HASSOCKS PARISH COUNCIL

APPENDIX 5

GRANT APPLICATION 2020/21

| <u> </u> |
|-----------------------------|
| |
| irst Name |
| osition held in Group: |
| elephone No: |
| |
| ll the boxes that apply: |
| ny Limited by Guarantee/CIC |
| |
| |
| 1 |

| Purpose of your community group/organisation | on and how are you financed? | | | | |
|--|--|--|--|--|--|
| | | | | | |
| Please enclose a copy of your constitution. If must enclose a copy of your constitution. | you are not a registered charity you | | | | |
| If you are a branch of, or related to, a larger of | rganisation, please give details: | | | | |
| | | | | | |
| ABOUT YOUR PROJECT/SERVICE Project Title | | | | | |
| | | | | | |
| Briefly describe your project to enable the its grant will be used: | Parish Council to understand how | | | | |
| ATA | | | | | |
| | | | | | |
| What demographic group(s) within the par | ish of Hassocks directly benefit | | | | |
| from your project? | | | | | |
| | | | | | |
| Have you received grant funding from Has three years? If so could you please give deta received (broken down annually) | socks Parish Council in the past ils of how much funding you have a | | | | |
| | | | | | |
| Please provide a summary breakdown of we need this information to fully assess your applicance received estimates/quotations please en | cation. If you have a project budget or | | | | |
| Item/Activity | Estimated Cost | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please provide a summary of funding sought from other sources if applicable.

| Funding source | Estimated Grant | | | | |
|---|----------------------------------|--|--|--|--|
| · | , | | | | |
| | | | | | |
| How much of the organisation's own money will be uproject? | ised towards funding this | | | | |
| £ | | | | | |
| How much funding are you seeking from the Parish £ | Council? | | | | |
| Does your total project expenditure include or exclude | de VAT? | | | | |
| | <u></u> | | | | |
| FINANCIAL DETAILS | | | | | |
| You must include an up to date statement of your gr | oup's financial position (a copy | | | | |
| of the latest accounts or a treasurer's report). If you are holding substantial reserves which would cover the cost of delivering the project you are seeking grant funding for | | | | | |
| you must provide an explanation as to why this proje | ect cannot be supported from | | | | |
| your own funds. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| DECLARATION | | | | | |
| I am/ we are authorised to submit this application or | n behalf of the | | | | |
| Group/organisation and certify that the information enclosed is correct. We understand that there is no appeal procedure should this application be rejected. If | | | | | |
| Hassocks Parish Council gives a grant, we agree to use it only for the purpose given | | | | | |
| and according to any conditions specified. We understand that within twelve months after payment of a grant, we are expected to provide Hassocks Parish Council with a | | | | | |
| report/evidence on the progress of this project and | how the money has been spent. | | | | |
| Signature | Date: | | | | |
| | | | | | |
| (Please: Print name) | | | | | |
| Position held: | | | | | |

| If a grant is awarded, please state who the cheque should be made payable to: |
|---|
| |
| CHECKLIST |
| It is essential that you fill in every question and send the appropriate supporting documentation. Complete the following checklist to show what you have done. If you |
| do not include all the information requested, your application will be incomplete and will take longer to assess or be ineligible. Please do not send any documentation |

other than that requested.

I have:

(Please tick)

answered every question

enclosed a copy of our latest accounts and/or treasurer's statement

Signed the Declaration

GRANT REQUESTS

ALL APPLICATIONS FOR FINANCIAL ASSISTANCE ARE CONSIDERED ON THEIR INDIVIDUAL MERITS. APPLICATIONS MUST BE SUBMITTED WELL IN ADVANCE OF YOUR PROJECT TAKING PLACE IN ORDER TO BE CONSIDERED AT THE APPROPRIATE MEETING

Completed Application Forms should be returned to:

The Parish Clerk, Parish Centre, Adastra Park, Keymer Road, Hassocks BN6 8QH Tel: 01273 842714 email: info@hassocks-pc.gov.uk

Hassocks Parish Council will consider funding applications in 2020/21 at the following Full Council meetings. All applications must be submitted at least two weeks prior to the relevant meeting. No grant funding will be given retrospectively:

| Date of meeting | Application receipt deadline |
|-----------------|-------------------------------|
| September 2020 | August 31 st 2020 |
| February 2021 | January 31 st 2021 |

Privacy Notice for Grant Applicants

Hassocks Parish is the Data Controller under the new data protection law and will use the information you provide on this form in order to contact you about your grant application.

If you are an organisation or a group the legal basis for processing this data is the necessity for compliance with a legal obligation to consider your grant request.

If you include any personal details on this grant request on behalf of an organisation or group, the legal basis for processing this data is your consent to do so. You can withdraw your consent at any time by notifying us. Our contact details to do so, or for any other queries, are Parish Centre, Adastra Park, Keymer Road, Hassocks, BN6 8QH.

We will keep your data for six years if your grant application is successful and for six months if your application is turned down plus the current financial year, which runs from 1st April to 31st March.

Your information will not be shared further.

Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complaint about our handling of your personal data to the Information Commissioner's Office https://ico.org.uk/

Information you provide will only be used for the stated purpose. Further information about the processing of your data can be found on our website at www.hassockspc.net

If you agree to Hassocks Parish Council using and retaining your personal

information contained on the grant from above to consider your grant application

| please tick tl | he boxes below. | | |
|----------------|-----------------|--|--|
| Name: | | | |
| Address: | | | |
| Email: | | | |
| Phone: | | | |
| DATE: | | | |

