SECTION 1: ABOUT THE APPL	ICANT	
1.2 Name of the Organisation		
This is required again because the removed for data protection and adi	e front sheet of the application ministrative purposes.	n form with your contact details will be
The Kellets Twinning Association		
SECTION 2: ABOUT THE ORGA	ANISATION	
2.1 You need to submit one of the	e following documents to sup	oport your application
Please see guidance notes section	1.1 before completing this part	of the form
<ul><li>☐ Constitution</li><li>☐ Set of Rules</li><li>☐ Terms of Reference</li><li>☐ Articles of Association</li></ul>	•	
2.2 How many people are in your	organisation?	
Z.Z How many people are in your		
Paid Staff	Volunteers	Total Members
		Please include here the total number of people who use your organisation and not just elected members.
0	10	50+
2.3 Has your organisation receiv	ed funding from the Local M	ember Grants Scheme before?
YES		
_		
NO .		
Please provide the date receive	d/	

3.1 We need door									
Cit it d liced abou	ımentary	proof of you	r group's	bank	accou	nt.			
We use the acc payments direct please contact us (Please note - cl	to your before	organisation sending in th	's bank a le applica	accour tion.	nt. If	nd a you	ccount n have a b	umber) to uilding soc	make gran iety accoun
Please attach a need the organisat	a <b>copy</b> of	your organisement of acco	ation's bar ounts.	nk acco	ount sta	ateme	nt (within	the last year	). We do no
3.2 We need to kn	ow if you	ur bank detai	ls have cl	hanged	l since	you	last recei	ved money	from LCC.
If your bank details									
Yes - details pro			- 377	7	1	2.1	F 61	1 8 10	
No - bark detai	V.			t time a	pplyin	g for a	any fundin	g from LCC	
SECTION 4: THIS	S APPLI	CATION	00	11 11 11	ir )	0 0 0	() i 19 6	Shirt V	1 1
4.1 Which County	Council	or electoral (	division(s	) will y	our ex	pend	iture cove	er or benefit	2
See guidance notes sure you list all the	s section	2.1. If you are	e applving	to mor	e than	one d	county cou	ncillor, pleas	se make
Rural North		14		İ	1	1	1. 1	41. 5	
1 1	11								1 1
1 1				0	ll.				
vu in	i				i.	15			1 4 8
1 1	- 1	1 1 1 1						10 A A	
4.2 Name(s) of Cou	unty Cou	ncillor(s) tha	t the grar	nt is be	ing re	quest	ed from		
Councillor Nam	е				37 22		Amoun	t Requested	
If you wish to ap amounts you are	oply to me asking f	ore than one rom each of th	county conem. See	ouncillo guidan	r, mak ce not	es sec	e you list ction 2.2.	them all her	e with the
							£300		
Philippa Williams	son	101 10					1		171
Philippa Williams	son		1.	101				1. 11.5 E	
Philippa Williams	son			d a				41 8 12 F	1

## 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.

Over Kellet and Nether Kellet are twinned with Bussières in France. The grant will be used to help fund a village cont to which all residents of Over Kellet and Nether Kellet will be invited. The plan is for it to take place in Nether Kellet Village Hall

The event will be a wine tasting night held

## 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.

The event will bring the communities of Over and Nether Kellet together in an enjoyable social setting for all ages. We will take the opportunity to provide information on the benefits of being twinned with a French village and how that promotes understanding of the French Culture and Language with the aim of encouraging more people to get involved.

The elect will also be a fundraiser to build up resources to support outings and cultural activities for villagers to enjoy alongside our French neighbours when they visit the Kellets next year. Our French counterparts enjoy a certain amount of funding from their local authorities to support our visits when we go to Bussières, but our funds are currently rather meagre in comparison. We also hope to raise sufficient funds to be able to offer financial assistance to families wishing to join the Kellets visit to France this summer.

# 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.

£380

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

£300

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?
5 %		Twinning association funds are available to cover the rest of the cost
£		
£		
£		

4.8 If you do not get all the funds, or only a per	centage of what you	require, you need to
It is possible, that your application may be supported, but	not for the full amount	f.f
we need to know if you can continue with your activity, e.g. intended period.	g. you may provide an a	ctivity for half the
We are planning to try to involve as many local people as	s possible in the outings	and events put on when
the French are in the Kellets. We are also hoping to build local families who wish to jdin in the visit to France.	up lunds to provide son	ne financial assistance to
If a smaller amount is granted, we hope to run the use more twinning association funds for the event, so the of the association such as outlings for the French when the	ere will be less available	to support the activities
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	sy come, so lewer locals	will be able to join in.
	1 1	l 5. 1 di
4.9 What is the start and end date of the activity items/equipment?	or when do you in	tend to purchase the
Please note you must spend the funds in the current finan	cial year.	
Start Date	E	nd Date
Saturday 100 March 2018	Saturday	10th March 2018
4.10 Please give a detailed breakdown of your expendi	iture for years activitate	1111
See guidance notes section - 3.4. The total costs here me example if you are buying plants and compost for a garde are. In addition, if you have a quotation from a supplier plant.	ning scheme we need t	a know how much these
HIRE OF HOLL £50		111 , 11
Food £40	1 f	le l
Wine 1 Class hire £240		7.19
	fle tickets.	650
Rublicity bickets and raf	ted by me	mbers.
SECTION 5: CONFIRMATION OF ORGANISATION'S	S POLICIES	
THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O		
5.1 Will the activity involve members of your organisat	ion having significant	contact with children
5.1 Will the activity involve members of your organisation vulnerable adults?  See guidance notes section 4.1. If you are purchasing equ	uipment this will not invo	lve children or
5.1 Will the activity involve members of your organisation vulnerable adults?	uipment this will not invo	lve children or

## Local Member Grants Application Form 2017/18

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.
We have asked for funding for a ceilidh to which families will be invited. Children and vulnerable adults are welcome to attend with their parents/guardians or carers.

## 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.

Date: 04.03.2018

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

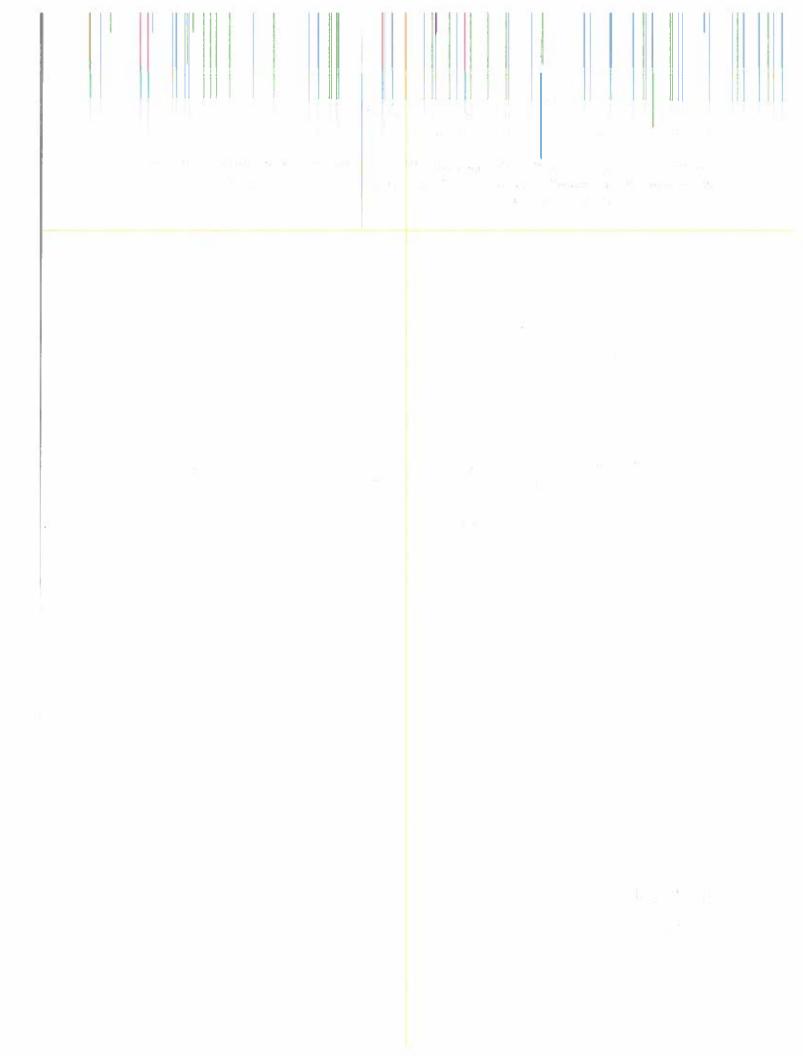
- ✓ We certify that to the best of our knowledge the information provided in the application form is accurate and correct.
- ✓ That the persons below can both sign on the organisation's bank account (please note that the two signatories cannot be related to each other)

✓ 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 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.

application form will be used to form the basis of the fullding agreement and for more purposes.
Name of Organisation:The Kellets Twinning Association
Name of First Signatory (please print)
SECRETARY Position in the Organisation (please print)
Signature Signature
Date: 4. 3. 2018
MRS JUDITH RENTHAM  Name of Second Signatory (please print)
TREASURER Position in the Organisation (please print)
MBeuthan Signature



# **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 533110 or 01772 536552

Email: LPTlocalmembergrants@lancashire.gov.uk

#### Postal Address:

Local Member Grants
Lancashire County Council
Legal and Democratic Services
2<sup>nd</sup> Floor, Christ Church Precinct
County Hall
PRESTON
PR1 8XJ

