|  |  |
| --- | --- |
| **A close up of a sign  Description generated with very high confidence**  Unit 1, Church House, 19-24 Friargate, Penrith, Cumbria, CA11 7XR  Tel: 01768 899 773 Email: office@penrithtowncouncil.gov.uk |  |
|  | |

**Please ensure you have read and understood the notes;** ‘Guide to the Criteria, Application Process and Conditions of Funding’ and ‘Guide to Completing a Community Event Fund Application Form’ before completing this form.

**Important, please note:**

* **All sections must be completed**
* **Your group must have its own bank account and constitution or governing document**
* **You will need at least 20% match funding**
* **You must provide all supporting documents with your application**

**(see section 7)**

**Section 1: Contact Details**

| **1a. Name of group/organisation** |  |
| --- | --- |
| **1b. Contact name** |  |
| **1c. Contact address** |  |
| **1d. Postcode** |  |
| **1e. Daytime telephone number** |  |
| **1f. Mobile number** |  |
| **1g. Email** |  |
| **1h.Your position in the group** |  |

**Section 2: About your Group/Organisation**

| **2a. What year was your group/organisation formed?** |  |
| --- | --- |

|  |  |
| --- | --- |
| **2b. Website address of your group/ organisation** (if you have one) |  |

|  |
| --- |
| **2c. Please give a brief description of your group/organisation** (what type of group are you, what are your aims and what do you do?) |
|  |
| Maximum words 100 |

|  |  |
| --- | --- |
| **2d. Charity Registration Number** |  |

|  |  |
| --- | --- |
| **2e. How many trustees/members of the management committee do you have?** |  |

|  |  |
| --- | --- |
| **2f. How many volunteers do you have?** |  |

|  |  |
| --- | --- |
| **2g. How many paid staff do you have?**  (full time = 1, half post = 0.5) |  |

|  |  |
| --- | --- |
| **2h. Details of two unrelated bank/building society signatories** | |
| Name of signatory 1: | Address of signatory 1: |
| Name of signatory 2: | Address of signatory 2: |

**Section 3: Your Community Event**

| **3a. Name of your event** |  |
| --- | --- |
| **3b. Date/s of event** |  |
| **3c. Location of event** (including postcode) Events must be located within Penrith. | |
|  | |

| **3d. Which geographical areas will benefit from your event?** |
| --- |
|  |

|  |
| --- |
| **3e. What event/activities do you want us to help fund?** Be specific about what you will do, how you will do it (including any voluntary input) and what you would spend the grant on. |
|  |
| Maximum words 400 |

| **3f. Who is invited/eligible to attend your event** (which communities, groups, geographical areas?) |
| --- |
|  |
| Maximum words 100 |

|  |
| --- |
| **3g. What evidence do you have to show that your event is needed and will contribute to local priorities in your area?** (e.g. Community Led Plans, consultations, letters of support etc.) |
|  |
| Maximum words 200 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3h. Will there be an admission charge?** | Yes No | **3i. If there is to be a charge, what will it be?** | Adult | £ |
| Child | £ |
| Concession | £ |

|  |
| --- |
| **3j. What will happen to proceeds from the admission charge?** |
|  |

| **3k. Has this event taken place before?** | Yes No  If ‘No’ please go to question 3o. |
| --- | --- |

|  |  |
| --- | --- |
| **3l. If this event has taken place before, when was it last held?** |  |

|  |  |
| --- | --- |
| **3m. Is this an annual event?** | Yes No |

|  |
| --- |
| **3n. If applying for a regular event, what is different about this one?** |
|  |

|  |
| --- |
| **3o. How will you promote and publicise your event?** |
|  |
| Maximum words 200 |

| **3p. What is the change or difference your event will make?** (e.g. stronger communities, increased volunteering and participation, reduced rural isolation) |
| --- |
|  |
| Maximum words 200 |

**Section 4: Financing your Event**

| **4a. What is the total cost of your event (including VAT)?** | £ |
| --- | --- |

|  |  |
| --- | --- |
| **4b. How much funding are you applying for?** | £ |

|  |  |
| --- | --- |
| **4c. What is your total match funding from other sources?** (must be at least 50% of total cost) | £ |

|  |  |
| --- | --- |
| **4d.** **Is your organisation VAT registered?** | Yes No |

|  |  |
| --- | --- |
| **4e. VAT registration number** (if relevant) |  |

**Section 5: Event Budget**

| **5a. Projected Expenditure** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Item Description** | **Cost excluding VAT** | **VAT** | | | **Total including VAT** | |
|  | £ | £ | | | £ | |
|  | £ | £ | | | £ | |
|  | £ | £ | | | £ | |
|  | £ | £ | | | £ | |
|  | £ | £ | | | £ | |
|  | £ | £ | | | £ | |
|  | £ | £ | | | £ | |
|  | £ | £ | | | £ | |
|  | £ | £ | | | £ | |
|  | £ | £ | | | £ | |
| **Total** | **£** | **£** | | | **£** | |
| **5b. Projected Income** (total projected expenditure and total projected income should be the same) | | | | | | |
| **Source of Income** | | | **Confirmed?** | | | **Amount** |
| **Yes** | **No** | |
| Penrith Events Fund (maximum 80% of total costs) | | |  | X | | £ |
| Group’s own cash contribution | | |  |  | | £ |
| In-kind volunteer time (calculated at (£9.90 per hour)  This cannot exceed 10% of total cost | | |  |  | | £ |
| In-kind materials | | |  |  | | £ |
| Admission fees | | |  |  | | £ |
| Reclaimable VAT (if applicable) | | |  |  | | £ |
| List other grants or funders below | | |  |  | |  |
|  | | |  |  | | £ |
|  | | |  |  | | £ |
|  | | |  |  | | £ |
|  | | |  |  | | £ |
|  | | |  |  | | £ |
|  | | |  |  | | £ |

**Section 6: Equalities and Safeguarding**

| **6a. Does your group/organisation have an equal opportunities policy or statement?** Please enclose a copy with this application | Yes No |
| --- | --- |

|  |  |
| --- | --- |
| **6b.** **Does your group/organisation have a child protection policy or statement?** Please enclose a copy with this application | Yes No |

|  |  |
| --- | --- |
| **6c. Does your group/organisation have a safeguarding vulnerable adults policy or statement?** Please enclose a copy | Yes No |

|  |
| --- |
| **6d. What arrangements will be made for those with mobility or access difficulties to participate in your event** (such as people in wheelchairs, the visually impaired, the hard of hearing or people on low incomes?) |
|  |

|  |
| --- |
| **6e. How will you actively seek to involve as wide a range of people as possible from different backgrounds (e.g. gender, age range, ethnicity, religion, rurally isolated etc.?)** |
|  |

**Section 7: Supporting Documentation Checklist**

| Please supply all required supporting documents when you submit your application.  Your application will not be considered until you have supplied all the documentation below |  | ✓ |
| --- | --- | --- |
| A copy of your most recent annual accounts. |  |  |
| A copy of your most recent Bank or Building Society statement (not more than three months old) to include any reserve accounts. |  |  |
| A copy of your constitution or governing document. |  |  |
|  |  |  |

**Section 8: Declaration**

In signing this declaration, I agree that:

1. I have full authority on behalf of the group/organisation to make this application.
2. I have read and understood the ‘Guide to the Criteria, Application Process and Conditions of Funding’ and agree to the conditions of funding.
3. The information contained in this application is correct at the time of submission.
4. I will complete and return an evaluation within 8 weeks of completion of our event.
5. The group/organisation will have appropriate insurance cover for the event.

| **Signed: \*** |  | |  |
| --- | --- | --- | --- |
| **Print name:** |  | |  |
| **Position in group:**  **Date:** | |  | |

\* We can accept a typed signature if the person signing is the same person who submits the application by email (if not we will require a signed hard copy).

**Data Protection and GDPR**

The information that you have provided in your application will only be used for the purposes of considering your application and if approved, will be retained for six years with the Town Councils financial records. All personal data will be secured and not shared by a third party. By completing this application, you are consenting to the Town Council retaining your data. Please view the Councils Privacy Statement on the website or ask for a copy of the privacy statement.

Check your documentation and then return your completed form to:

Economic Development Officer

Penrith Town Council,

Unit One

19-24 Friargate

Penrith,

Cumbria, CA11 7XR

Tel: 01768 425 853

Email: economicdevelopmentofficer@penrithtowncouncil.gov.uk