1.2 Name of the Organisation This is required again because the front sheet of the application form with your contact details will removed for data protection and administrative purposes. VISION (ROSSENDALE)	-						
removed for data protection and administrative purposes.	L .						
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VISION (NOSSENDALE)							
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							
⊠ Set of Rules							
Terms of Reference							
Articles of Association							
2.2 How many people are in your organisation?							
Paid Staff Volunteers Total Members							
Please include here the total number people who use your organisation an not just elected members.							
NONE 5 FULL TIME (CORE TEAM) THROUGH SCHOOL ASSEMBLES AT EVENTS AT WOODLEA, VISION HA							
61 OTHERS IMPACTED OVER 1,000 CHILDREN AT YOUNG PEOPLE FROM MAY 2017 DATE.							
2.3 Has your organisation received funding from the Local Member Grants Scheme before?							
⊠ YES							
□ NO							
Please provide the date received 26.07.2016							

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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.

FIRST AID TRAINING FOR VOLUNTEERS IN THE FOLLOWING:

- a. EMERGENCY FIRST AID WITH BRITISH RED CROSS GROUP SESSISON UP TO 15 PEOPLE
- b. ANAPHYLAXIS WITH ST JOHN AMBULANCE 2 PEOPLE
- c. PAEDIATRIC FIRST AID WITH BRITISH RED CROSS 2 PEOPLE

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.

AT VISION WE TAKE SAFEGUARDING AND HEALTH & SAFETY ISSUES FOR THE CHILDREN, YOUNG PEOPLE AND ADULTS WE COME INTO CONTACT WITH VERY SERIOUSLY.

OVER 1,000 CHILDREN AND ADULTS ATTEND EVENTS AT WOODLEA EVERY YEAR AND THE NUMBER IS DUE TO INCREASE FROM SEPTEMBER 2017. WE NEED TO PROVIDE APPROPRIATE FIRST AID TRAINING FOR VOLUNTEERS AT VISION EVENTS. THIS WILL ENABLE VOLUNTEERS TO FEEL CONFIDENT AND COMPETENT WHEN ASSISTING CHILDREN, YOUNG PEOPLE AND ADULTS WHO MAY BECOME ILL OR INJURED. PARENTS/CARERS WANT TO KNOW THAT IT IS SAFE TO LEAVE CHILDREN AND YOUNG PEOPLE AT VISION EVENTS/ACTIVITIES, KNOWING THAT THEY WILL BE CARED FOR AND APPROPRIATELY LOOKED AFTER SHOULD THEY BECOME ILL OR INJURED.

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.

£835.20

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

£ 750.00

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 has been 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?						
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Local Member Grants Application Form 2017/18

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 or 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 this 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, 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 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 here.
- ✓ We declare that the organisation meets the general eligibility criteria as set out in the quidance 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: VISION (ROSSENDALE)

JEANNE COTTRELL

Name of First Signatory (please print)

CHAIR OF TRUSTEES

Position in the Organisation (please print)

Signature W. A. e.

Date: 10 JULY 2017

NATHAN SHEPHERD

Name of Second Signatory (please print)

DIRECTOR

Position in the Organisation (please print)

Signature

Date: 10 JULY 2017

