Annex A to Saltfleetby Parish Council – EnergieKontor Wind Farm Fund, Terms of Reference Issue 3 Dated 6th June 2023



Saltfleetby Parish Council – EK Wind Farm Fund

GROUP APPLICATION FORM FOR GRANTS UP TO £300

Question 1. Contact Details

Name of Group or Organisation	
Main Contact for this Application	
Position Held	
Contact Address	
Daytime Telephone Number	
Evening Telephone Number	
Mobile Telephone Number	
e-mail Address	

Question 2. About your Group/Organisation

Type of Organisation Attach a copy of your set of	
rules or constitution.	
Affiliations to other bodies	
Registrations Charity numbers VAT number etc where applicable	
Date Formed	
List of Committee Members and their responsibilities. Indicate approved signatories.	

What does your organisation do?			
N 31 . 1			
Policies			
	he following	. Copies of	relevant policies should be included
	he following Yes	No No	Comments
vith the application. Policy			
Policy Public Liability DBS Certificate			
Policy Public Liability			
Public Liability DBS Certificate			
Policy Public Liability DBS Certificate Health and Hygiene Certificate			
Public Liability DBS Certificate Health and Hygiene Certificate Question 3. Project Information			
Policy Public Liability DBS Certificate Health and Hygiene Certificate Question 3. Project Information Fitle and Description of the Project	Yes	No	Comments
Policy Public Liability DBS Certificate Health and Hygiene Certificate Question 3. Project Information Fitle and Description of the Project Include details of the purpose of the proposed	Yes	No	Comments
Policy Public Liability DBS Certificate Health and Hygiene Certificate Question 3. Project Information Fitle and Description of the Project	Yes	No	Comments
Policy Public Liability DBS Certificate Health and Hygiene Certificate Question 3. Project Information Fitle and Description of the Project Include details of the purpose of the proposed Title of the Project	Yes	No	Comments
Policy Public Liability DBS Certificate Health and Hygiene Certificate Question 3. Project Information Fitle and Description of the Project Include details of the purpose of the proposed Title of the Project A) Description of the project	Yes	No	Comments
Policy Public Liability DBS Certificate Health and Hygiene Certificate Question 3. Project Information Fitle and Description of the Project Include details of the purpose of the proposed Title of the Project a) Description of the project	Yes	No	Comments
Policy Public Liability DBS Certificate Health and Hygiene Certificate Question 3. Project Information Fitle and Description of the Project Include details of the purpose of the proposed Title of the Project a) Description of the project	Yes	No	Comments
Policy Public Liability DBS Certificate Health and Hygiene Certificate Question 3. Project Information Title and Description of the Project Include details of the purpose of the proposed Title of the Project a) Description of the project	Yes	No	Comments
Public Liability DBS Certificate Health and Hygiene Certificate Question 3. Project Information Title and Description of the Project Include details of the purpose of the proposed	Yes	No	Comments

b) Details of the grant/funding required for the	project
When will the project start?	
When will the project be completed?	
What is the total cost of the project? Please supply quotes/estimates/evidence e.g. prints off websites/quotes from suppliers	
How much are you applying for?	
Please provide details of any match funding if applicable	
c) How does this project benefit the community	of Saltfleetby?
Explain here how the project meets the fund object efficiency, environmental or general community a Agreement document dated 14 th March 2011 for respectively.	
d) Project Outcomes	
Detail how will you measure if the project has been	en successful?

\ Y Y 1 11 4	O and the second that	49	
e) How will t	the project continue beyond the g	grant?	
Explain here	how you will find on-going running	ng costs for aft	er the money has been spent
•	ere is anything else you would like an additional page if required.	to tell us abou	at your application, please use the box below
Signature an	nd Declaration of main contact fo	or organisatio	on/group.
I understand to necessary per	rmission for the project has been of	formation at an btained.	ny stage of the application process and that all
the project do At the end of	oes not proceed as specified, all mo	onies received to the Fund A	the sole purpose of the project stated and that if from this fund will be repaid in full. Administrator all receipts and relevant financial
ensure that ar	•	the sole purpos	ormation is true and correct. I undertake to se of the project stated and that if the project und will be repaid in full.
	· · · · · · · · · · · · · · · · · · ·		by the Parish Council to enable the effective ata will not be shared outside of the Parish
Yes or No (p	lease delete as appropriate)		
General Data	a Protection Regulations (GDPR 20	018)	
Name	T I	Position in	
2 ,1		Organisation	

(Block Capitals)		
Signed	Date	

IT IS RECOMMENDED THAT YOU KEEP COPIES OF EVERYTHING YOU SEND

Please note the Award Panels decision is final.

Please send the completed application form along with any supporting material to:

Email: clerk@saltfleetbyparishcouncil.gov.uk

Or

Contact the Fund Administrator

The Fund Administrator details will be published on the SPC Website

https://saltfleetby.parish.lincolnshire.gov.uk