2 3 MAR 2017





## **Grant Application Form**

# 1. Your Organisation

| Contact Name:  | Paul Kinnaird  |
|--|--|
| Position:  | Chairman   |
| Organisation:  | Ledbury Community Day  |
| Contact Address:                                       | The Coach House, Hazle Farm.  Dymock Rd  Ledbury HR82HT  |
| Telephone Number:                                      | '01531634788   |
| 0E-mail:   | paul@barrscourt.com  |
| Status of Organisation:                                | Voluntary group  |
| Charity/company number                                 | Charity No: (if applicable) Company No:  |
| What geographical area does your organisation cover?   | Ledbury & district   |
| How long has your organisation been in                 | Less than one year   |
| existence? (please ☑)                                  | Between one and five years   |
|  | More than five years   |
| What are the aims and objectives of your organisation? | To showcase Ledbury and raise the profile of all the groups active in the area to the benefit of all residents and visitors. |
| What are the main activities of your organisation?     | To organise Community Day by helping Groups and Organisations participate on the day. This involves Publicity,               |

| Invitations to Groups, Website, Booking  |
|--|
| Halls, Compilation & Distribution of     |
| Brochures, Organising the Day with       |
| Stewards on patrol throughout the day to |
| manage the operation.                    |

### 2. Your Project/Activity

| Project title:   | Ledbury Community Day 2017   |
|--|--|
| Description of project  (please continue on a separate sheet if necessary)   | On June 10 <sup>th</sup> 2017, Ledbury Community Day will hold events in various venues in the town.  Over 140 groups are invited to join the day to celebrate what Ledbury is all about |
| Where in Ledbury will the project/activity take place?   | Most events are held in the centre of Town utilising the Burgage, St Katherines and Community Halls. Other Groups may show at their site eg Bowls, Tennis Club,Rugby Ground              |
| Who will benefit from the  | All age ranges are able to join in on the Day  |
| project?   | No charge is made for access to the Halls.   |
| (please tell us what groups will benefit and approximately   | No barriers to Disabled persons  |
| how many people will benefit in total)   | So all the population can benefit.   |
| What evidence do you have of local need/demand for the proposed project/activity?(This might be survey work or statistical evidence) | During the 4 years of organising the event, it has grown in size from 50 to 80 Participants there are several requests by Participants and past Mayors to make it an Annual event.       |
| What support have you received for this project?   | We received 17 positive written statements of support for<br>the 2016 event with suggestions for 2017 and no   |
| (Please tell us about any expressions of support you have received from outside your organisation)                                   | objections.  |
| How will the project be managed and how will you measure its success?  | The committee meets regularly to report progress in meeting the milestones.  |
|  | Success is measured by how many Participants apply and their feedback after the event.   |
| Please give the timescale  | Sept 16 – Review and decide on 2017 event. Book Halls  |

| and key milestones for your project, including a start date and finish date.               | Feb 17 – issue of Invitations  April 17 – Close of Applications  May 17 – Print and distribution of Brochures  June 10 <sup>th</sup> – Community day  |
|--|---|
| Please explain how your organisation will acknowledge Ledbury Town Council's contribution. | All Brochures will acknowledge support from LTC  Acknowledgements are also made in Publicity to the Press and the Committees Reports accessed from the website (www.ledburycommunityday.org.uk) |

### 3. How you will pay for your project.

| What is the total cost of the project?      | £2,500.00 |
|---|-----------|
| Amount requested from Ledbury Town Council. | £300.00   |

Please list any applications you have made for funding from other organisations.

| Organisation  | Contribution<br>Sought (£)                         | <b>Applied</b> (please tick as appropriate | Granted (please tick as appropriate) |
|---------------|--|--|--------------------------------------|
| Heineken      | £2,000.00<br>Specific to<br>Brochure<br>production | <b>√</b>                                   | √                                    |
| Westons Cider | £200.00  | √  |                                      |

#### 4. Further information enclosed

| Information  | Enclosed (please tick) |
|--|------------------------|
| A copy of your organisation's most recent bank statement   | V                      |
| (mandatory)  |                        |
| A copy of your constitution (or similar document showing the organisation's status) and list of appointed officers | √                      |
| A copy of your organisation's committee and meeting structure  | √                      |
| A copy of your organisation's latest set of accounting statements  | <b>√</b>               |

| (if any exist)                                    |                     |
|---|---------------------|
| Copies of any letters of support for your project | See enclosed copies |
| Other (please list below):                        |                     |

#### 5. Declaration by the applicant

I/we declare that, to the best of my/our belief, the information given on this application form and in any enclosed supporting document is correct.

I/we accept the following:

- (i) That any false information we provide, even if provided in good faith, may lead to the withdrawal of the grant offered.
- (ii) That any grant offered will be used only for the purposes set out in this application.
- (iii) That we will provide reports on progress at the request of the Town Council.

Should any grant offered not be used in accordance with the terms and conditions set by the Town Council, we undertake on behalf of the organisation to repay the outstanding amount to Ledbury Town Council on demand

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| Signed:    |   |
| 3          |   |
| Name (s):  | PAD KINNMED                             |
| Date:      | 1/3/2017.                               |

Please return your completed form to:

Mrs K Mitchell
Clerk to the Council
Town Council Offices
Church Street
Ledbury
Herefordshire
HR8 1DH

E-mail: admin@ledburytowncouncil.gov.uk