SAFFRON WALDEN TOWN COUNCIL

GRANT AID APPLICATION FORM FOR LOCAL PROJECTS

	Section 1 – About the Applicant
1	Name of Applicant/Organisation SAFFRON WALDEN INITIATIVE
2	Applicant contact name, address, email and telephone* CB11 3ES JACQUI PORTWAY, 31 TUKES WAY, SAFFRON WALDEN 07931 534599 jacqui.portway@gmail.com *Please note that this information will be published in the public domain unless we receive express instructions to the contrary.
3	Aims & Objectives of Applicant / Organisation THESE INCLUDE: DEVELOPING COMMUNITY SPIRIT PROVIDING FACILITIES & ACTIVITIES FOR ALL AGES & INTERESTS
4	What is the Nature of your Organisation? ie are you a registered Charity, Social Enterprise or Community Interest Company? If yes, please provide registration details: COMPANY LIMITED BY GUARANTEE
5	Does Your Organisation Have: A constitution: Yes / ~~No~~ Accounts: Yes / ~~No~~ Equal opportunities policy: Yes / ~~No~~ Safeguarding or child protection policy* Yes / ~~No~~ Health and Safety policy ~~Yes~~ / No Please include a copy of these documents where available. See WWW.SWinitiative.org/policies If these documents are not supplied, please advise why these details are missing. waiting for updated accounts **If you are not able to provide a safeguarding or child protection policy, please advise how you will monitor and ensure the protection of children and vulnerable adults.*

- You will be notified in writing of the Committee's decision.
- If your request has been successful, you will be provided with details of how to claim your grant money
- If your request has been declined, you will be provided with reasons for refusal. There is no appeal system and the decision of the Committee is final.

5. Successful Applicants:

Must provide a statement setting out how the money has been applied, this can be done by:

a) Sending us copies of the relevant invoices and/or receipts, or
b) Submitting a statement confirming how the money has been applied, or
c) By supplying a copy of your annual report and accounts

All successful grant recipients must also:

- Acknowledge the grant funding from SWTC – we will send you the Town Council logo for inclusion on publicity material.
- Attend the Annual Parish Meeting to provide a written and verbal update on their project and how the funding from SWTC supported it.

6	Is your application for a reduced hire fee for any Town Council premises? Yes ☐ No ☑ If yes, what is the date of your event and have you booked the facility with the Town Council? If No, please proceed to question 7.
7	Have you previously applied to SWTC for grant funding? Yes / ~~No~~ If Yes, please give details of when and if the application was successful, the grant received and the purpose. DANCES IN THE SQUARE Mini Maze - Swan Meadow
	For Office use only regarding questions 6 & 7: Commercial hire cost: Resourcing cost to Town Council: Potential Net loss / profit: Confirm details of any previous grants awarded to this Organisation: Additional Information:
	Section 2 – The Project
8	Project name: Winstanley christmas charity stall, Late Night shopping

Saffron Walden Town Council

	Project aim: To help local charities, raise much needed funds to help the ever demanding need, during this difficult ecodomic time + raise awareness of the legacy William Winstanley, The Man who saved Xmas, this hopefully will boost the economy of SW Start Date: 2/12/22 End Date: 2/12/12
9	Please give details of the project activities and timeline The event will start at 4PM – 9Pm, charity Stalls in the market Square and King street. Musicians and stage outside Barclays, Terry assisting with advice in all aseas and has been most helpful.
10	What particular need do you consider the project will meet? This is going to help all aspects of SW charity, retail, tourism and give credence to a local man who revived Xmas after parliment cancelled it in the 1600's
11	How have you identified the need for this project? Please include your experience in this field and research and scoping that has been carried out with the intended target group MANY PREVIOUS LATE NIGHT CHRISTMAS SHOPPING EVENTS WITH CHARITY STALLS

12	Please give a reasonably accurate figure for the number of people, within Saffron Walden Town Council's area (the parish of Saffron Walden and Little Walden, see map attached for the area served by SWTC), the project will serve. If possible, please provide evidence of this within the Data Protection Act: The Towns Population.
13	Please give a brief outline of: • How this project benefits the residents of Saffron Walden Town Council's area; • On the change you wish to see as a result of your project or activity for the residents of the Saffron Walden parish; • How your project will be measured That christmas in Saffron Walden is recognised as something truly special helping everyone, charitable causes + tourism & retail economy.
14	Where will any equipment be kept and how will it be insured? We have insurance, and no equipment is needed. 3D Events is covered by own insurances.
15	Address where <u>main</u> activities will take place KING STREET & MARKET PLACE. SAFFRON WALDEN

16	How will you ensure that the project will be all-inclusive? Inviting all to attend and join in through the press, social media, radio.
	Section 3 – Funding Requirement
17	What is the total cost of the project? Please attach a budget breakdown for this cost £2091.60 = total cost of stage
18	Amount requested from Saffron Walden Town Council and for what purposes (please be as specific as possible) Providing much needed stage + use for Mayor, Musicians + choirs. Grant request of = £700.00
19	Have you applied for funding from other sources for **this project**? Yes ☐ No ☑ If yes, please indicate how much and who from
20	Have you applied for funding from other sources for **any other project** which may relate to this funding request? If so, please give details of when, and if the application was successful, please give details of the grant received. N/A.

21	How will you ensure that SWTC support of this project is promoted? Extensively, press, social Media, Radio Cambridge has already confirmed coverage, on the night the Mayor will be invited.

SAFFRON WALDEN TOWN COUNCIL

Section 4 – Contact Details

22	Contact details for this application (this must be someone who has full knowledge of the application and can answer questions about it). Please note that these details will be made known in a public forum unless you specifically advise that details should be with-held Name JACQUI PORTWAY Tel No 07931 534599 Email address jacqui.portway@gmail.com Date of application
23	Bank/Building Society Details Grants will ordinarily be made by cheque payment. Name to appear on cheque payment: SAFFRON WALDEN INITIATIVE If this is not the name of the group applying, please provide an explanation for variance.
24	Declaration – **must be signed by at least 2 persons** We confirm that the information given in this application is correct. We are authorised to make this application on behalf of: Name of Organisation: SAFFRON WALDEN INITIATIVE Signed: (1st person) Name: Position in Organisation: Signed: (2nd person) Peter A. Riding. Name: PETER A. RIDING Position in Organisation: DIRECTOR

Map showing the parish of Saffron Walden.
The Town Council serves all the area shown in white