

Name of Organisation Ashington RVS Social Centre	Contact Name Position
Albess for correspondence:	Preferred contact for Grant Aid correspondence Letter () Telephone () Email (/)
Tel: Email:	Bank Details:
Please tick to show you have read and unders guidelines (/)	stood the Data Protection Statement in the attached
What is the status of your organisation? (PRegistered Charity (/) Voluntary Colores () Other, please	Organisation () Community Group ()
f applying for the first time, please give a bi	rief description of your group/organisation:
No are a small Social Centre for the elderly	y, disabled and people with onset dementia. We have

lease include the following with your application:

- ✓ Your constitution or governing document, or written aims and objectives.
- ✓ Up-to-date financial information, including latest accounts and bank statement.
- ✓ A set a basic core policies or statements:
 - ✓ Health & Safety
 - ✓ Equality and Diversity
 - ✓ Safeguarding
 - ✓ Data Protection and GDPR

ease contact us if you are unsure about any of the above. We will support any group to achieve the quired policies, in accordance with our work to promote Equality and Diversity in Grant Aid location, and our obligations under the Public Sector Equality Duty 2022.

pes your organisation work in partnership with any other organisations? Yes (please circle)



If yes, please give details below:

We are under the umbrella of the Royal Voluntary service but receive no funding from them. We pay them £25 per annum to use their charity number, insurance and training facilities

Please provide details of membership/users:

Number of Members/Users? 9

Do members/users pay a subscription fee? Yes (please circle)

Subscription Fee? £10

Number of paid employees (if any)?

Nil

Number of volunteers?

1

What percentage of members/users live in Ashington?

75%

Please use this space to tell us how your organisation serves the residents of Ashington or contributes towards the wellbeing of the town and residents.

We provide activities and a two course hot lunch once per week. Most of our clients live alone and some have no family to take them out. Our centre prevents loneliness and isolation for at least a few hours and also gives carers and family members a few hours respite per week. We contribute to the local economy by using only local businesses such as caterers transport and entertainers. We have applied to the Freemasons for help to fund our Christmas festivities but we're unsuccessful as they received too many applications. There are not many organisations willing to support activities for the elderly. We are able to continue the Centre on the fees we receive but can not afford to take our clients out and about. It costs us £100 for transport alone just to go local as we need a wheelchair accessible vehicle.



Amount of small grant requested (up to £500)

£430

Small Grants can be awarded towards specific projects, 'start-up' costs or maintenance/running costs (see Small Grant Guidelines) and must be spent in the financial year awarded, for the purpose given. You can only receive one small grant in any financial year.

Please give full details of the purpose of your Small Grant application:

Christmas lunches 13 @ £20 per head (which includes the Volunteers) £260 Transport. £100

1 entertainer for the last week before we break for Christmas. £70



Please attach a copy of your latest financial statement together with a copy of your most recent bank statement for each bank account your organisation maintains.

UNRESTRICTED BALANCES WILL BE TAKEN INTO ACCOUNT WHEN AGREEING AWARDS

DECLARATION

- ✓ I confirm that to the best of my knowledge and belief, all the information in this application is true and correct.
- ✓ I agree to any disclosure or exchange of information about this application which Ashington Town Council deem appropriate for the administration, evaluation, monitoring and publicising of Small Grants.
- ✓ I understand that acceptance of this application by Ashington Town Council does not in any way signify that the organisation is eligible to or will receive a Small Grant.
- ✓ I have included the documents and policies required.
- ✓ I have included an up-to-date Financial Statement and copies of bank statements.
- ✓ I understand that the Council will freeze or withdraw funding or reject future applications if certain conditions are not met and/or there is evidence of unlawful activity, malpractice, or other behaviour that the Council deems improper.
- ✓ I agree to verify that Grant Aid has been spent for the intended purpose.



✓ I agree to inform the council of any significant changes to the membership or running of the organisation.

Signed Print name

Date

Diane ELSBON 30/8/24

FOR OFFICE USE ONLY

Any additional information requested:	Date application received	Application successful? Yes/No	Proposed Award £
	Any additional information reque	ested:	