



# Farington Parish Council

## Farington Parish Council

### Application Form for Funding

#### Small Grants Scheme

Grants are available to all groups and organisations, as well as individuals in the Farington Parish Area. We will also give grants to National/Regional organisations if their work supports or benefits residents in our Parish Area. We will award grants up to £300 under this scheme. We may consider increasing this amount for larger projects.

<b>Your contact details</b>	
Name of your organisation or group (if any)	
Name of the contact person	
Address of your organisation	
Main contact's address (if different)	
Phone Number(s)	
Email	
Does your organisation have a website?	
Who should we make the cheque payable to?	

**Tell us about you or your group!**

What are the main activities of your organisation? What are your aims and objectives?

**Please give details of why you are applying for a grant**

What is the name of your project or event?

When will it start and finish?

- If you are working with a site,
- Where is it located (grid reference, if you know it).
  - Who owns the land?
  - Have you made plans for its future maintenance? If yes, please tell us about it.

**Health and Safety**

**Please note that applicants receiving a small grant must accept responsibility for the health and safety of their project, assessing risks to the public and participants, both during the project's development and on its completion.**

**Applicants should make sure that they have sufficient liability insurance to cover their project.**

Child Protection

Will your project involve you and/or members of your group working with unsupervised children or vulnerable

**Yes**

**No**

If you or members of your group will be working with unsupervised children or vulnerable adults as part of your project, you should ensure that you undertake a risk assessment and check that you have considered the implications for child protection and safety.

You will need to develop a child protection policy and undertake enhanced criminal records bureau (CRB) checks for any staff or volunteers working unsupervised with children or vulnerable adults.

Tell us about your project. What do you want to do? What do you aim to achieve with this project?

**How much money do you need and how do you plan to spend it?**

**How much money are you asking for?**

£

**What is the total value of your project?**

£

**Do you have other sources of income?  
Please include amounts!**

- Grants:
- Other financial resources:

**Do you have contributions in kind (e.g. volunteers, use of equipment and facilities)? Please estimate the value.**

<b>How do you plan to spend your grant if you are successful?</b>	
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<b>Who should the cheque be made payable to?</b>	
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<b>Who will benefit from your project?</b>
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<b>Which particular groups of people do you hope will benefit from this funding?</b>	
<ul style="list-style-type: none"><li><input type="checkbox"/> Community in general</li><li><input type="checkbox"/> Carers</li><li><input type="checkbox"/> People with a learning disability</li><li><input type="checkbox"/> People with a physical disability</li><li><input type="checkbox"/> Lone parents</li><li><input type="checkbox"/> Drug or alcohol dependent people</li><li><input type="checkbox"/> Ex-offenders</li><li><input type="checkbox"/> People who are gifted or talented</li><li><input type="checkbox"/> Unemployed people</li><li><input type="checkbox"/> Under-19 year-olds <b>not</b> in education, employment or training</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> People with a mental illness</li><li><input type="checkbox"/> Refugees/asylum seekers</li><li><input type="checkbox"/> Children</li><li><input type="checkbox"/> Women</li><li><input type="checkbox"/> Men</li><li><input type="checkbox"/> People dependent on benefits</li><li><input type="checkbox"/> Black or minority ethnic groups</li><li><input type="checkbox"/> Blind people</li><li><input type="checkbox"/> Visually impaired people</li><li><input type="checkbox"/> Deaf people</li><li><input type="checkbox"/> People who are hard of hearing</li><li><input type="checkbox"/> Other (Please describe)</li></ul>

Please sign the form below. When you sign this form you are confirming that the information you have provided on this application is accurate and you have considered all necessary Health & Safety and Child Protection issues.

Signed.....

Date.....

**Please return to:**

**Mrs Sue Whittam  
Clerk to Farington Parish Council  
3 Hazelmere Road  
Fulwood  
PR2 9UN**

**If you have any questions about your application, please contact us – we will help you with any problems.**

**For more information or help with your application contact Sue Whittam on 01772 863477**