



APPLICATION FOR FINANCIAL SUPPORT FROM CROXLEY GREEN PARISH COUNCIL

Grant Criteria

1. Applications for Grants will only be considered from local Community Groups with a majority of members having a bona fide address within the Parish
or
from individuals with a permanent address within the Parish.
2. Only one Grant Application from a particular organisation or individual will be considered during the Council's financial year.
3. Grants will be made to assist the founding of local community groups or to provide temporary assistance for their continuing viability. Repeated grants to the same group or individual should not be expected.
4. Grants will be confined to local groups providing social, cultural, educational, recreational or sporting activities for the local community, or newly formed groups for these purposes
or
in the case of individuals undertaking an activity for the benefit of the local community.
5. Applications must be made on the prescribed form, signed by the person applying and authorised by the signature of an officer of the group.
6. All valid Grant Applications will be considered on their merits.
7. The Council reserves the right to inspect, view or otherwise satisfy themselves that the Grant has been dispersed in accordance with the details provided.

Notes

Please ensure that all sections of this application are fully completed. It is important to be concise and your responses must be on the form. Attach separate documents where applicable.

Data Protection. Any information entered onto this application form may be stored and held in accordance with the Data Protection Act and used by Croxley Green Parish Council.

If you have any questions please contact The Clerk on either 01923 710250 or via e-mail at info@croxleygreen-pc.gov.uk

Croxley Green Parish Council indicates that submission of this form does not guarantee that funds will be made available. Decisions are made on an individual basis irrespective of other application grants that may have been requested.

SECTION A: ABOUT YOU

A1	Name of Organisation	Watford and Chorleywood Community First Responders		
A2	Name of Contact Person	Keverne Bailey		
A3	Address of Organisation	East of Engalnd Ambulance Trust (charity – CFR)		
	or Address of Contact Person	5 Tollgate Close Chorleywood		
A4	Telephone Number	Postcode	WD3 5TD	
		Daytime	07813 8776786	
		Evening		
A5	Fax Number			
A6	E-mail address	keverne.bailey@gmail.com		
A7	What is the status of your organisation? – Please tick heading			
	Registered Charity (please give number)	Charity No.	1047987	
	Voluntary or Community Organisation	Community First Responders (CFR)		
	Housing Association			
	Unregistered Association	Community First Responders (CFR) attend		
	Other (please state)	999 calls on behalf of the ambulance service		
A8	What is the purpose of your Organisation?	to help save lives		
A9	Does your Organisation have a formal constitution?	.Yes/No		
A10	Has your organisation started up in the last year?	Yes/No The group has grown		
A11	Approximately how long has your organisation been in existence?	The watford group has been in place a number of years		
A12	Are you affiliated to a National Body?	Yes/No		
	If Yes state which one(s)	The East of England Ambulance service		
A13	Which geographical area will you be working in? – Please tick heading			
	All of Croxley Green	<input checked="" type="checkbox"/>		
	Dickinsons Ward	<input checked="" type="checkbox"/>		
	Durrants Ward	<input checked="" type="checkbox"/>		

SECTION B: APPLICATIONS FOR FUNDS

B1 How much are you applying for? £ 2,000

B2 What is the total cost of your project Costs are ongoing each medical kit costs about 2,000
(use a separate sheet of paper if necessary)

B3 What do you aim to achieve with this funding?
If Croxley Parish Council are able to provide us with funding this will allow us to further grow the size of our group meaning that we are able to have more responders available to attend urgent 999 calls - in the Croxley area.

B4 Are you matching this request for funding in any way?
Community Responders are volunteers and each responder gives up their time and the use of their vehicle to respond to 999 calls. The money we raise is to purchase the equipment responder need to respond.

B5 How many people are involved in your project? 6 currently

B6 Are the majority of your regular participants drawn from the Croxley Green area? Yes/No

B7 Who is the project aimed at assisting? – Please tick categories

Babies (0-3 years)	<input checked="" type="checkbox"/>	Children (3-7)	<input checked="" type="checkbox"/>
Young Persons (7-13)	<input checked="" type="checkbox"/>	Teenagers (13-18)	<input checked="" type="checkbox"/>
Parents	<input checked="" type="checkbox"/>	Single Mothers/Fathers	<input type="checkbox"/>
Elderly	<input checked="" type="checkbox"/>	Unemployed	<input type="checkbox"/>
Neighbourhood Group	<input type="checkbox"/>	Specific ethnic groups	<input type="checkbox"/>

Other (Please give details) This service is for anyone who calls 999.

B8 Do you or will you receive funding from any other source? – Please specify source and amount

Source Chorleywood Parish Council Amount 2,000

Grant Application



B9 Will your project work in partnership with any other community, statutory or voluntary organisations? – Please specify
Community Responders work alongside the ambulance service to ensure anyone calling 999 gets help as soon as possible. We are governed and supported by East of England Ambulance service.

B10 What is the total income and expenditure of your organisation?
Income £ Expenditure £
We have only just started fund raising.

B11 Who controls the bank account and who authorises expenditure?
East of England Ambulance service.

B12 Please attach a copy of your most recent accounts OR projected cash flow if no accounts exist.

B13 Please attach a copy of your constitution

B14 What authority do you have to submit this application? Yes
Please provide a copy of (Minute?) giving you authority to make application.

Declaration

I declare that I have checked the information on this form and I believe it to be correct.

Signature *KBailey* (electronic)
Print Name Keverne Bailey
Date 05/12/2017

Please return the completed form to:

The Clerk
Croxley Green Parish Council
Council Offices
Community Way
Croxley Green
Rickmansworth
Herts
WD3 3SU