

Snodland Partnership Application Form

1. About your organisation / group

Name of your group/ organisation

Project Name: (if different from the above)

Contact Name:

Position

Email:

Phone:

Web address (if you have one)

Social Media presence:

Address of your organisation (and post code):

Address/venue: where the activity will take place, (if different from above) this must be accessible to Snodland residents.

What type of organisation are you?

Community group Reg. Charity CIC Other (please state) _____

How long has your group been established? _____

Do you have any paid staff? Yes / No, if yes how many? _____

How many volunteers do you have? _____

Are you looking for more volunteers? Yes / No (if you have answered yes, would you like help with volunteer recruitment?) _____

YOUR PROJECT

What is the activity that you would like Snodland Partnership to fund? (no more than 100 words)

What is the evidence that demonstrates that Snodland residents want / need this activity? (no more than 100 words)

Is your activity already taking place?

If the answer to above is no, when do you hope to start?

How long will it last?

**Which of the Snodland Partnership funding priorities does your project meet?
(tick as many that apply)**

- Activities that bring people together, build cohesion and strengthen the community
- Services and activities that promote health & wellbeing
- Environmental improvements that benefit Snodland residents
- Heritage and arts initiatives
- Children and family activities
- Playing fields and sports facilities
- Youth facilities/clubs
- Support to older / isolated residents

How will it improve the lives /make a difference to residents of Snodland (your target group) (max 100 words)

How many people will benefit? _____

How will you promote this project to people living in Snodland?
(Max 50 words)

How will you measure the success of your project and get feedback from people taking part?
(Max 50 words)

COSTS

What is the amount you are asking for £ _____

Please detail your project costs below

ITEMs	COST

If you are not asking for the full amount of running your project, how will you fund the difference?

How much have you already raised? £ _____

Snodland Partnership will look favourably on applications where other contributions have been sought.

BANK INFO- (payment details)

Bank Name:

Account Name:

Sort Code:

Account Number

SAFEGAURDING

Does your project involve working with children? Yes / No

Does your project involve working with adults at risk? Yes / No

Do all staff and volunteers who have unsupervised access to children, young people or adults at risk have enhanced level DBS checks.

Do you have a child and or adult safeguarding policy?

COMPLIANCE & DATA PROTECTION

Have you created a media consent form to enable you to take photos / videos or people taking part / accessing your project? Yes / No

Do you store any personal data in compliance with current GDPR regulations? _____

Do you have the necessary insurances in place to carry out your activity? _____

Are risk assessments completed for activities that may present risks of harm? E.g. outdoor events, sports etc.. Yes / No

Please confirm the following:

Equal Opportunities Statement

Declaration/s *I confirm to the best of my knowledge and belief that the information in this application form is true and correct. I understand you may ask for additional information at any stage of the application process. I agree that within 6 months of receipt of the grant award, I will complete and return a grant monitoring form). I confirm that if I share any photographs of my project or activity with SP as part of the grant monitoring process I will have permission from all the people featured (or their parents, if they are under 18) for the images to be used to promote the SP grants This may include being published online.

Do you have any relationship, association or interests with any individuals connected to the Snodland Partnership

Yes

No

Data protection

We will use your personal information to process your application for funding. To find out more about how we use personal data and your rights under data protection legislation, our privacy notice is available on request.

Please tick to confirm you understand this statement. Your feedback is valuable and helps us continue to improve the fund.

Please tick if you are happy for us to contact you about the Snodland Partnership Fund in the future.

Equal Opportunities Statement *All individuals involved in our project will be treated in a fair and equal manner and in accordance with the law regardless of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity. Please tick to confirm you agree.

Where did you hear about this fund?

Signature

Completed application forms should be returned to

Snodland Partnership, c/o Snodland Town Council, Council Offices, Waghorn Road,
Snodland, Kent ME6 5BQ

enquiries@snodlandtowncouncil.gov.uk