

## THE IVERS PARISH COUNCIL

## **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. <a href="mailto:clerk@iversparishcouncil.gov.uk">clerk@iversparishcouncil.gov.uk</a>

Name of Organisation	The Ivers Good Neighbour Scheme		
Position within organisation	Chair		
Address	7 The Ridings, Richings Park SL0 9DU		
Telephone	01753 654010		
Email	gns@theivers.org.uk		
Date of application	22/10/2024		
Is your organisation a registered charity or registered with HMRC as a charitable organisation?	Yes ⊠ / No □		
If yes, charity number/reference	ZD03251		
Title of Project for which grant is required	Xmas get together		
Total Cost	£400		
Have any funds been requested from other sources?	Yes ⊠ / No □		
If so which?	Community Board		
Success/failure of application, and amount requested	Will not fund a project that has been done before.		
Amount of grant requested from The Ivers Parish Council	£400		
Start Date	December		

Briefly describe the project / purpose for which you require a grant.				
A Xmas get-together tea party for those clients for whom we have provided a lift service in the past 12 months. Features tea, cakes, and a Xmas choir. This will be held at Richings Park Sports Club who waive the hire charge for the hall.				
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.				
Approx. 25 clients and 8 volunteers will be invited. Our clients in general experience a lack of social activities due to being housebound which is why they use our service. We have found that this type of activity is welcomed by those attending.				
Please provide a breakdown of the costs of your pr	oject.			
Catering for 40 people ( to include the choir ) @ £10 per head. Total £400.				
I attach a copy of our annual accounts.	Yes ⊠ / No □			
This organisation has a constitution/set of aims and objectives which can be viewed if required.	Yes ⊠ / No □			
If membership of your organisation is restricted, please provide details.				
n/a				

## **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:	Graham Young
Signature:	_6B
Date:	

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

## Ivers Good Neighbour Scheme Annual Accounts 01/01/22 to 31/12/22

UTR# 8966329898 Charity# ZD03251

Income			
Donations	1415		
Just Giving	10		
Total Income		1425	
_			
Expenses			
DBS	18		
Drivers	1078		
Phone	209		
Insurance	207		
TextMagic	168		
Web Hosting	48		
Printing & Stationery	61		
Total Expenses		1789	
Excess Inc/(Exp)	_	=	-364
Assets			
Cash at Bank	912		
Cash in Hand	619	1501	
Total Assets		1531	
Liabilities			
G Young (Ins, Text Magic, Web + P&S	484		
Total Liabilities		484	
Assets/Liabilities	_	_	1047