**PLEASE REFER TO THE GUIDANCE NOTES BEFORE COMPLETING THIS FORM**

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| **SECTION A - YOUR ORGANISATION** |
| **SECTION A – GUIDANCE NOTES**   * The name of your organisation should be the same as the name on your constitution * The contact person must be someone from your organisation who can talk about this application in detail. They should have official permission from your organisation to be the main contact * It is helpful if you can give your project a title which reflects what it is about, i.e., ‘Training for Volunteers’ * Describe the type of organisation, if you are unable to find an appropriate box, please describe the status of your organisation, for example, a friendship group * Please tell us about your membership charges. Organisations often charge an annual subscription or ask members for a small amount each week to cover hire of halls etc. Please tell us how much your organisation charges and how often |

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| Name of your organisation |  |
| Name of your project/event/activity |  |
| Name of main contact |  |
| Position within your organisation |  |
| Address for correspondence |  |
| Postcode |  |
| Organisation Website/Facebook address |  |
| Telephone number |  |
| When are the best times to reach you on this number? |  |
| Email address |  |

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| Is your organisation: Please tick | | |
| Charitable Incorporated Organisation (CIO) | |  |
| Charitable Trust | |  |
| Charitable Company (limited by guarantee) | |  |
| Community Interest Company | |  |
| Unincorporated Association | |  |
| Other please specify | |  |
| Describe your organisations main purpose and regular activities | | |
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| Total number of members OR people supported |  | |
| Please give a breakdown of your age range | | |
| Children under 12 |  | |
| 12 – 18yr olds |  | |
| 18 – 60 years |  | |
| Over 60’s |  | |
| What percentage of your total membership lives in Rustington? | % | |
| What membership charges does your organisation make (if any)? |  | |
| How many people will the funded project benefit in Rustington? |  | |

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| **SECTION B - ABOUT THE PROJECT** |
| **SECTION B – GUIDANCE NOTES**  **Who** will be leading the project? e.g., team of youth workers.  **What** are you going to do? e.g., run a series of first aid workshops for babysitters.  **Why** are you doing it? e.g., to equip young people with essential first aid training, specifically dealing with small children and babies.  **When** are you doing it? e.g., Monday evenings for 8 weeks.  **Where** are you going to do it? e.g., a local health centre.  **How** are you going to do it? e.g., hire a qualified paediatric first aid trainer to deliver workshops and issue certificates to those young people who have passed.   * Please tell us how much money you would like from the Parish Council and what you will spend it on. If this grant will only pay for part of your project, please tell us how much money you still need to find * Please tell us if and when you have received a grant from the Parish Council before. |

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| Please briefly describe your proposed project/event/activity  (as detailed in the guidance notes above) |
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| Please describe the wider benefits your project will bring to the Rustington community. What priorities/issues will you address? E.g., health & wellbeing, reduced social isolation etc. | | | |
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| How much grant funding would you like from the Parish Council? **NB Maximum amount to be applied for is £750.00** |  | | |
| Have you received grant funding from the Parish Council in the past? | **Yes** | **No** | |
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| If yes in what year(s)? | | | |
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| What will this grant funding pay for? Please give a clear financial breakdown of the items and services you wish to be funded | | | |
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| Do you still need to find additional funding? | **Yes** | | **No** |
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| If yes, how much? |  | | |
| What is the total cost of the project? |  | | |
| If your application for funding from the Parish Council is unsuccessful can your project still progress? | **Yes** | | **No** |
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| **SECTION C - OTHER SOURCES OF FUNDING** |
| **SECTION C – GUIDANCE NOTES**   * Please tell us other money you are expecting to raise * Please tell us about other grants you have applied for to fund this project and if you have received funding confirmation from any grant giving sources * Please tell us about any time or resources given free of charge * Bank Details of the Organisation will be sought if the Application is successful. Funding will not be paid to an individual’s account.   . |

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| Do you expect to raise money from any other sources for this piece of work? Please estimate | | | |
|  | £ | | |
| Ticket sales |  | | |
| Other sales |  | | |
| Sponsorship |  | | |
| Fundraising |  | | |
| Have you applied for grants from other sources to help with this project/event/activity? | | | |
|  | Applied for | Confirmed | When is it expected |
| Other Parish/Town Council |  |  |  |
| Arun District Council |  |  |  |
| West Sussex County Council |  |  |  |
| Trusts/Grant giving Bodies |  |  |  |
| Other (please give details) |  |  |  |
| Do you expect to receive any help or support other than money? Please give details of what will be contributed. *Don’t forget volunteer hours count as well. Daily costs: unskilled £50, skilled £150 and professional £350.* | | | |
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| **SECTION D - SUPPORTING DOCUMENTS & DECLARATION** |
| **SECTION D – GUIDANCE NOTES**   * If this information is not available, please include a note to explain why. Your application will not be considered without evidence of your financial situation. |

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| Please enclose with your application the following supporting documents – please tick | | | |
| Income and expenditure account | | |  |
| Balance sheet | | |  |
| Club/organisation constitution or rules | | |  |
| Diary of events or programmes | | |  |
| **EQUAL OPPORTUNITIES**    The Parish Council wishes to secure genuine equality of opportunity, whether required by legislation or not, in all aspects of its activities. | | | |
| **DECLARATION**  I confirm that I am authorised to sign this declaration on behalf of **the organisation** **named in section A** and that, to the best of my knowledge and belief, all replies are true and accurate. I further confirm that this application is made on the basis that if it is successful, the group will be bound to use the grant only for the purposes it specifies and will have to comply with the terms and conditions attached to the grant by the Parish Council. I understand that the Rustington Parish Council reserve the right to conduct a post-project assessment to check that we have complied with the terms and conditions of the scheme. | | | |
| **Signature** |  | | |
| **Name Printed** |  | | |
| **Organisation** |  | | |
| **Date** |  | | |
| **DATA PROTECTION**  We will use the data collected through this form to provide the requested service; we will not share it unless the law permits.  Information contained within your Grant Aid Application will be retained for a period of 7 years. The Parish Council’s Document Retention & Disposal Policy can be supplied upon request. | | | |
| How do you wish to receive correspondence from the Parish Council? Please tick. | | | |
| Email | | Post | |
|  | |  | |
| The information you provide will be kept secure and will not be passed onto any third party without your consent. Should you wish to withdraw your details or amend the contact for your organisation please contact the **Rosie Costan, Deputy Clerk of the Council on 01903 786420 or email: enquiry@rustingtonpc.org** | | | |
| Please return by **2 June 2025 at the latest and mark it:** FAO Rosie Costan, Deputy Clerk of the Council, Rustington Parish Council, Woodlands Avenue, Rustington, West Sussex, BN16 3HB | | | |