District Partnership Delegated Budget Funding Proposal Form 2011/12

Note: The same form is used for all applications for funding from District Partnership whether from the District Partnership budget or the budgets of individual Councillors

| Hom the District Partnership budget or the budgets of individual Councillors |
|---|
| TO WHICH DISTRICT PARTNERSHIP ARE YOU APPLYING: (Tick for each area if you are applying to) |
| ☐ CHADDERTON ☐ EAST OLDHAM ☐ FAILSWORTH & HOLLINWOOD ☑ SADDLEWORTH & LEES ☐ SHAW, CROMPTON & ROYTON ☐ WEST OLDHAM |
| 1. WHAT IS THE FUNDING SOUGHT FOR? |
| TITLE OF PROJECT: Saddleworth Langers Safety Fencing |
| WHICH OPERATION WILL BELLVED THE BELLVED |
| WHICH ORGANISATION WILL DELIVER THE PROJECT/LEAD DELIVERY OF PROJECT? |
| Saddlewarth Rangers ARLFC |
| |
| PLEASE DESCRIBE THE PROJECT THAT YOU ARE SEEKING FUNDING FOR |
| Install 180m security fercing to conal side of ground |
| WHICH OTHER GROUPS/ORGANISATIONS (IF ANY) ARE YOU WORKING WITH ON THIS PROJECT AND HOW? RFL Child welfare recommendation following in specials. Lugby Football League growt. |
| WHEN DO YOU EXPECT TO: |
| - START THE PROJECT? Jonany 2014 |
| - START THE PROJECT? January 2014 - COMPLETE THE PROJECT? January 2014 |
| |
| HOW MANY PEOPLE WILL USE / BENEFIT FROM THE PROJECT? |
| Estimated number of people 650 children + 750 perents perweek |
| Period of time over which they will benefit: for all time. |
| (e.g. is the number of people above over the lifetime of the project, per day, per week etc) |

WHAT NEEDS / PROBLEMS OF RESIDENTS OF THE DISTRICT PARTNERSHIP WILL
BE MET BY THE PROJECT? This work will resolve a major
whild welfare / safety 1550e and reassure parents that
their children creven joying their 5 fort in a safe

HOW WILL THE PROJECT PARTICULARLY BENEFIT DISADVANTAGED RESIDENTS OF THE DISTRICT PARTNERSHIP AREA?

Improve safety on the conal side area of the Club allowing families to attend games in a safe environment. Free admission to games for children.

HOW WILL THE BENEFITS OF THE PROJECT LAST BEYOND THE DURATION OF THE FUNDED ACTIVITY?

le 15 a permonent solution to a major health + safety 1550e

WHAT RISKS ARE THERE WITH THE PROJECT?

e.g. public safety, involving sufficient residents, ability to deliver the project on time

HOW WILL THESE RISKS BE MANAGED?

None

HOW WILL THE PROJECT/ACTIVITY BE PUBLICISED? Local Media,

2. DETAILS ABOUT THE FINANCE OF THIS PROJECT

PLEASE PROVIDE A DETAILED BREAKDOWN OF THE TOTAL COSTS OF THE PROJECT/ACTIVITY FOR WHICH YOU ARE SEEKING FUNDING

If relevant, please include the full cost of the project not just costs for which funding is sought from the District Partnership

Please include the cost of VAT, if applicable, in the space provided. If VAT is not payable, please indicate the cost of VAT is zero.

| COST | Supplicable | E | COST | COS

| PLEASE PROVIDE A DETAILED BREAKDOWN OF THE EXPECTED FUNDING OF | | | | | | |
|--|-------------------|---------------|---------------------------------------|--------------------------------|--|--|
| Inese COSIS | | | | | | |
| Please include funding sou | ght from the Dis | trict Partner | ship a | nd all other sources | | |
| SOURCE OF FUNDING | TNUOMA | STATUS | (e.g. | DATE DECISION | | |
| | £ | committ | | EXPECTED (if funding not | | |
| 0 | (C' | applied | | committed) | | |
| PISE Partnership | Sonoo | LECEIN | ed - | 12/2013 | | |
| N.SC INTENSITY | 4,600-00 | applied | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL FUNDING | £6,100.00 | | | | | |
| | | | | | | |
| HAVE YOU ALREADY RECEIVED FINANCIAL ASSISTANCE FROM THE COUNCIL OR | | | | | | |
| ANY OTHER SOURCE FOR THIS PROJECT IN THE LAST 2 YEARS? | | | | | | |
| I NYES | ZENO / | 7. | | | | |
| IF YES PLEASE GIVE DET | AILS BELOW: | | | | | |
| SOURCE OF FUNDING | 1 | ECEIVED | | DATE | | |
| REL | £ | | | | | |
| RIL | 1,500.0 | 00 1: | | 2/2013 | | |
| | | | | | | |
| | | | | | | |
| | £ | | | | | |
| WILL THE PROJECT GENE | RATE ANY IN | COME FOR | ANY | ORGANISATION? | | |
| WILL THE PROJECT GENERATE ANY INCOME FOR ANY ORGANISATION? | | | | | | |
| YES NO V | | | | | | |
| If No. 1 | | | | | | |
| If Yes, how much per year? | | | | | | |
| | | | | | | |
| COST ESTIMATES | | | | | | |
| | | | | | | |
| If the project involves building | g works, purcha | se of equip | ment d | or any other works involving a | | |
| mun harry, you will ueed to a | upply at least to | vo full estim | ates fo | or the work | | |
| Estimates attached: YES NO | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| HOW WILL ANY LONG TERM COMMITMENTS THAT WILL BE INCURRED AS A RESULT OF THIS PROJECT BE MET? | | | | | | |
| e.g. insurance, maintenance, running costs | | | | | | |
| Maintenance (after 10 years) may involve replacing sections of mesh fencing | | | | | | |
| manifer me and e | 10-100 | 10 NEC | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | many involve | | |
| reproceed section | ve of we | ih Te | 101 | ~9 | | |

3. DETAILS ABOUT LAND AND BUILDINGS

| | APE VOU APPLYING FOR FUNDING FOR YOUR |
|---|--|
| | ARE YOU APPLYING FOR FUNDING FOR WORKS TO LAND AND/OR BUILDINGS? ☐YES ☐NO |
| | If Yes, please complete all the boxes in this section. If NO, go to Section 4 |
| | WHO OWNS THE LAND AND/OR BUILDINGS WHERE THE PROJECT WILL BE SITED? |
| | You/your organisation |
| | Oldham Council |
| Ì | Other (please specify below) |
| | DO YOU HAVE THE NECESSARY PERMISSIONS IN WRITING FROM THE LAND OWNER TO DELIVER THE PROJECT? |
| | YES NO |
| Ì | IS PLANNING PERMISSION NEEDED? |
| | ☐ YES ☑ NO |
| | IF YES, PLEASE INDICATE THE STATUS OF ANY PLANNING APPLICATION |
| | ☐ NOT YET APPLIED |
| | APPLIED & AWAITING DECISION |
| | PERMISSION GRANTED |
| | 4. DETAILS OF THE ORGANISATION WHIGH WILL DELIVER THE ACTIVITY |
| | ORGANISATION: |
| | NAME OF CONTACT PERSON: |
| I | POSITION IN ORGANISATION: |
| ľ | ADDRESS FOR CORRESPONDENCE |
| * | 201/1/EGL OMDEMOE |
| (| CONTACT TEL NO: |
| | -MAIL ADDRESS: |
| Æ | FAX NO: |

THE DETAILS IN THE TABLE BELOW ARE NOT REQUIRED FOR STATUTORY ORGANISATIONS (SUCH AS THE COUNCIL OR POLICE)

| DOES YOUR ORGANISATION HAVE A WRITTEN CONSTITUTION? | | | | | |
|---|--|--|--|--|--|
| YES NO | | | | | |
| | | | | | |
| If Yes, please enclose a copy | | | | | |
| PLEASE BRIEFLY OUTLINE THE AIMS AND ACTIVITIES OF YOUR ORGANISATION | | | | | |
| WHEN WAS YOUR ORGANISATION FORMED? | | | | | |
| WHEN WAS YOUR ORGANISATION FORMED? | | | | | |
| 1930 | | | | | |
| WHAT ARE THE MANAGEMENT ARRANGEMENTS FOR THE ORGANISATION? | | | | | |
| (e.g. Who sits on the Management Group and how often do they meet?) | | | | | |
| FIL ONLY VEGOV | | | | | |
| Charmon, Treasurar, Secretary + Committee | | | | | |
| HOW DOES YOUR ORGANISATION ENSURE EQUALITY OF ACCESS TO ITS | | | | | |
| SERVICES TO ALL MEMBERS OF THE COMMUNITY? See Constitution. | | | | | |
| We welcome all sections of the Community | | | | | |
| | | | | | |
| 5. PÄYMENT ARRANGEMENTS | | | | | |
| HOW WOULD YOU LIKE ANY FUNDING AGREED TO BE PAID? Please provide a copy | | | | | |
| of your recent audited accounts or recent bank statement. | | | | | |
| | | | | | |
| BACS PAYMENT INTO BANK ACCOUNT | | | | | |
| CHEQUE | | | | | |
| | | | | | |
| DETAILS FOR BACS PAYMENT | | | | | |
| We are already set up on your system, you have our details. | | | | | |
| NAME OF BANK ACCOUNT | | | | | |
| BANK | | | | | |
| ACCOUNT NUMBER | | | | | |
| SORT CODE | | | | | |
| PAYMENT REFERENCE | | | | | |
| DETAIL A WAR ALLEGA | | | | | |
| DETAILS FOR CHEQUE PAYMENT | | | | | |
| NAME OF BANK ACCOUNT | | | | | |
| ADDRESS TO SEND CHEQUE TO | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| IS YOUR ORGANISATION REGISTERED FOR VAT? | | | | | |
| | | | | | |
| ☐ YES ☑ NO | | | | | |
| | | | | | |
| If Yes, any sum awarded will exclude your VAT costs. | | | | | |
| If your propingtion is not 1/0 W | | | | | |
| If your organisation is not VAT registered, the Council will make arrangements to pay | | | | | |
| suppliers/contractors directly so that no VAT is incurred. | | | | | |
| | | | | | |

6. DECLARATION

| declare that the information gives an third | | | | | |
|--|---|--|--|--|--|
| leclare that the information given on this form is true and accurate. | | | | | |
| undertake to provide the Council with full receipts to confirm evidence of expenditure or any funding awarded. | | | | | |
| I understand that the Council may take evidence of expenditure is not provide for which it is awarded. | e legal action for recovery of money awarded if ed, or if the money is not used for the purpose | | | | |
| | this application on behalf of the organisation | | | | |
| Name (please print) | PETER TOWNSEND | | | | |
| Organisation / department | Saddleworth Rongers ARLFC | | | | |
| Position in organisation | Hon. Secretory | | | | |
| Signature | (12/00) | | | | |
| Date | 4.12.2013 | | | | |
| Enclosures included with application | | | | | |
| Constitution | YES NO | | | | |
| Recent Bank Statements and/or Audited Accounts <u>(required for Organisations applying for funds)</u> | YES NO | | | | |
| Two full estimates | ✓YES □ NO | | | | |
| | | | | | |

Please check that you have included all the necessary enclosures and return this form by post or email to:

District Co-ordinator
Lisa Macdonald
Saddleworth & Lees District Team
Oldham Council
Uppermill Library - upstairs office
St Chads, High Street
Uppermill
OL3 6AP

0161 770 5195 lisa.macdonald@oldham.gov.uk