



LEWES TOWN COUNCIL

REQUEST FOR 'MAJOR FUNDING'

Guidance notes for applicants, and Application form

These notes explain how the Council will deal with requests for significant financial grants

PLEASE READ THEM CAREFULLY BEFORE YOU COMPLETE THE APPLICATION FORM

Applications may be made at any time, but applicants are advised to discuss their proposals with the Town Clerk in the first instance.

TO SUBMIT AN APPLICATION:

This application must be submitted by email

- 1. Read these guidance notes
- 2. DOWNLOAD the application pack and save it to your computer.
- 3. RENAME the application file appropriately, to identify it as your application.
- 4. OPEN the renamed file and select the "fill&sign" tool to complete all sections.
 - **a.** It is possible to SAVE the part-completed form at any point and return to it later.
 - **b.** You will be asked to digitally SIGN the form in two places simply follow the prompts to do this.
- 5. ONCE COMPLETED
 - a. Ensure you SAVE the file for your own records and then
 - **b.** send it, with any additional documents, as an email attachment to: townclerk@lewes-tc.gov.uk



Assessment of requests for 'Major funding'

Background:

- 1. The system employed when assessing smaller grants (<£2,000) within the established Community Grants Scheme is that the Grants Panel evaluates applications in four 'rounds' each year, with members individually awarding scores on perceived merits in five categories; then collectively analyzing aggregate results, and reaching consensus having assessed comparative 'ranking' of applications and other factors. Recommendations for awards are made in a report to Council.
- 2. Requests arise from time to time for financial support in larger sums "Major funding" usually related to projects within the community that appear to the applicant body to have some resonance with the aims of a parish council, and these may be brought direct to Council or to a Committee or Working Party according to context.
- 3. Such requests are usually received individually, and a system of comparative ranking as used by the Grants Panel is not appropriate. Council has agreed a system (Resolution FC2020/07.2 refers), devised by the Audit & Governance Panel, giving a simple, structured, assessment that can be understood by both applicant and assessors. This follows the same principle of five equally-weighted elements and similar criteria. These are:
 - i) Closeness of match to the council's objectives and underlying values*
 - ii) Overall "robustness" of the proposal ie general likelihood of success/sustainability
 - iii) Financial planning exhibited *ie* adequacy/prudence/appropriateness *etc*.
 - iv) Scope and sustainability of the proposal ie beneficiaries; scale; thoroughness
 - v) A personal (subjective) assessment; based on any special insight or considerations.

Also considered are factors such as the balance or proportion of Council funding being sought, compared with other sources and the applicant's own funds, and other detail elements of a proposal.

*These are inherent in the establishment of a parish Council and enhanced by published policies in specific areas of activity or aspiration.

Assessment:

- 4. When a relevant application is received, to be considered at any meeting of Council; Committee or Working party, a standard application form completed by the applicant will be accompanied by this briefing note and a blank scoresheet for Councillors to complete individually. An example is attached to this note.
- 5. Councillors should individually record a score for each of the five elements (maximum score 20 for each = total max 100) according to their own judgement. A median average of the scores recorded by those present will be entered on behalf of any absent Member. The resulting total score will be represented as a percentage of the maximum possible. This process is a first-stage to moderate any inherent 'high' or 'low' scoring tendencies among individuals. The final decision is reached following a discussion informed by the 'scoring' of the application in terms of total score and proportion of the theoretical maximum.
- 6. Council should set a minimum threshold score required before a request might be eligible for further consideration (65% is recommended in most circumstances). Failure to reach the threshold will result in immediate rejection. If there is sufficient support, represented by a score at or above the threshold, the matter is then concluded following discussion.
- 7. Following discussion, any award should be agreed by a vote in the normal manner.

FUNDING APPLICATION ASSESSMENT SHEET

Larger sums or requests falling outside the Financial Grants Scheme (Resolution FC2020/07.2 refers)



Ref: report FCnnnn/20nn

APF	PLICANT name Requested £,n,n	nn	
Cou	ncillor	Date: meeting date	
	AREA	COMMENTS	SCORE (Max 20)
1	Closeness of match to the Council's objectives and underlying values		
2	"Robustness" of proposal – general likelihood of success/sustainability		
3	Financial planning – adequacy/prudence/appropriateness		
4	Scope & Sustainability – beneficiaries; scale; thoroughness		
5	Personal (subjective) assessment – any special insight or consideration		
		TOTAL (max 100)	



Dear Applicant,

Lewes Town Council is a member of the Living Wage Funder scheme – a movement of grant-makers that help organizations to pay the real Living Wage. We wanted to let you know about our Funder commitment and to share with you what this means.

The real Living Wage, (with a higher rate in London), is calculated every year by the Living Wage Foundation according to the cost of living.

Paying the Living Wage to staff has well documented benefits including improved productivity and retention together with team morale and reputational value. It is also the right thing to do.

Across the UK, one in four working people earns below the Living Wage, and two thirds of children in poverty have a working parent. We believe that a fair day's work should mean a fair day's pay, but we know that there is a huge amount of low pay in the third sector (with an estimated 27% of jobs paying below Living Wage).

At Lewes Town Council we already pay all directly employed staff the real Living Wage, and now we want to make sure that, where possible, we are funding posts at the Living Wage rate too.

We encourage applicants who are asking us to fund salaries or staff time, to cost this at the Living Wage rate as a minimum. We want grantees to know that we see responsible pay as a sign of good management; rather than a 'race to the bottom' we want to aim for a sustainable and fair sector, where employees are valued and can earn a wage that meets the cost of living.

Crucially, though, if organizations aren't able to pay the Living Wage for any reason (for example, part-funded posts) this does not mean that we won't fund them; it simply means that we want to fund at the Living Wage wherever possible. This is about enabling the Living Wage, not about leaving people out in the cold.

While this policy does not affect any previous grant with us, we would like to encourage you to find out more about becoming a Living Wage accredited employer, if you are not one already. You can find out more at www.livingwage.org.uk.

- If your organisation is already Living Wage accredited, or plans to become so, please let us know so that we can celebrate this through our communications channels.
- There is a small cost for Living Wage accreditation (starting from £60 per year for charities with less than 10 staff)

Kind regards, Lewes Town Council



It is IMPORTANT that you make comprehensive entries ON THE FORM ITSELF; DO \overline{NOT} simply enter references to accompanying documents

Please read	lour	guidance	notes	carefully	before	comp	oleting	this	form.
		a							

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Do NOT simply enter references to accompanying documents

LIMIT supporting information or documents to that which is requested

A	Contact	1 , •1
Δ	Lontact	detaile

1	Name and address of your group or organisation

2	Any other name you use or na	me of your project if this i	s different
3 Γhis mus	MAIN CONTACT for this ap		bly easily. This is normally the person completing the form.
Γitle	First name		Surname
4	Position held in the organisat	ion	
5	Contact address, including fu	ll postcode	
6 Your o	This address is: (tick one box organisation's office The ma	only): ain contact's home address	Other (please specify)
Email a	ddress		
Геlерh	one: Day	Evening	
7	If you have a preferred means	of communication, please	e tell us:
Γelepho	one e-mail post	Other (please spec	rify)
В	About your organisation	n	
8	What type of organisation are	you? Tick all boxes tha	t apply.
	unity group/club/society	Company limited by guara	ntee Registered Charity in England
Oo you	directly employ any paid staff?	Yes No	
If Yes:	how many?		

..and do you pay them, as a minimum, the Living Wage Foundation Living Wage?* Yes

* please also see the LWF "Friendly Funder" letter included with the guidance notes in this application pack

No



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9	When did your organi	zation or group st	art? ie W	hen did it first start	meeting or run	ning activities or projects?
Month		Year				
	Briefly describe the pure the usual activities/ser	vices you provide. I	f you are a	a new group, descril	oe what you pla	an to provide.
l1	If you are a branch of,	or related to, a la	rger orga	nisation, please gi	ve details.	
12	How many people (ap	pproximately) are	involved i	in your organisatio	on ?	
Manage	ment committee membe	rs V	olunteers		Paid officers/s	staff
Ordinaı	ry Members	Others		(please describe)	:	
13	Do you have a "Friend	ds" society or sim	ilar suppo	orters group?	YES	NO
If YES,	how many members do	es it have ?				
14	Please tick/complete	if your group has	any of the	e following:		
Public l	iability insurance	Maximum Cover	£			
Other is	nsurance (specify)	Maximum Cover	£			
Name(s) of governing or affiliate	ed body(-ies):				



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С	About your project/service
15 Please of docume	Describe the project or service. eg Does it have a working title? What does it aim to achieve? How will it work? enclose any supporting documents, plans, projections etc. NB - brief summaries are preferable to complex ents!
16	Please tell us why you think this should receive funding from Lewes Town Council. Please refer to guidance notes.
17	How have you identified the need for this?
18	When do you intend your project or service to start and finish? Start Finish



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19 Approximately how many people do you estimate will benefit directly from your project?

YOU MUST COMPLETE THIS QUESTION - 'educated guess' will be acceptable

Age group	IN LEWES	outside Lewes	
Under 5			
6 – 10			
11 – 16			
17 – 21			
22 – 59			
Over 60			
All ages			
Special or minority groups (please describe)			
TOTAL			

20	What, if any,	special issues	are related to	your project?	
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	opecial loodeco	are related to	Jour project.	

"Special issues" could be related to participants, organisers, general public and/or the environment.

21 How will you measure the success of your project?

22 What experience does your organization, or individual members, have of running this type of project?



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	Tell us the estimated cost for your project a nation to assess your application thoroughly. If you enclose copies.			
	Item or activity			Estimated Cost
	,			
		To	OTAL COST	
	Have you sought funding from any other so ASE NOTE: If you are applying for a sur- tionate contribution of either your own funds, or third	m exceeding,	£1,000 you MUST	
propon	ionare controllion of cursor your own Junes, or usua	purty support, or		
	Organization	Amount requested	Successful? (Yes/No), or Decision awaited	Conditions attached?
	TOTAL			
25a	How much of YOUR OWN MONEY will	be used for this	s project? £	
25b	HOW MUCH MONEY ARE YOU ASKIN	IG THE COU	NCIL TO GRANT?	£
26	Please give any additional information that	you think may	be helpful:	



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	T 7	~		1	. • 1	
I)	Your	tina	ncial	d	etail	S

27	Your bank or building society account details. (for payment in the event that your application is successful
If your	application is successful you will be notified and funds will be paid by electronic transfer as promptly as possible.

Bank/Building Society name

Bank/Building Society address

Branch Sort Code:

Account number or Building Society roll number

Account Name

28 List all the people who are authorised to sign cheques or other withdrawals on this account.

Name	Position in organization		

<u>If your organisation is less than one year old</u>, do not complete section 29 below, but instead please give details of information on which you have based your planning (state clearly any assumptions upon which you have relied when making projections, *etc.*).

Then go to section E

20	TO 1 1 0 11 1	1 1 0	
29	Please provide the following sun	nmaru dataila trom valir maa	st recent annual accounts

Account year ending:

Total (gross income) £

Minus total expenditure £

Equals loss/profit for the year £

Savings (reserves, cash or investments) £

and
A COPY OF ANY FINANCIAL CONTROL PROCEDURES, OR SIMILAR DOCUMENT



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\mathbf{E}	Authority	and	app	licatio	n

30 Declaration and signature of applicant

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This must be signed by the person who completed this application, normally the person named as main contact in section A

I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for additional information.

I am authorized to act for the organization or group in making this application for financial assistance

Name (please print) Contact details (if different from those given in section A): 31 Please give details of a senior member of your organisation, who can confirm details if requestion from the chair, Vice-Chair, Secretary, Treasurer, Chief Executive or Director. If this is the person who has completed and signed above, please tick here Title First name Surname Position in the organization Contact address, including postcode Telephone: Day Evening Email address	Signature		Date	
Please give details of a senior member of your organisation, who can confirm details if requirements of the confirm details of the confir	Name (plea	ase print)		
For example: this may be the Chair, Vice-Chair, Secretary, Treasurer, Chief Executive or Director. If this is the person who has completed and signed above, please tick here Title First name Surname Position in the organization Contact address, including postcode Telephone: Day Evening	Contact de	tails (if different from those given	in section A):	
For example: this may be the Chair, Vice-Chair, Secretary, Treasurer, Chief Executive or Director. If this is the person who has completed and signed above, please tick here Title First name Surname Position in the organization Contact address, including postcode Telephone: Day Evening				
If this is the person who has completed and signed above, please tick here Title First name Surname Position in the organization Contact address, including postcode Telephone: Day Evening	31 Ple	ease give details of a senio	r member of your organisation, who can co	onfirm details if required
Title First name Surname Position in the organization Contact address, including postcode Telephone: Day Evening	For example	:: this may be the Chair, Vice-C	nair, Secretary, Treasurer, Chief Executive or Direct	tor.
Position in the organization Contact address, including postcode Telephone: Day Evening	If this is the	e person who has completed	and signed above, please tick here	
Contact address, including postcode Telephone: Day Evening	Title	First name	Surname	
Telephone: Day Evening	Position in	the organization		
	Contact add	dress, including postcode		
Email address	Telephone:	Day	Evening	
	Email addre	ess		



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F Agreement

I confirm that the group or organisation named on the front of the application form has authorised me to sign this agreement on their behalf.

I certify that the information given in this application is true to the best of my knowledge, and confirm that all enclosures are current, accurate and adopted or approved by the organisation.

If this application is successful, in full or in part, the organisation will keep to the following terms and conditions.

I understand that this is an agreement between the organisation named above and Lewes Town Council, which is intended to be legally binding, under the laws of England and Wales.

We understand and agree to the following:

- 1 We will deliver the commissioned service or project as set out in this application.
- 2 We will not make any major change to the commissioned service without first receiving Lewes Town Council agreement.
- 3 We will not sell or dispose of any equipment or other assets which we have purchased in connection with this service/project without Lewes Town Council agreement. If we sell any equipment or assets, we may have to pay Lewes Town Council part of the money we receive for them. The amount we repay will be in direct proportion to the share of the service/project cost represented by Lewes Town Council's grant.
- 4 We will comply with all relevant legislation affecting the way we carry out our service/project.
- We will acknowledge Lewes Town Council's grant in any report; any accounts which cover the period of the grant and in any publicity materials we produce about the project. We will supply copies of these documents to Lewes Town Council if requested.
- 6 We will show the grant separately in our annual accounts (*where applicable*) as a 'restricted fund' and will not include it under general funds.
- 7 Lewes Town Council may use our name and the name of our service/project in its own publicity materials. We will inform Lewes Town Council of any situation where confidentiality is a particular issue.
- 8 We will monitor the success of the project and report to Lewes Town Council on the proforma provided.
- 9 We understand that Lewes Town Council will not normally increase the grant, and that monitoring and control of service/project expenditure is our responsibility.
- 10 We will keep all financial records and accounts, including receipts for items bought. We will make these available to Lewes Town Council if requested.
- 11 Lewes Town Council may hold back payment or ask us to repay, in whole or in part, in the following circumstances:
 - If we fail to keep to this contract in any way;
 - If the application was completed dishonestly or supporting documents gave false or misleading information;
 - If we close down, become insolvent, go into administration, receivership or liquidation, or make an arrangement with creditors;
 - If our organisation closes down we will not sell or dispose of any equipment or assets without first receiving Lewes Town Council agreement in writing.
- 12 If we have bought any equipment or assets with the grant, these terms and conditions will apply until the end of the normal expected working life of the assets.

Name	Position in group
Signed	Date



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H Checklist

We have read and understood the guidance notes

We have fully completed all the sections of the application unless otherwise directed.

We have enclosed all the relevant documents/ information we need to send:

(As applicable):

Constitution/Governing documents

Accounts or financial information

Project profile or description

Statement of authority to make application

Other relevant material

The main contact named has signed the declaration

A person with the authority to do so has signed the Agreement (section F).

We have made a copy of this completed application to keep for our reference.

Please return your completed application form to us at:

townclerk@lewes-tc.gov.uk

We only accept applications by email

TO SUBMIT YOUR APPLICATION

- 1. **DOWNLOAD** the application pack and save it to your computer.
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SEND it, with any additional documents, as an email attachment to: townclerk@lewes-tc.gov.uk If

you need any assistance with any part of the application, please telephone 01273 471469 or e-mail townclerk@lewes-tc.gov.uk