

**SECTION 1: ABOUT THE APPLICANT**

**1.2 Name of the Organisation**

*This is required again because the front sheet of the application form with your contact details will be removed for data protection and administrative purposes.*

Burscough Hub Group

**SECTION 2: ABOUT THE ORGANISATION**

**2.1 You need to submit one of the following documents to support your application**

*Please see guidance notes section 1.1 before completing this part of the form*

- Constitution x
- Set of Rules
- Terms of Reference
- Articles of Association

**2.2 How many people are in your organisation?**

Paid Staff	Volunteers	Total Members <i>Please include here the total number of people who use your organisation and not just elected members.</i>
0	12	30+

**2.3 Has your organisation received funding from the Local Member Grants Scheme before?**

- YES x
- NO

Please provide the date received 28 / 02 / 2016

**SECTION 3: BANK DETAILS**

**3.1 We need documentary proof of your group's bank account.**

*We use the account details provided (e.g. sort code and account number) to make grant payments direct to your organisation's bank account. If you have a building society account please contact us before sending in the application.*

***(Please note - cheque payments are not possible)***

Please attach a **copy** of your organisation's bank account statement (within the last year). *We do not need the organisation's statement of accounts.*

**3.2 We need to know if your bank details have changed since you last received money from LCC.**

*If your bank details have changed and you do not inform us this could delay the payment of your grant.*

Yes – details provided on bank statement

No - bank details haven't changed/this is the first time applying for any funding from LCC

**SECTION 4: THIS APPLICATION**

**4.1 Which County Councillor electoral division(s) will your expenditure cover or benefit?**

*See guidance notes section 2.1. If you are applying to more than one county councillor make sure you list all the electoral divisions here.*

C Cllr Cynthia Dereli

**4.2 Name(s) of County Councillor(s) that the grant is being requested from**

Councillor Name C Cllr Cynthia Dereli	Amount Requested
<i>If you wish to apply to more than one county councillor, make sure you list them all here with the amounts you are asking from each of them. See guidance notes section 2.2.</i>	
Cllr Dereli	£719
<b>Total Amount Requested</b>	<b>719</b>

**4.3 What are you going to spend the grant on?**

*You need to tell us what you are going to buy with the money from the grant, for example, the piece of equipment you are going to buy, or what items you are going to buy if the money is to help with an event you are arranging. Detailed costs are required on the next page.*

We will use the grant to set up a 'Wellbeing Cafe' for local residents who are lonely and socially isolated. The 'Wellbeing Cafe' will operate on a regular basis from an accessible community venue.

The main aim of the 'Wellbeing Cafe' is to help to combat loneliness and social isolation and promote the wellbeing of people who reside in and around the Burscough area.

The experience of isolation in our society today is increasingly common and has detrimental effect on health and wellbeing.

During the opening hours of the 'Wellbeing Cafe' voluntary and statutory organisations will be invited to give talks, presentations, information and advice that will be of benefit and interest to the people who attend.

We will staff the 'Wellbeing Cafe' with appropriately trained volunteers who will help to create a welcoming friendly environment.

Light refreshments will be available to everyone who attends the 'Wellbeing Cafe'.

**4.4 How will the money benefit people in the Councillor(s) division(s)?**

*See guidance notes section – 2.3. You need to tell us how this money will help your organisation specifically and also the general public who live in the county councillor(s) electoral division, for example will it help bring people together or help stop anti-social behaviour.*

A cafe setting is an ideal place to create a warm friendly meeting place for those who are feeling lonely and in need of some company. The 'Wellbeing Cafe' will be an ideal place to meet others for a chat, relax and share experiences. We aim to promote the service to people who feel lonely, socially isolated or vulnerable and would benefit from some company in a caring and safe environment.

Studies show that being lonely and socially isolated impacts on a variety of health factors.

Our aim is to build a community based social network that engages, consults, involves, listens and responds in order to improve wellbeing and combat social isolation.

We aim to make links and partnerships with a variety of statutory and voluntary organisations that will be able to support the work of the 'Wellbeing Cafe'. Involving these organisations will enable us to provide specialist information and advice that will benefit the people who attend.

We will involve the people who attend the Wellbeing Cafe, they will be positively encouraged to participate, make suggestions and influence outcomes about the future of the cafe.

We aim to make a positive difference and improve quality of life by setting-up and running a 'Wellbeing Cafe' that will provide support to lonely and isolated people who live in Burscough and surrounding area.

**4.5 What is the total cost of the activity?**

*For example this is the amount it will cost to buy the equipment/hold the whole event.*

£731

**4.6 How much are you applying for from the Local Member Grants Scheme?**

£ 731

**4.7 If you are not asking for the full cost of funding for your activity please tell us where the rest of the money is coming from and if it is secured at the time of your application.**

*The figures here, together with the figures in 4.6 should add up to the total cost in 4.5.*

How much?	Funding period	Funder/Applied or Confirmed?
£		
£		
£		
£		

**4.8 If you do not get all the funds, or only a percentage of what you require, you need to tell us what will happen to your proposed activity.**

*It is possible, that your application may be supported, but not for the full amount of funds. If this happens, we need to know if you can continue with your activity, e.g. you may provide an activity for half the intended period of time.*

At the moment its pilot project will be curtailed but we will seek to get funding from elsewhere to continue it.

**4.9 What is the start and end date of the activity or when do you intend to purchase the items/equipment?**

*Please note you must spend the funds in the current financial year.*

<b>Start Date</b>	<b>End Date</b>
End of May	End of September

**4.10 Please give a detailed breakdown of your expenditure for your activity/equipment.**

*See guidance notes section – 3.4. The total costs here must add up to the figure shown in section 4.5 for example if you are buying plants and compost for a gardening scheme we need to know how much these are. In addition, if you have a quotation from a supplier please also provide this as evidence of the costs.*

**Funding:**

£20 for room hire per session x 14	£280
DBS for 6-8 volunteers x £14	£84
Refreshments for each session £5 x 4	£70
Printing costs for leaflets and posters	£100
Other resources for the activities eg flip charts etc.	£65
Expenses to provide speakers/facilitators for activities in some or all of the sessions	£249
<b>Total:</b>	<b>£719</b>

**SECTION 5: CONFIRMATION OF ORGANISATION'S POLICIES**

**5.1 Will the activity involve members of your organisation having significant contact with children or vulnerable adults?**

*See guidance notes section – 4.1. If you are purchasing equipment this will not involve children or vulnerable adults. This section is only relevant for example if you are holding an event.*

- Yes  
 No – Please go to question 5.4.

**5.2 If you have ticked 'Yes' above, does your organisation have children or vulnerable adult protection policies in place?**

*See guidance notes section – 4.1.*

- Yes – Please supply relevant copies with your application.  
 No – Please answer question 5.4.

**5.3 If you answered 'yes' to question 5.1 are the appropriate individuals cleared by the appropriate DBS Check (Standard/Enhanced/Enhanced with Barred List)**

*NB we operate a 'spot-check' procedure, which may require you to provide evidence at a later date.*

- Yes  
 No – Please answer question 5.4.

**5.4 If you have ticked 'No' to either questions 5.1, 5.2 or 5.3, please explain why and why you feel clearance is not necessary to enable us to consider whether your application can proceed.**

*If you are purchasing equipment, you need to state here that no children or vulnerable adults will be involved in the purchase of the equipment.*

**Local Member Grant: Funding Agreement**

You will need to read carefully through the below terms and conditions and sign and date on the next page to declare that you agree to meeting these terms and conditions if your application is successful. We will not be able to process your application if it has not been signed and dated. **Please print off this Funding Agreement and send in a signed hard copy. We will not be able to process applications unless we have received a hard copy of the signed Funding Agreement.**

- ✓ We agree that any funding awarded will be used solely for the purposes set out in this application form and that the County Council can recover any monies not spent during the project.
- ✓ We will consult the Council about any changes to the project by completing and returning a 'Notification of Change' form. We will await agreement of the change from the County Council before the funds are spent.
- ✓ We agree that we will be responsible for any overspend on the project, and that the County Council will not be liable for any costs in excess of any funding awarded.
- ✓ We agree to keep all financial records and accounts including receipts in relation to the project for seven years after the completion of the project.
- ✓ We accept responsibility for ensuring we have all the necessary consents including planning, statutory and landownership. We also accept responsibility for ensuring there is appropriate insurance cover for the people and assets involved in the funded project and the County Council will not be held responsible for any liability, which arises before, during or after the project.
- ✓ We will meet all legal requirements relating to child protection (including Standard or Enhanced Disclosure Barring Service (DBS) checks with appropriate Barred list checks in accordance with DBS Guidance for all persons involved in the project. We will also meet the necessary requirements of having children and/or vulnerable adult policies in place
- ✓ We will adhere to all Health and Safety regulations and Lancashire County Council will not be held responsible for any liability, which arises before, during or after the project.
- ✓ We will ensure the fund is not used to pay for any expenditure that has already been incurred prior to the approval of the grant.
- ✓ We agree that in the event of any project ceasing to operate, any equipment purchased through grant aid will be retrieved for reallocation.
- ✓ We agree to provide Lancashire County Council with accurate, timely monitoring information in line with the requirements set out in the offer letter and/or service level agreement.
- ✓ We agree that Lancashire County Council reserves the right to publicise our project in the local media. If we intend to publicise the grant we will consult with the County Council before making any public statement relating to the service that the County Council is helping to fund. Any public statement must acknowledge that the Service is delivered in partnership with, funded by Lancashire County Council, and should include Lancashire County Council's logo.
- ✓ We agree that Lancashire County Council will have the right to withhold any or the entire grant and/or request all or part of the grant to be repaid if they feel that:
  - We have not complied with all or any of the terms and conditions of the grant.
  - Information provided by us was inaccurate, incomplete or misleading.
    - No organisation can receive any grant funding, if to award a grant would contravene

State Aid rules.

- The use of the grant is in breach of County Council Policies and Procedures.

**We understand that by signing this form, if the application is approved by the County Councillor(s) named, we are contracting to spend the funding as stated in this application form and to provide the monitoring and other information required under the terms of the Local Members Grant Scheme.**

### Declaration

- ✓ We certify that to the best of our knowledge the information provided in the application form is accurate and correct.
- ✓ That the persons below can both sign on the organisation's bank account. (please note that the two signatories cannot be related to each other)
- ✓ By signing and submitting this form, we agree to the funding agreement detailed.
- ✓ I declare that the organisation meets the general eligibility criteria set out in the guidance notes.

We also understand that should this application be successful, the information contained in the application form will be used to form the basis of the funding agreement and for monitoring purposes.

**Name of Organisation:**   Burscough Hub  

  Tess Reddington    
Name of First Signatory (please print)

  Treasurer    
Position in the Organisation (please print)

**T JReddington**  
Signature

Date:   25<sup>th</sup> February 2017  

  Sue Parker    
Name of Second Signatory (please print)

  Committee Member    
Position in the Organisation (please print)

  Sue Parker    
Signature

Date 25<sup>th</sup> Feb 2017: \_\_\_\_\_



## Checklist for applicants:

Please ensure you have completed all sections on this form and have enclosed the necessary supporting documentation - incomplete forms cannot be processed for consideration by the councillor(s).

- ✓ I have answered all of the questions on the form
- ✓ Attached the necessary supporting documents listed in Section 2
- ✓ Attached a copy of your bank statement
- ✓ Completed the declaration with 2 signatures from people who can sign on the organisations bank account
- ✓ Attached a copy of your Child Protection and Vulnerable Adults Policy if you have answered 'Yes' in Section 5.1
- ✓ If submitting my application electronically, I have posted a hard copy of the Funding Agreement and Signed Declaration on page 9 and 10.

**In addition, please make sure that:**

- ✓ You have kept a clear copy of the form for your own records
- ✓ You have clearly marked each document with the name of your organisation

**Completed application forms should be submitted to the Democratic Services Team via the address below.**

*Telephone:* 01772 533756

*Email:* [LPTlocalmembergrants@lancashire.gov.uk](mailto:LPTlocalmembergrants@lancashire.gov.uk)

*Postal Address:*

Local Member Grants  
Lancashire County Council  
Legal and Democratic Services  
2nd floor, Christ Church Precinct  
County Hall  
PRESTON  
PR1 8XJ



...independent that by signing this form, ...  
... (signatories) named, we are contracting to spend the funding as ...  
... and to provide the monitoring and other information required under the terms ...  
... Members Grant Scheme.

**Declaration**

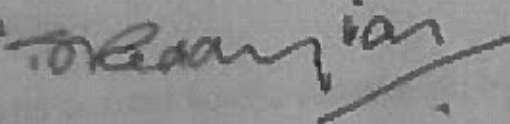
- ✓ We certify that to the best of our knowledge the information provided in the application form is accurate and correct.
- ✓ That the persons below can both sign on the organisation's bank account. (please note that the two signatories cannot be related to each other)
- ✓ By signing and submitting this form, we agree to the funding agreement detailed in the notes.
- ✓ I declare that the organisation meets the general eligibility criteria set out in the grant notes.

We also understand that should this application be successful, the information contained in this application form will be used to form the basis of the funding agreement and for monitoring purposes.

Name of Organisation: Burscough Hub

Tess Reddington  
Name of First Signatory (please print)

Treasurer  
Position in the Organisation (please print)

T Reddington  
Signature 

Date: 25<sup>th</sup> February 2017

Sue Parker  
Name of Second Signatory (please print)

Committee Member  
Position in the Organisation (please print)

Sue Parker  
Signature 

Date: 25<sup>th</sup> Feb 2017

