	as
		all the answers to the		are tru	ıe.	
Name		ANTHEA				
Position in	n group	SECRETA.	e 4			
Signed		_		Date	16-00	

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. 	V YES
Is the premium paid up to date (give date)	JES (17/15/22)
Have police checks (CRB disclosure) been carried out for group members who deal with children and vulnerable adults	N/A
 What steps have been taken to minimise any accidents, loss or damage to property or people or property. 	~/A
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
Will the lack of a grant stop the event taking place or seriously curtail or reduce the activities of the group in any way	YES
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	N/A
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	N/A

Signed by Chairman	·····{	Date 16 - 09-22
Signed by Secretary	-	Date 16-09-22