



## Teignmouth Town Council GRANT APPLICATION

Please answer all questions – failure to do so may result in a delay in the determination of your application

Q1	Contact Details			
	Name of organisation making application:			
	BITTON PARK BOWLING			
	CLUB			
	Name of your project (if this is different): YOUNG PERSON TRAINING			
	Name of contact for this application			
	Title:MR First Name:EDWARD Surname:STEPHENSON			
	Position held in the organisation:			
	COMMITTEE MEMBER			
	Contact			
Addre	ess, including full postcode:			
LITTL	E ACRE TEIGN CLOSER			
	BISHOPTEIGNTON			

**TQ14 9SB** 

	Postcode:
	Contact Tolonhone Number:
	Contact Telephone Number:
	07939913750
	Email address:
	eddystephenson@gmail.com
	About your organisation
	About your organication
Q2	What type of organisation are you?
Tick (	✓) relevant category:
Regis	stered Charity: ( ) Charity Registration Number
	Voluntary Organisation: (// )
	Other – Please specify:
Q3	When was your organisation established?
	1940
Q4	Briefly describe the purpose of your organisation.
Q.T	Describe the usual activities/services you provide.
	If you are a new organisation, describe the services/activities you plan to provide.
	Members of all ages and abilities play flat green bowls throughout the summer
	, , ,
	season April to September. Such play includes Mens, Ladies and mixed gender
	league and friendly matches. Entertaining visiting clubs from many parts of the
	country.

Q5	If you are a subsidiary of a larger organisation, please state which one;  No but we are affiliate to Bowls Devon and Bowls England who are				
	the national governing body				
Q6	Does your organisation have an agreed constitution or Memorandum of				
	Association?				
	Please state which and attach a copy:				
	Yes i believe the council have a copy				
Q7	Previous Applications				
	If you have applied for and received funding from Teignmouth Town Council in the				
	past please provide details of the amount, the year and briefly what the funding				
	was used for.				
	Not aware of any previous applications				

## Details of the project or activities you are planning

## Q8 Describe the projects/activities you plan to use this grant for.

Try to be specific about what you will do and how you will do it.

Juniors and young persons who show potential for henanced training are offered a position to train with their peers, and county qualified coaches .If they are successful can then be selected to play for the county team The grant will be used towards travel, possible accommodation and any uniform they may have to purchase in attending the training courses.

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Pleas		ate how you have identified this need and how the project will benefit the ople of Teignmouth, together with the estimated time span.
		Training has been offered by Bowls Devon to one of our junior members to
	atte	end 4 training sessions in the next 2 months
Q9	Wł	nat criteria will you use to measure the success of the project and how
		iny people from the Town do you expect to benefit for the project/activity?
	En	gland The town would benefit from any publicity gained and the support given
	by	the council
Q10	Wł	nat, if any, special safety issues are related to your project/activity?
Pleas	e pr	ovide the following information –
	i)	What kind of insurance does your organisation have?The club and the
	,	county has the required insurance to cover this activity

	ii)	Do the leaders have the relevant qualifications and/or experience?
		Yes the coaches are fully qualified insured and DBS checked
	iii)	What policies does your organisation have in place (i.e. Health and Safety,
		Safeguarding, etc.)?
		BITTON PARK has two qualified coaches and two Safeguarding
		officers one of whom is the safeguarding officer for Bowls Devon
Q11	Ple	ease provide details of the amount of funding you need for your project
	an	d give us a breakdown of what the money is for (please enclose any
	rel	evant estimates or details).
Tell u		e amount of grant requested £300 and provide a detailed eakdown as to how you have reached this figure.
		TRAVEL TO FOUR VENUES WITHIN DEVON POSSIBLE
	AC	COMODATION AND SOME TOWARDS UNIFORM IF REQUIRED
	••••	
	••••	
		w much money the project will cost in total: £500

	REQUIRED FROM CLUB FUNDS, PARENTS AND GRANDPARENTS
	Please list the amounts and sources of funds that you expect to receive for other funding sources.
Q12	Any other information which you consider to be relevant to your application.
	Whenever possible the club supports the members, especially juniors who show potential to enhance their ability to improve and progress in the sport.Parents as in this case do not have the financial ability to help them achieve therefore when possible the club tries to help. Therefore we would be very grateful if the council would view our application favourably
Q 13	Please give us your bank or building society account details
	You can only apply for a grant if you have a bank/building society account in the name of your organisation. We will only pay grants into an account which requires at least two people to sign each cheque or withdrawal. These people should not be related.
Accou	unt name: Bitton Park Bowling Club

Sort code: ...77 10 13

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Accou	ınt number:26325068					
Bank/	Building Society name:Lloyds Bank					
Bank/	Building Society address					
Who a	are the signatories and what position do they hold in your organisation?					
	1 Name Moira WebberPositionTreasurer					
	2 Name Peter Tetreault PositionSecretary					
	3 Name David Pope PositionTrustee					
Q14	Please provide a copy of your most recent annual audited accounts or, in					
	the case of newly established organisations, the projected income and					
	expenditure for the next twelve months. Believe Council have them with lease					
	renewal Docs					
	Please attach your most recent audited accounts or financial projections for a new organisation. You need to include these documents with this application.					
Q15	Declaration					
Pleas	e give details of a senior member of your organisation.  For example, this may be your Chairperson, Treasurer or Secretary. They must read the application and sign below. (This must not be the main contact name in Q1).					
	I confirm, on behalf ofBitton Park Bowling Club(insert name of organisation):					
	That I am authorised to sign this declaration on its behalf, and that, to the best of my knowledge and belief, all replies are true and accurate.					
	I confirm that I have read the Terms and Conditions set out in the Notes which					

accompanied this application and further confirm that this application is made on the basis that if successful, the organisation will be bound to use the grant only for

the purpose specified in this application, and will have to comply with those Terms and Conditions and any others which the Council might attach to the Grant.

		d in organisation: Chairp	erson	
Title		First Name:Joseph .		. Surname: Smith
Conta	act address	s:		
	1 Higher	kingsdown Road		
	Teingm	nouth		
	Postcode	e: TQ14 9AT ne: 07791655193		
	J	JW Smith		Date: 18 April 2023
Q16	Signatur	re of Person Completin	g the Application	
		ot be the signature of the ne same person who ha	-	1 as the main contact and
0.	application information	on from is true and correction at any stage of the ap	ct. I understand that plication process.	f, all the information in this t you may ask for additional
Signe	ed:	EJ Stephenson		Date: 18 April 2023

I agree that by completing and submitting this Grant Application Form, that the Council may process my personal information for providing information and corresponding with me but will not otherwise share that data.

Specifically, I agree that the Council can keep the contact information data I have provided within the Form for the purposes of this Grant Application. Should the organisation be successful in securing a Grant this information may be kept for a period of 6 months. If however the Application is unsuccessful I would expect the Form to be destroyed as soon as the decision making process has been completed and the organisation has been advised to that effect.

I am aware that I can request that my personal information be destroyed at my request, but I accept that this may impact the communication the Council would be able to have with the organisation.

Signed	EJ Stephenson	Date	.18 April 202	23

Please return your completed application form to:

Town Clerk
Teignmouth Town Council
Bitton House
Bitton Park Road
TQ14 9DF

Telephone: 01626 242085
Email:townclerk@teignmouth-devon.gov.uk

## **GDPR** and Data Protection

Here at Teignmouth Town Council we are committed to ensuring that your privacy is protected by adhering to the principles of the EU General Data Protection Regulation (GDPR). Should we ask you to provide certain personal information by which you can be identified for the purpose of a contract with us, signing up to our mailing list, newsletter or use of our website, then you can be assured that it will only be used for the purpose it was collected.

It will never be used by any third party for any other form of processing or marketing purposes.

Teignmouth Town Council does not pass on any of its data to third parties other than those specified to undertake the contract entered into.

Teignmouth Town Council may change this policy from time to time by updating this statement. Statement can be found at: -

Teignmouth Town Council Privacy Notice Web Link