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.

PRESTON MULTIPLE SCLEROSIS SOCIETY

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 *Please include here the total number of people who use your organisation and not just elected members.*
0	7	136

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

☐ YES

X☐ NO

Please provide the date received ____/_____/____

PRESTON MULTIPLE SCLEROSIS SOCIETY

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)

X☐ 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

X☐ 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, please make sure you list all the electoral divisions here.

Leyland Central, Leyland S East, Leyland S, Lostock Hall & B/Bridge, Penwortham West, Penwortham East & Walton, Preston North, Preston South West, Preston West, Preston S East, Rural Preston East.

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

Councillor Name	Amount Requested
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.	
Matthew Tomlinson	~~£225~~ £228
Jayne Rear	~~£225~~ £228
Jim Marsh	~~£204~~ £204
Michael Green	~~£200~~ £228
David Howarth	~~£200~~ £228

Graham Gooch	~~£200~~ £228
Gillian Oliver	~~£200~~ £228
Geoff Driver	~~£200~~ £228
Total Amount Requested	£1800

PRESTON MULTIPLE SCLEROSIS SOCIETY

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 are running an information event on MS at Hallmark Hotel Leyland. The event last year cost just under £2000. This covered Hotel usage with buffet, speaker expenses (time was given for free), transport for some of the attendees who needed assistance.
The event is open to anyone with MS, friend family and carers.

We also produce a newsletter bi monthly which cost us £129 an issue, this will advertise the event along with other information for members.

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 information day helps to inform people with MS about their condition, research being undertaken and organisations available to help them manage their condition and will include talks from professionals within the field. There are also other stalls such as Motability, Disability Equality NW.

Our bi-monthly newsletters are used to communicate information to our local members. This can include regular events such as social meet ups, fund raising events or events such as the Information Day.

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.

£2000 (subject to number attending), newsletter £774/year

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

£1800

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?**
£ 974	2017 - 2018	Own funds.
£		
£		
£		

PRESTON MULTIPLE SCLEROSIS SOCIETY

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.

The event and newsletter will still happen. The money will be generated by other activities we do to raise funds. Eg Leyland festival stall, Penwortham Gala stall, Christmas markets at Penwortham/Kingsfold, collections at supermarkets and other gifted donations.

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.

Start Date	***End Date***
Event 15th March (hotel deposit)	7Th July (event day)
Newsletter March Issue (Pub 1st March)	Payable by 31st March

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.

Hotel cost we are estimating £1450 subject to numbers maybe more but could be less if attendance is low (last year£1490), speakers £400 (£100 each but this may be less if any give their time for free but then just expenses) (last year just travelling expenses) and £150 allocated for taxi transport for those who wish to attend and need assistance (again depends on uptake, last year £50).

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 PRESTON MULTIPLE SCLEROSIS SOCIETY

X☐ 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 do not provide assistance at any group organised events and anyone requiring assistance must attend with a carer.

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 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: _MS Society Preston group

IAN R. PARKINSON
Name of First Signatory (please print)

FINANCE VOLUNTEER
Position in the Organisation (please print)

Signature

Date: 8/2/18

SUSAN A. MURRELL
Name of Second Signatory (please print)

FUNDRAISING VOLUNTEER
Position in the Organisation (please print)

Signature