

## 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.*

Reachout.work

## SECTION 2 : COUNTY COUNCILLORS

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

*See guidance notes section 2.1*

*Clitheroe, Ribbles Valley North East, Ribbles Valley South West, Longridge with Bowland*

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

Councillor Name	Amount requested
Ian Brown	<del>£750.00</del> £750.00
Alan Schofield	£750.00
David Smith	£750.00
Albert Atkinson	£750.00
	<u>TOTAL £3,000.00</u>

## 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)

### 3.2 How many people are in the organisation?

Paid staff	Volunteers	Members
PENDING - FUNDING NEEDS	2	7

## 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.*

£ 3000.00

- 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*

£ 3000.00

- 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.

<i>Name of Organisation/Person</i>	<i>Amount - £</i>	<i>Secured (Yes/No)</i>

- 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.*

WE WILL HAVE TO CONTINUE TO FIND FUNDING IN ORDER TO RUN THE SCIENCE LESSONS AND TO PROVIDE OUR STAFF TRAINING.

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

Yes

please provide the date received \_\_\_/\_\_\_/\_\_\_

No

**SECTION 5 : ABOUT THE PROJECT/ACTIVITY**

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

<i>Please note the start date of the activity must be within the current financial year.</i>		
<b>Start Date</b>	<b>End Date</b>	<b>Ongoing</b>
01 10 2017		YES

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

<i>See guidance notes section – 4.1</i>
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> 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?.**

<i>See guidance notes section – 4.1</i>
<input checked="" type="checkbox"/> Yes – Please supply relevant copies with your application
<input type="checkbox"/> 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?**

<i>. NB we operate a 'spot-check' procedure which may require you to provide evidence at a later date</i>
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> 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**

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**5.11 What will the money be spent on?**

SCIENCE SESSIONS EQUALS 6 HOURS A WEEK, PROVIDE 10 MONTHS  
 PAEDIATRIC FIRST AID TRAINING FOR STAFF  
 SAFEGUARDING FOR STAFF (ACCRINGTON & ROSSENDALE COLLEGE)

## 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)

THE PROJECT WILL BENEFIT ALL YOUNG PEOPLE AT OUR SETTING. WE ARE OFFERING EDUCATION COUNSELLING, SOCIAL SKILLS DAYS OUT AND AS WELL AS LIFE SKILLS - MONEY MANAGEMENT, COOKING FOR EXAMPLE.

YOUNG PEOPLE WHO ATTEND ARE STRUGGLING IN A MAINSTREAM SCHOOL SETTING AND IN SOME CASES NON ATTENDANCE AT SCHOOL. WE ARE WORKING WITH SCHOOLS TO HELP GIVE BACK CHOICE TO THESE YOUNG PEOPLE. THEY COULD BE HAVING DIFFICULTIES WITH MENTAL HEALTH OR SOCIAL ANXIETY. OUR SETTING IS SMALL AND WE OFFER 1:1 SUPPORT, EMOTIONAL SUPPORT AND HELP BUILD SELF-ESTEEM, CONFIDENCE AND SELF WORTH THROUGH ALL THAT WE OFFER.

EARLY INTERVENTION IS KEY TO HELP MANAGE AND IN SOME CASES PREVENT NEED FOR FURTHER SERVICES. YOUNG PEOPLE WHO ARE CLOSE TO BEING REMOVED FROM SCHOOL BECAUSE THEY ARE TOO ANXIOUS TO ATTEND, GET THE CHOICE TO COME AND LEARN WITH US ON A SMALLER SCALE. SCHOOLS DONT HAVE THE STAFF, RESOURCES AND FACILITIES TO MEET THESE YOUNG PEOPLES COMPLEX NEEDS. WE ALSO SUPPORT TO FURTHER EDUCATION.

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

PAEDIATRIC FIRST AID TRAINING = £250.00  
SAFEGUARDING LEVEL 1 TRAINING = £250.00  
(PROVIDER ACCRINGTON & ROSSENDALE COLLEGE X MAX 12 PEOPLE PER GROUP)

SCIENCE SESSIONS = £30.00 PER DAY (2HRS PLUS SET UP AND TIDY AWAY=3HRS)  
= £60.00 OVER 2 DAYS  
= £240.00 A MONTH  
= £2400 10 MONTHS

£2.50 A WEEK SCIENCE RESOURCES  
= £10.00 MONTH  
= £100.00 FOR 10 MONTHS

Total £3,000.00

JM  
2/19

**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**

<b>6.1</b>	<p><b>* 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.</b></p> <p><b>* 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.</b></p> <p><b>*By signing and submitting this form, we agree to the funding agreement detailed on page 8. (See guidance – paragraph 6.4)</b></p>	
	Name 1 (block capitals please)	KAREN LYNCH
	Signature 1	KT LYNCH
	Position in organisation (preferably chair)	MANAGING DIRECTOR
	Date	08.09.2017
	Name 2 (block capitals please)	JOHN TATTERSALL
	Signature 2	J Tattersall
	Position in organisation	Trustee
	Date	08.09.2017

**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:**

- |   |   |
|---|---|
| <b>A) Got 2 signatures in Section 6</b>                           | <b>Yes</b> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| <b>B) Attached the necessary documents from Section 3?</b>        | <b>Yes</b> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| <b>C) Attached a copy of your bank statement?</b>                 | <b>Yes</b> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| <b>D) Attached a copy of your Child/Vulnerable Adults Policy?</b> | <b>Yes</b> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> |

E) Completed all sections?

Yes

→ Please now pass this form to your District Partnership Office

• Date passed to District Office:

• 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

[lptgrantsteam@lancashire.gov.uk](mailto:lptgrantsteam@lancashire.gov.uk)

Postal/Office Address

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