



THE IVERS

PARISH COUNCIL

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Grant Application Form

Please complete this form and attach the relevant information and send to:

The Clerk, The Ivers Parish Council, 45B High Street, Iver.

clerk@iversparishcouncil.gov.uk

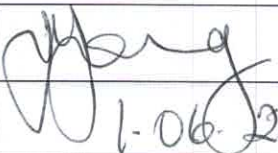
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|---|---|
| Name of Organisation | Richings Park Residents Association |
| Position within organisation | Secretary |
| Address | 7 The Ridings, Richings Park SL0 9DU |
| Telephone | 01753 654010 |
| Email | secretary@richingspark.com |
| Date of application | 01/06/2024 |
| Is your organisation a registered charity or registered with HMRC as a charitable organisation? | Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/> |
| If yes, charity number/reference | |
| Title of Project for which grant is required | Defibrillator Insurance |
| Total Cost | £198 |
| Have any funds been requested from other sources? | Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/> |
| If so which? | |
| Success/failure of application, and amount requested | £198 |
| Amount of grant requested from The Ivers Parish Council | £198 |
| Start Date | 01/04/2024 |

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| Briefly describe the project / purpose for which you require a grant. | |
| The association raised funds in 2027 to instal a defibrillator at the shopping precinct in Richings Park. The maintenance and insurance of the device has been paid for out of association funds. As other similarly funded defibrillators in the parish have been awarded parish council grants for their costs we too are making an application for funding. | |
| How will the project or activities benefit the residents of The Ivers? Please include estimates of the number of Iver residents that will receive a direct benefit from the project or activities. | |
| Anyone living close to the shops or visiting the area who suffers a cardiac arrest could benefit. | |
| Please provide a breakdown of the costs of your project. | |
| Annual Insurance Premium £198 | |
| I attach a copy of our annual accounts. | Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/> |
| This organisation has a constitution/set of aims and objectives which can be viewed if required. | Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/> |
| If membership of your organisation is restricted, please provide details. | |
| Residents of Richings Park | |

Declaration of acceptance

I declare that all information provided to the Parish Council as part of the grant application is accurate and complete to the best of my knowledge. I understand that the Council may refuse any application containing inaccurate or misleading information.

I declare that any grant made will be used solely for the purposes outlined in this application. I understand that The Ivers Parish Council reserves the right to reclaim the grant in the event of it not being used for the purpose specified.

| | |
|------------|---|
| Name: | Joyce Young |
| Signature: |  |
| Date: | 1-06-24 |

Please send the completed application form along with all supporting documentation to:

The Parish Clerk
The Ivers Parish Council
45B High Street
Iver
SL0 9ND

Telephone: 01753 655331

Email: clerk@iversparishcouncil.gov.uk