

## Flamborough Parish Council application for donation

1. Name of Organisation/Group \_\_\_\_\_

2. Contact Name and

address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4 E-Mail Address: \_\_\_\_\_

5 Aims of

organisation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Type of group (please tick)**

- Registered Charity
- Sports Club
- Non-profit making organisation
- Voluntary group
- Community group
- Other

6 Main Activities of Organisation/Group

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Number of members in Organisation/Group \_\_\_\_\_

8 Briefly describe the project/service which funding is being applied for, and state how this project will be of benefit to the community in Flamborough

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9. Estimate of how many local people will benefit \_\_\_\_\_

**10 How much money do you want from the Parish Council?**

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What are your total project costs/ yearly service costs?

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If applicable how the remaining balance is to be funded (e.g. other sources of income/grants received):

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15. Will you be working with children, young people under the age of 18 or vulnerable adults?  
YES/NO

***If none, please ignore all further questions in this section***

i Have any of the project leaders attended recognised child protection training? YES / NO

ii. If Yes, Is that person willing to be the Child Protection Project Contact for the project? YES / NO

iii. If the answer to ii. is Yes, please complete the details:

Which organisation carried out the training: \_\_\_\_\_

Date of training: \_\_\_\_\_

Details of the person who attended the training:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ --

iv. If none of your project leaders have attended recognised child protection training, or the trained person is not willing to be the Contact for your project, please provide the contact details of a person who has agreed to attend Child Protection Training:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

. Any additional Information relating to your

application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DECLARATION

I confirm that, to the best of my knowledge, the details on this application are correct.

Signed ..... Date .....

Position in Organisation/Group .....

**Please return your completed application form to: The Clerk at Flamborough Parish Council.**

Email [clerk@flamborough-pc.gov.uk](mailto:clerk@flamborough-pc.gov.uk) Tel 07474 681368

## GUIDANCE NOTES

- **The following criteria apply to all applications:**
- To be eligible for a grant, applications must be on behalf of a not for profit group/charity with the main aim of benefitting Flamborough residents.
- The Committee will not fund more than 75% of any given project cost.
- Maximum grant is £500 per applicant per year.
- Organisations dealing with children or vulnerable adults must have a child protection policy.
- From March 2019 funding applications will be considered at two meetings per year by the Council. These will be in April and September.
- Not more than 75% of the annual grants funding of the Council can be allocated at its first meeting in any financial year.
- Applicants may be invited to amend and resubmit their application to a future meeting but not more than once.
- Groups must be able to supply audited accounts to the Parish Council
- Applications from groups where there is limited wider community benefit will not be considered.
- Applications from political or campaigning groups will not be considered.
- Successful applicants have 12 months in which to claim the funding, which will be paid on production of paid invoices.
- Individuals and private limited companies will not be eligible for grant.
- Application deadline will be 3 weeks before the meeting.
- All parties wishing to request Parish Council funding for a project or activity must use this form.