**Burscough Town Council**

**Application for Funding**

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| ***Contact Details*** |
| Name and address of Applicant of the Organisation. |  |
| Name, position and address of main contact. |  |
| Telephone number and email address of main contact. |  |
|  Name, position and address of second contact. |  |
| ***About your Organisation*** |
| Is the organisation a community group or non-profit making organisation?  |  |
| When was the organisation formed? |  |
| Please state the composition of the management structure. |  |
| How many members do you have?Age range  |  |
| How many paid staff do you employ |  |
| Are you a branch or a part of a larger organisation? If so tell us the name and contact details of the larger organisation.  |  |
| Are you a Registered Charity? If so please provide Charity Number / registration. |  |
| Please attach your Terms of Reference and your Constitution. |  |
| Is any member of your organisation, or are you related to, a Burscough Town Councillor or a member of staff at Burscough Parish Council? If so, please provide details? |  |
| Has you organisation applied to the Town Council for funding previously? Please provide dates and outcomes. |  |
| Please tell us who your group /organisation is for (do you support a particular group of people such as older people, children, people with disabilities, or are your members drawn from the general population) |  |
| What are the main objectives of your organisation? |  |
| How does your organisation/group meet the needs of the local community? |  |
| In which geographical areas is your organisation active? |  |
| Does your organisation/project have any particular political affiliation? |  |
| ***About your Request for Funding*** |
| What is the total cost of your project? | **£** |
| How much assistance is requested? | **£** |
| What level of contributions have already been raised? And by what means? |  |
| What does the whole project comprise? Please describe it |  |
| What is the specific purpose or item for which assistance is sought? |  |
| Please include detailed breakdown of costs for the whole project, showing how each item will be funded. Use a separate sheet of paper if required. |  |
| Does a public body already provide a similar scheme?If yes please give details. |  |
| How will Burscough and its residents benefit?  |  |
| How will the grant meet the needs of the Community? |  |
|  |  |
| Add any additional information that you feel may be useful  |

**FUNDING AGREEMENT**

*1. I/We will use any funding awarded for the purposes set out in this application. We understand that changes cannot be approved retrospectively. I/We will first agree any changes on how the fund is to be spent with the Council.*

*2. I/We will not sell any equipment or other assets purchased with the funding awarded without the prior knowledge and consent of the Council.*

*3. I/We will not use the fund to pay for any expenditure already incurred or committed by the organisation prior to approval of requested fund.*

*4. I/We will spend the funding within 12 months of the date of the award. Any unspent funds will be returned.*

*5. I/We realise that we are responsible for any overspend on the project.*

*6. I/We will meet all legal requirements, including but not limited to those relating to employment, health and safety, child protection (including Enhanced Criminal Record Bureau checks and ISA (Independent Safeguarding Authority) registration of staff and volunteers working with vulnerable adults and children) and environmental health matters.*

*7. I/We will keep all itemised financial records and accounts, including receipts to show how the fund was spent for at least one year after the completion of the project.*

*8. I/We accept responsibility for obtaining all planning and statutory consents.eg Health & Safety requirements, Insurances and temporary licences.*

*9. I/We will make sure that any written material promoting the project will acknowledge the financial assistance provided by the Council. I/We will consult the Council prior to issuing any publicity relating to the services that the Council is helping to fund.*

*10. I/We will provide Burscough Town Council with materials/images and information for the purpose of publicizing the work of the Town Council.*

*11. I/We will provide a written report to the Town Council including a breakdown of expenditure and summary of outcomes within eighteen months of the funding award to show members of the community how their grant was used.*

*12. I/we will follow all the Government restrictions laid out regarding corona virus and put extra measures in place to follow guidance.*

*13. I/we will make sure all risk assessments are agreed followed and monitored.*

***First Signatory***

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| --- | --- |
| Signed |  |
| Name in Full |  |
| Position in Organisation |  |
| ***Second Signatory***

|  |  |
| --- | --- |
| Signed |  |
| Name in Full |  |
| Position in Organisation |  |

When completed, please return to Jackie Maguire, Clerk to the Council, Burscough Town Council, Interchange Building, Station Approach, Burscough, L40 0RZ. Please return by email to Jackie.maguire@burscoughtc.org.uk.Please request receipt to ensure safe arrival of document |