



### SAFFRON WALDEN TOWN COUNCIL

## **Grant Application Form**

Version	Date Adopted Policy	Minute Reference	Review Date
1	October 2016	A & S 116-16	October 2018
2	June 2018	F & E 380-18	October 2020
3	July 2019	F & E 038-19	October 2020
4	May 2021	F & E 053-21	Oct/Nov 2021
5	July 2022	F & E 108-22	October 2023



## GRANT AID APPLICATION FORM FOR LOCAL PROJECTS

	Section 1 – About the Applicant
1	Name of Applicant/Organisation
	Claire Neale - The Diamonds
2	Applicant contact name, address, email and telephone*
	Claire Neale, 12 Eastby Close, Saffron Walden, Essex CB11 3BT <u>claire.mary.croft@gmail.com</u> 07929 720432
	*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 Tell us a little about your organisation – what you do and why
	The Diamonds are a local volunteer group of 15 ladies who live and work in the community and help support local charity groups. We support SWRT, Rotary, Lions, Accuro, Buffy Bus, MENCAP and many more. We give our time to support these valuable groups in our community, whether by marshalling, selling raffle tickets, being a friendly face, meet and greet or generally being an extra support and pair of hands. We have between us all a vast experience in helping at all sorts of events in our local community.
	Therefore, each year the Diamonds like to put on our own event, which helps with our profile and networking and to remind the local charity groups we are here to help and support them in their fundraising events.
4	What is the Nature of your Organisation? ie are you a registered Charity, Social Enterprise or Community Interest Company?
	Local Volunteer Group
	If yes, please provide registration details:



5	Does Your Organisation Have:		
	A constitution:  Accounts:  Yes / No Yes / No Equal opportunities policy:  Safeguarding or child protection policy* Health and Safety policy  Yes / No Yes / No		
	Please include a copy of these documents where available.		
	If these documents are not supplied, please advise why these details are missing.		
	*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.		
6	Is your application for a reduced hire fee for any Town Council premises?		
	Yes X No		
	If yes, what is the date of your event and have you booked the facility with the Town Council?		
	7 October 2023		
	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. Reminder that funding is restricted to one application per organisation per financial year (1st April – 31st March)

My previous application was successful, and we received a full grant to cover the cost of the hire of the Town Hall for our Rock n Roll Bingo event held on 8 October 2022.

#### Section 2 – The Project

#### 8 Project name: Rock n Roll Bingo Charity Event

This is a one-off single fund-raising event so not part of a larger project. We are holding our annual event whereby our group The Diamonds put on a charity event of their own each year to raise money. This year we are raising it for Parkinson's UK as so many of us have been affected by this disease whether a family member or friend who have or are suffering.

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Project aim:

Start Date: 7 October 2023

End Date: 7 October 2023



9	Please give details of the project activities and timeline
	This is a one-off single fund-raising event so not part of a larger project. We are holding our annual event whereby our group The Diamonds put on a charity event of their own each year to raise money. This year we are raising it for Parkinson's UK as so many of us have been affected by this disease whether a family member or friend who have or are suffering.
	Saturday 7 October 2023
10	What particular need do you consider the project will meet?
	Raising funds for Parkinson's UK and Saffron Walden and District RDA
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
	Not identified as a need but this is a disease that affects so many, and our funding will help our local Parkinson's Group and Riding for the Disabled, providing vital funds for their charities to continue their good work in our community.
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
	Saffron Walden - 17,018 Little Walden – 200
	Data sources from ONS and LG Census 2021



13	<ul> <li>Please give a brief outline of: <ul> <li>How this project benefits the residents of Saffron Walden Town Council's area</li> <li>The change you wish to see as a result of your project or activity for the residents of the Saffron Walden parish</li> <li>How your project will be measured</li> </ul> </li> <li>Allows the local Parkinson's Group to do the following: <ul> <li>Support those who care for loved ones suffering with Parkinsons</li> <li>Provide a meeting point for both sufferers and carers</li> <li>Fund any vital equipment that might help</li> </ul> </li> <li>Allows Saffron Walden and District RDA to do the following: <ul> <li>Offer out their service to more children/adults in need</li> </ul> </li> </ul>
14	<ul> <li>Fund any vital equipment that might help</li> <li>Where will any equipment be kept and how will it be insured?</li> <li>Equipment will be brought to the Town Hall on the night and used during the event (sound system) this is insured by the owner.</li> </ul>
15	Address where main activities will take place  Saffron Walden Town Hall Market Street SAFFRON WALDEN Essex CB10 1HZ
16	How will you ensure that the project will be all-inclusive?  Our event looks to offer this evening to all and ensure that all of those attending that their needs have been met and considered.



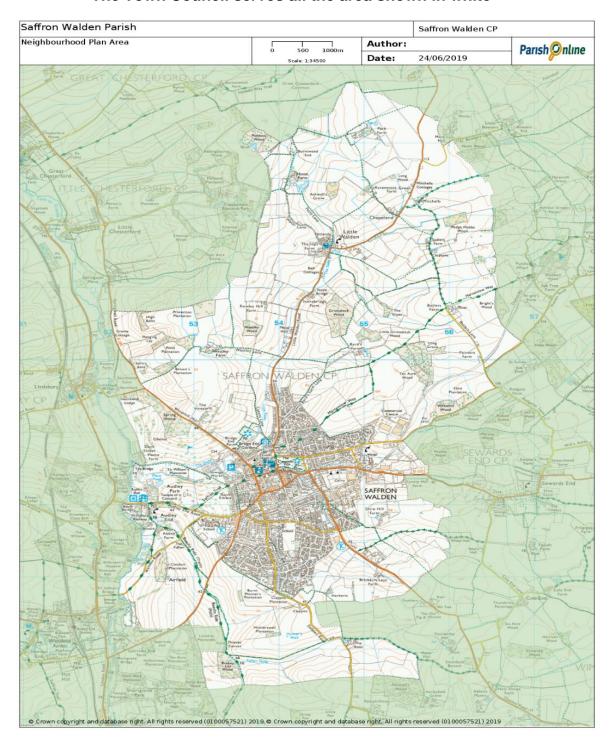
	Section 3 – Funding Requirement
17	What is the total cost of the project? Please attach a budget breakdown for this cost
	See attached
18	Amount requested from Saffron Walden Town Council and for what purposes (please be as specific as possible) (please note grants are ordinarily restricted to £500 per application)  The hire of the Town Hall so we have minimal outlay as we are not a charity but a group of local ladies providing support to other local charity groups within our community.
	Total cost of the hire of the Town Hall (as above)
19	Have you applied for funding from other sources for <b>this project</b> ?  Yes  No  X  If yes, please indicate how much and who from
20	Have you applied for funding from other sources for <b>any other project</b> 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.  No other projects undertaken so not applicable
21	How will you ensure that SWTC support of this project is promoted?  When promoting our event include SWTC as one of our supporters in being able to put this event on.



	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 Claire Neale
	Tel No 07929 720432
	Email address <u>claire.mary.croft@gmail.com</u> OR <u>cneale@uttlesford.gov.uk</u>
	Date of application 17.07.23
23	Bank/Building Society Details
	Grants will ordinarily be made by cheque payment.  Name to appear on cheque payment:
	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: The Diamonds
	Signed: (1st person)
	Name: Claire Neale Position in Organisation: Co-Chair
	Signed: (2 <sup>nd</sup> person)
	Name: Sharon Tegg Position in Organisation: Co-Chair



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





# For Internal Office use only: Information to Committee

Details of any previous grants awarded to this Organisation (Provide details for grants in past five years)

Additional Information:			
Recommended Source of Fundin (As recommended by SWTC Officer)	g:		
Youth Partnership (to Assets & Services Committee)	Current balance in budget		
Small Grants Scheme (to Finance & Establishment Committee)	Current balance in budget		
Free of Charge Hire	Current balance in budget		
(to Finance & Establishment Committee)			
To be completed for questions 6 & 7:			
Commercial hire cost: £567 - Assembly Hall (plus £30 kitchen)			
Resourcing cost to Town Council (any additional cost):			

Potential Net loss / profit to SWTC: