

SECTION 1 : ABOUT THE APPLICANT

1.2. Name of 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.

THE WILLOW GARDEN Project

SECTION 2 : COUNTY COUNCILLORS

2.1 Which County Councillor division(s) does your project cover or benefit?

See guidance notes section 2.1

FLEETWOOD EAST

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

Councillor Name	Amount requested
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Ron Shewan
FLEETWOOD EAST

615.15

SECTION 3 : ABOUT THE ORGANISATION

3.1 Please indicate which of the following documents your organisation has. At least one of these documents must be attached with your application.

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

- ☐ Constitution
- ☐ Set of Rules
- ☐ Terms of Reference
- ☐ Articles of Association
- ☐ Minutes of a meeting at which this application was discussed
- ☒ Other (please state below after referring to guidelines)

DEED OF TRUST

3.2 How many people are in the organisation?

Paid staff	Volunteers	Members
1	20	100

SECTION 4 : BANK DETAILS

- 4.1** We require documentary proof of your group's bank account.
We use the account details provided to make grant payments direct to your organisations bank account.
(Please note - cheque payments are not possible)

☒ Copy of organisation's bank account statement (within last year) attached

SECTION 5 : ABOUT THE PROJECT/ACTIVITY

- 5.1** What is the total cost for this project/activity

This is the amount it will cost to undertake the project/activity in its entirety.

£ 1,000.00

- 5.2** What is the total funding you are applying for from the Local Member Grants Scheme

This figure should equal the total amount of all the figures in section 2.2

£ 615.15

- 5.3** If you are not asking for the full cost of funding this project/activity please provide details of where the rest of the funding is coming from and if it is secured at the time of your application.

Name of Organisation/Person	Amount - £	Secured (Yes/No)
Donation's for our Hanging baskets	334.85	✓
Made on site by our users that we support.		

- 5.4** If you do not get all the funds, or only a percentage of what you require, what will happen to your project/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 project or activity. E.g you may provide an activity for half the intended period of time.

Less Plants will be purchased

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

☒ Yes please provide the date received 1 / 1 / 12
☐ No

SECTION 5 : ABOUT THE PROJECT/ACTIVITY

5.6 What are the start and finish dates for this project/activity.

Please note the start date of the activity must be within the current financial year.

Start Date	End Date	Ongoing
June	Sep/Oct	

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

See guidance notes section – 4.1

☒ Yes

☐ No – Please go to question 5.10

5.8 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 5.10

5.9 If you answered 'yes' to question 5.7 are the appropriate individuals cleared by the Criminal Records Bureau, and is the appropriate vetting and barring scheme in place?

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

☒ Yes

☐ No – Please answer question 5.10

5.10 If you have ticked 'No' to either questions 5.7, 5.8 or 5.9, please explain why and why you feel clearance is not necessary to enable us to consider whether your application can proceed

5.11 What will the money be spent on?

Heavy Duty Pond Cover
Plants / Shrubs
Bench
Solar Pump

SECTION 5 : ABOUT THE PROJECT/ACTIVITY

5.12 How will the project benefit people in the Councillor(s) division(s)? (See guidance – paragraph 2.3)

By Providing a Green area to encourage physical activity providing a pleasant safe environment to exercise. Access to green space improves our mental wellbeing reducing the need to treat anxiety and mental health conditions.

Watching fish enhances physical and mental wellbeing, reduces blood pressure and heart rate, increase the length that adults can concentrate.

5.13 Please supply a detailed breakdown of the project/activity costs.

Heavy Duty Pond Cover	1400
Plants /shrubs	100
Seating area (bench)	250
Solar Pump /fountain	250

Local Member Grants: Funding Agreement

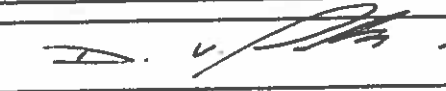

You will need to read through the terms and conditions below and sign and date on the next page to declare that you agree to meeting these terms and conditions if your application is successful. We will not be able to process your application if it has not been signed and dated.

- ✓ 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 in accordance with this application/approval during the project. We will seek agreement from the County Council about any changes to the project 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 the agreed amount of funding awarded
- ✓ We agree to keep all financial records and accounts including receipts in relation to the project for six 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 Criminal Record Bureau checks and ISA (Independent Safeguarding Authority) registration on staff and volunteers working with vulnerable adults and children). We will also meet the necessary requirements of having children and/or vulnerable adult policies in place.
- ✓ 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 this 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 and 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 either inaccurate, incomplete or misleading
 - The use of the grant is in breach of County Council Policies and Procedures

SECTION 6	Declaration
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6.1	<p>* We declare that all the information contained in this application is accurate and correct to our knowledge. The persons below can both sign on the organisation's bank account.</p> <p>* 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.</p> <p>*By signing and submitting this form, we agree to the funding agreement detailed on page 8. (See guidance – paragraph 6.4)</p>	
	Name 1 (block capitals please)	DERRICK FOUKES
	Signature 1	
	Position in organisation (preferably chair)	TREASURER
	Date	28/2/17
	Name 2 (block capitals please)	KAREN LAIRD
	Signature 2	
	Position in organisation	SECRETARY
	Date	28/2/17

LOCAL MEMBER GRANTS CHECKLIST

Please ensure you have completed all sections on this form and have enclosed the necessary documentation - incomplete forms cannot be processed for payment

Have you:

- | | |
|--|---|
| A) Got 2 signatures in Section 6 | Yes <input checked="" type="checkbox"/> |
| B) Attached the necessary documents from Section 3? | Yes <input checked="" type="checkbox"/> |
| C) Attached a copy of your bank statement? | Yes <input checked="" type="checkbox"/> |
| D) Attached a copy of your Child/Vulnerable Adults Policy? | Yes <input checked="" type="checkbox"/> |

E) Completed all sections?

Yes



→ Please now pass this form to your District Partnership Office

• Date passed to District Office:

1 March 2017

• Date received by District Office:

Completed application forms should be submitted to your District Partnership Office below.

They can also be contacted should you have any queries

Telephone

01695 585350 or 01772 530427

Email

lpgrantsteam@lancashire.gov.uk

Postal/Office Address

District Partnership Office
c/o West Lancashire Borough Council
52 Derby Street
Ormskirk
Lancashire
L39 2DF

Freddie Bailey
County Hall
Democratic Services, Bow Lane, Preston
PRI & RL