

Kent County Council

Combined Member Grants Scheme

Application Form 2016-2017

Unique Reference Number (for office use only):	
Adults / Arts / Children / Community Centres & Public Halls / Community Safety / Education / Environment / Highways / Libraries and Archives / PROW / Sports / Youth	
Organisation Name:	
Title of Project:	

Section One: Contact details (All correspondence will be via the primary contact)

Primary Applicant:

The Primary Applicant and Senior Contact (below) must be two different people

Contact name (<i>Inc. title</i>)	
Position in organisation / group:	
I am 18 years old or older:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Correspondence Address:	
Postcode:	
Email address:	
Daytime telephone number:	

Senior Contact in your organisation / group: – who will also endorse and sign this application and any conditional grant offer on behalf of the organisation / group if you are awarded a grant)

The Senior Contact (who should be aged 18 or over) and Primary Applicant (above) must be two different people

Contact name (<i>Inc. title</i>)	
Position in organisation / group:	
I confirm I am 18 years old or older:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address:	
Daytime telephone number:	



DATA PROTECTION STATEMENT

Your details will be kept securely by Kent County Council under the terms of the Data Protection Act and Freedom of Information Act 2000

KCC must protect public funds and may use personal information and data-matching techniques to detect and prevent fraud, and ensure public money is targeted and spent in the most appropriate and cost-effective way. In order to achieve this, information may be shared with other bodies responsible for auditing or administering public funds including the Audit Commission, the Department for Work and Pensions, other local authorities, HM Revenue and Customs, and the Police. We might use personal information provided by you in order to conduct appropriate identity checks. If you provide false or inaccurate information in your application or at any point in the life of any funding we award you and fraud is identified, we will actively seek recovery of the awarded grant funding, and will provide details to fraud prevention agencies, to prevent fraud and money laundering.

We may like to send you information by **email** on future grant funding opportunities, information on Kent County Council's campaigns, relevant services, consultations and local engagement opportunities.

Would you like to be added to our email contact database for this purpose?

Please select as applicable

Yes

No

Which Kent County Council Members are supporting this grant application?

You must have discussed this application with the Kent County Council Member before submitting this form

Section Two: About your organisation / group

In this section, we want you to tell us more about your organisation / group. (We will ask you about the project you want funding for in Section Three.)

Organisation / Group Name:	
1. Is your organisation / group a Registered Charity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide your charity number:	
2. Do you have a bank account, which requires two unrelated people to authorise cheques and make withdrawals (including debit card or internet purchases and cash withdrawals)? This must be in the name of the organisation / group that is applying, unless it is a school.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Before a conditional grant offer will be paid by KCC, you will need to provide additional evidence. Can you please supply at least one of these documents, please?	<input type="checkbox"/> Latest approved annual accounts? <input type="checkbox"/> Governing document, constitution or set of rules?

3. What type of organisation / group are you?					
Please select the options below that best describe your organisation / group:					
Charity	<input type="checkbox"/>	Community organisation	<input type="checkbox"/>	Voluntary organisation	<input type="checkbox"/>
Church / Faith group	<input type="checkbox"/>	Community Interest Company / Charitable Incorporated Organisation / Social Enterprise	<input type="checkbox"/>	Sports organisation	<input type="checkbox"/>
School / College	<input type="checkbox"/>	Children's Centre / Pre-school	<input type="checkbox"/>	Youth organisation	<input type="checkbox"/>
Parish / Town / District council	<input type="checkbox"/>	KCC service (Please specify)	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>
		

4. Does KCC currently fund any part of your work, or commission or procure services from you? (i.e. via a commissioned services, service-level agreement, or other formal partnership agreement including grant funding)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please state the nature of the commissioned services and value of the contract or funding agreement, and the named Kent County Council contact.	

5. In the past three years has your organisation / group received a previous grant from the KCC Combined Member Grants scheme? If yes, please complete the information below	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Project Name	KCC Member Name(s)	Amount £	Date Received

(Add more rows if necessary)

6. Has your organisation / group applied to any other funding bodies for grant support for this project?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please complete the information below			
Name of Organisation / Funder	Amount Applied for £	Amount Received £	Date Received / Anticipated
If you have received any other funding for this project, please state below any terms / conditions attached to that funding that KCC should be aware of when considering this application?			

(Insert more rows if necessary)

Section Three: About your project

In this section, we want to know what your project is (ie what you want the grant funding for), and how that project will benefit the local community and support Kent County Council's objectives.

7. Please tell us about the need for this project:

Make sure you fully explain the need for your project and provide evidence to back this up. Describe the problems / issues you have identified and explain how your project addresses them. Please also illustrate the Social Value of your project.

8: 'Our focus is on improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses' (Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Vision 2015-20).

Please explain how your project meets one or more of the following outcomes from KCC's strategic statement:

Strategic Outcome One: Children and young people in Kent get their best start in life

Increasing resilience and providing strong and safe environments to successfully raise children and young people	<input type="checkbox"/>	Keeping vulnerable families out of crisis and more children and young people out of care	<input type="checkbox"/>	Helping to close the attainment gap between disadvantaged young people and their peers	<input type="checkbox"/>
Helping to ensure all children, irrespective of their background are ready for school at 5	<input type="checkbox"/>	Helping children and young people have better physical and mental health	<input type="checkbox"/>	Helping children and young people to be engaged, thrive and achieve their potential through academic and vocational education	<input type="checkbox"/>
Supporting young people's ambitions with choices and access to work, education and training opportunities	<input type="checkbox"/>	If you believe your project helps towards this outcome in a way not listed, please indicate here and detail in the project overview (Question 7)	<input type="checkbox"/>		

Strategic Outcome Two: Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life

Improving physical and mental health by supporting people to take more responsibility for their own health and wellbeing	<input type="checkbox"/>	Supporting Kent business growth by having access to a well skilled local workforce with improved transport, broadband and necessary infrastructure	<input type="checkbox"/>	Benefitting Kent's communities from economic growth and lower levels of deprivation	<input type="checkbox"/>
Helping Kents residents to enjoy a good quality of life, and more people benefit from a greater social, cultural and sporting opportunities	<input type="checkbox"/>	Helping to protect and enhance Kent's physical and natural environments so they can be enjoyed by residents	<input type="checkbox"/>	Supporting well planned housing growth so Kent residents can live in the home of their choice	<input type="checkbox"/>
If you believe your project helps towards this outcome in a way not listed, please indicate here and detail in the project overview (Question 7)	<input type="checkbox"/>				

Strategic Outcome Three: Older and vulnerable residents are safe and supported with choices to live independently

Supporting those with long-term conditions to manage their conditions through access to good quality care and support	<input type="checkbox"/>	Supporting people with mental health issues and dementia to be assessed and treated earlier, and supporting them to live well	<input type="checkbox"/>	Providing access to the advice, information and support needed by families and carers of older and vulnerable people	<input type="checkbox"/>
Supporting social inclusion of older and vulnerable Kent residents	<input type="checkbox"/>	Helping more people to receive quality care at home, avoiding unnecessary admissions to hospital and care homes	<input type="checkbox"/>	Enabling health and social care systems to work together to deliver better community services	<input type="checkbox"/>
Helping residents to have a greater choice and control over the health and social care services they receive	<input type="checkbox"/>	If you believe your project helps towards this outcome in a way not listed, please indicate here and detail in the project overview (Question 7)	<input type="checkbox"/>		

9. Please explain what funding or other resources your own organisation / group is contributing to this project? This can include any volunteering hours, costed at minimum wage rate.

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10. When will the project start? State month and year.

We do not offer retrospective funding without exceptional prior agreement

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11. Will your project be complete within one year of our conditional grant?

If No, please explain why below

Yes

No

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Section Four: The cost of your project

In this section, we want to know how much grant funding you want and how it will be used.

12. What is the total cost of your project?	£
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13. What is the total amount of grant funding you are seeking from KCC Members in this application?	£
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14. Please complete this table with details of what you will spend the grant funding on:	
Breakdown of Spend	Cost (£)
	£
	£
	£
	£
	£
	£
	£
	£
Subtotal: (This should equal or exceed the grant request to KCC and must be completed)	£

(Add more rows if necessary)

Section Five: Other information

In this section, we want to know how your organisation / group will publicise the project, and if there is anything else that we should know about the project.

15. Please use the space below for any other information that is relevant to this application (eg confirmation that any necessary planning / landlord permission, or delegated authority, is in place).

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16. If your application is successful, please explain what publicity is planned, and how you will give recognition of the support provided by KCC and the local County Member(s) in relation to this project.

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17. Do you need a copy of the 'Supported by KCC' logo to use in your publicity?

Yes No

If Yes, please select which format(s) you require below.

.JPG	<input type="checkbox"/>	.PNG	<input type="checkbox"/>	.EPS	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>
						

Section Six: Declaration and agreement

- I confirm that I am authorised to sign this application on behalf of the organisation/group. The information provided in this application is correct to the best of my knowledge.
- If this application is successful, I confirm that the grant will only be used for the purposes specified in this application. The organisation/group will comply with all the terms and conditions that apply to the Kent County Council Combined Member Grants Scheme.
- I confirm that the organisation/group has not received funding from another source for the costs that Kent County Council has been asked to fund in this application.
- I understand that any necessary planning permission or delegated authority should be secured before applying for a Kent County Council Combined Member Grant.
- **I agree that the organisation/group will acknowledge and give full recognition to Kent County Council and the Local County Member(s) who awarded the grant in all publicity and media related to the project specified in this application.**
- I agree that the information provided in this application can be retained and used by Kent County Council to allow the project to be monitored.
- I understand that monitoring will be undertaken within 6 months of receiving the grant and that evidence may be sought from the organisation/group to support this process.
- I understand that any grant award will be made in accordance with the eligibility criteria for the Kent County Council Combined Member Grants Scheme and with the County Council's Equality and Diversity Policy Statement.
- **I understand that any funding awarded is a one-off grant payment, and that any further grant support may not be available in subsequent years.**
- I agree to the conditions for the use, retention and write-off periods for all capital items purchased with this grant, as set out in the grant funding guidelines.
- **I understand that, if the grant will not be used for the purposes specified in this application, permission must be sought from the Kent County Council Community Liaison Officer in advance.** The County Council reserves the right to recoup part, or all, of any grant amount if it is not spent as specified, or as agreed otherwise with the County Council.
- **I agree that the organisation/group will adhere to up-to-date safeguarding policies relating to any work with children, young people and/or vulnerable adults.**
- **I understand that, if any false or inaccurate information is provided in this application, or at any point in the life of any grant funding awarded, or if any fraud is identified, the County Council will actively seek recovery of the grant, and will provide details to fraud prevention agencies, to prevent fraud and money laundering.**
- **I agree that the organisation/group accepts, and will abide by, the full terms and conditions and the monitoring requirements of the Kent County Council Combined Member Grants Scheme (as set out above).**

Primary Applicant

Name:	Position in the organisation:
Signature: (or print name if returning by email)	Date:

Please return this form to:

Email:

Community Liaison Officer

KCC Combined Member Grant Scheme,

Kent County Council

Room G54, Sessions House, County Hall, Maidstone, Kent. ME14 1XQ

For Office Use Only – Combined Member Grants Scheme Agreement Form

Subject: Allocation of Combined Member Grants – 2016 - 2017

District:

Application details

Organisation / Group:

Project:

Amount requested:

£

For completion by the Local KCC Member:

I would like to support this project and would like to recommend a grant of:

£

OR I do not wish to support this project for the following reason:

Reason(s):

I am aware of a disclosable pecuniary interest (DPI) or other significant interest (OSI) relating to this application. **Please tick/delete as appropriate.**

Yes No

If Yes, please state the nature of the interest(s) below.

Nature of Interest(s):

Recommendation by the Local KCC Member:

I (have declared above) / (do not have) any disclosable pecuniary interest (DPI) or other significant interest (OSI) relating to this application. I recommend and agree the above allocation from my delegated KCC Combined Member Grants scheme and the community benefit that it will bring in my Division / District / Kent (as set out on this application form):

Member's signature:

Date:

Name:

Division:

For completion by the Community Liaison Officer:

I am aware of a disclosable pecuniary interest (DPI) or other significant interest (OSI) relating to this application. **Please tick/delete as appropriate.**

Yes No

If Yes, please state the nature of the interest(s) below.

Nature of Interest(s):

Name & signature:

Date:

Cabinet Member / Manager Approval:

I approve the allocation of

£

under the KCC Combined Member Grants scheme

Signature:

Date:

Name:

Position within KCC: