

Grant Application Form for all Applications

Date:	14/06/2024
Name of Organisation	Peatmoor Angling Club
Name of contact person	Ted Rowe
Contact Address and contact number	1 Sherston avenue Swindon SN2 5EB
E-mail for organisation	Tedrowe82@hotmail.co.uk
How long has your organisation has been active?	40+ years
Please tick the boxes to confirm you are submitting all of the following with your completed application:	Governing Document e.g. Constitution/Terms of Reference <input type="checkbox"/> Management Group or Committee Membership details <input type="checkbox"/>
Annual Turnover of your organisation	£usually around the £2000.00
Name of project or activity?	Your Grant Project: Peatmoor Angling Club maintenance
Who is it for? and where is it happening? (500 words max.)	<i>E.g what neighbourhood?, age group? community of interest?</i> Peatmoor angling club at peatmoor lagoon
How will residents in West Swindon benefit from this? (500 words max.)	<i>Describe the benefits to West Swindon residents:</i> Having these tools will help maintain, repair and or replace wooden platforms around the lake making it safer for all.
When you aim to start and finish?	ASAP AND ON GOING
What funding are you requesting from the Parish Council?	<i>List of items and amounts:</i> Makita DTD157Z 18v Brushless Impact Driver £68.00 Makita DHP483Z 18v Brushless Combi Drill £68.00 Makita DSS611Z 18v LXT 165mm Circular Saw £130.00 We understand that the grant is £250 and we are happy to pay the additional amount. Total £266
Please detail any match funding you will bring to the project e.g. donations, in kind funding, volunteer hours.	We have a go fund page. All work done is by volunteers from the Peatmoor Angling Club

Thank you. Please return your form in person, post or email to: Grants, West Swindon Parish Council, to the contact details at the top of the form

West Swindon Parish Council
 Unit 25 Westmead Industrial Est
 Bridge Mead Cl
 Swindon
 SN5 7YT
 Email: enquiries@westswindon-pc.gov.uk
 Tel: 01793 299399

Grant Application Form

Grant Application Form	
Date:	20-07-2024
Name of Organisation	ASHIE CLOSE RESIDENTS DEFIBRILLATOR/BLEED KIT
Name of contact person	SEAN PROWSE
Contact Address and contact number	13 ASHIE CLOSE, SPARCELS, SWINDON, SN5 5FL. 07850 775269
E-mail for organisation	Sean.Prowse@btconnect.com
How long has your organisation has been active?	N/A
Please tick the boxes to confirm you are submitting all of the following with your completed application:	Governing Document e.g. Constitution/Terms of Reference <input type="checkbox"/>
	Management Group or Committee Membership details <input type="checkbox"/>
Annual Turnover of your organisation	£ N/A
Your Grant Project:	
Name of project or activity?	PURCHASE + INSTALL OF DEFIBRILLATOR AND BLEED KIT
Who is it for? and where is it happening? (500 words max.)	Eg what neighbourhood?, age group? community of interest? INSTALLED AT NO 13 ASHIE CLOSE ON AN OUTSIDE WALL FOR ANYBODY TO USE INCLUDING N.H.S
How will residents in West Swindon benefit from this? (500 words max.)	Describe the benefits to West Swindon residents: LIFE SAVING EQUIPMENT HEART + BLEED KIT
When you aim to start and finish?	ALREADY STARTED, HOPING FOR COMPLETION ASAP + BE AVAILABLE ON NATIONAL COMPUTER
What funding are you requesting from the Parish Council?	List of items and amounts: £ 250-00 FOR ONGOING RUNNING COSTS
Please detail any match funding you will bring to the project e.g. donations, in kind funding, volunteer hours.	WE WILL PURCHASE DEFIB + BLEED KIT AT OUR COSTS TOTAL COST TO STREET £1335.00
Thank you. Please return your form in person, post or email to: Grants, West Swindon Parish Council, to the contact details at the top of the form	