



ECCLESFIELD PARISH COUNCIL

Serving your Community Since 1894

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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.*

St. John's Parish Centre (St Johns Parochial Church Council)

2 Please give us your contact details.

Title First name Surname

Position in group (if applicable)

Address.

Postcode

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

Your email address, if you have one

office@stjohnschap.co.uk

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

St Johns Parish Centre
21 Housley Park
Sheffield S35 2UE

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

| | |
|--------------|---|
| Burncross | |
| Chapelton | ✓ |
| Ecclesfield | |
| High Green | ✓ |
| Thornccliffe | |
| Grenoside | |

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

See attached document

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

Rebuilding damaged wall to ensure safety of
general public
Date to be decided

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 |
|--|---------------------|---------|
| Repair to wall + removal of stump | £ 4,500 | £ 4,500 |
| | £ | £ |
| See quotes for stump grinding | £ | £ |
| and wall rebuild | £ | £ |
| | £ | £ |
| | £ | £ |
| | £ | £ |
| | £ | £ |
| Total cost of activity | | £4,500 |
| Total cost of grant requested from us | | £ 4,500 |

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?

| |
|---|
| 1 |
|---|

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.

| |
|--|
| |
|--|

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 | <input type="text" value="Fiona Battey"/> | | |
| Position in group | <input type="text" value="Administrator"/> | | |
| Signed | <input type="text"/> | Date | <input type="text" value="20/3/2023"/> |
| | <input type="text"/> | | <input type="text"/> |

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. | Yes ✓ |
| 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 | Yes ✓ |
| 4. What steps have been taken to minimise any accidents, loss or damage to property or people or property. | Trying to get repairs |
| 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 | Yes |
| 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 | N/A. |
| 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 | ? N/A _____ |

Signed by Chairman Date..... 20/03/23

Signed by Secretary Date..... 20/3/2023