



**FOREST OF DEAN DISTRICT COUNCIL**

**COMMUNITY DEFIBRILLATOR GRANT 2018-19  
APPLICATION FORM**

The Council has set aside a budget of £5,500 for helping Parishes/Wards/Towns to have access to a publically available defibrillator.

Please contact the Community Engagement Team on 01594 810000 should you need support in making this application.

**1. YOUR INFORMATION**

<b>Lead applicant's name</b>	
<b>Name of Parish/Town Council or Community Group</b>	
<b>Role within the Parish/Town Council or Group</b>	
<b>Contact Address</b> <i>(including postcode)</i>	
<b>Telephone Number</b>	
<b>Mobile Telephone Number</b>	
<b>Email Address</b>	
<b>How much are you applying for?</b> <i>Maximum award of £500 for an externally located defibrillator package</i> <b>Or</b> <i>£250 for a heated casing to contain a defibrillator</i>	

**If you are a community group applying for this funding then please complete section 2 (next section)**

**2. YOUR COMMUNITY GROUP'S INFORMATION**

<p><b>Describe your group</b></p> <ul style="list-style-type: none"> <li>- How does it work?</li> <li>- Is it constituted?</li> <li>- How long has it been running?</li> <li>- How many members do you have?</li> </ul>					
<b>As there can usually only be one award made per Parish:-</b>					
Have you made your Parish/Town Council aware of this application?		Yes		No	
Are they supportive and in favour of this application		Yes		No	
<i>Any comments:</i>					

**3. YOUR PROJECT INFORMATION**

Will you be purchasing the recommended defibrillation package? (or heated casing)
How have you raised the remaining funds? <i>(Please note that no grant will be awarded until all funds have been identified and confirmed in place)</i>
Does your Parish/Town Council have an active Emergency Community Plan in place?
If 'yes' who is the lead contact for that Emergency Plan?

How many volunteers will be involved in this project and who will receive defibrillation training?

Have you previously been in receipt of a FODDC Community Grant? (If 'yes' then please provide the details below including when you received the grant and what it was for?)

How can you demonstrate your Parish/Town Council or group's commitment and capability to deliver the project successfully and maintain the ongoing support of the defibrillator?

Please state your expected project timescale below:

Start date:	Finish date:

**Brief outline of your proposal** (To include; How you intend to maintain defibrillation in your community longer term, how this project will form part of your community emergency plan, how you have engaged with the local community to get them actively involved and willing to receive training to operate the defibrillator in an emergency and explain why you think this project is needed for your community.

#### 4. FINANCIAL INFORMATION

**Should you be successful for a grant, we need to know the following details of your Parish/Town Council or group bank account. (We may request an invoice from you)**

##### **Bank Automatic Clearing Service (BACS)**

**Account name:**

**Account number:**

**Sort code:**

**NB: If successful, payment of the grant will be released *after* proof of purchase of the unit.**

#### 5. DATA PROTECTION STATEMENT

Forest of Dean District Council is the Data Controller for the purposes of the Data Protection Legislation. We will only use your personal information in accordance with the Legislation and for the purposes of the Community Defibrillator Grant. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

#### 6. DECLARATION

I confirm that the organisation/group named in this form has authorised me to sign this application on their behalf. The information contained in this application is correct, to the best of my knowledge, and I confirm that any grant aid received will be used solely for the purposes specified in the application.

I agree to my name and my organisation's details being held on paper or electronic files. If this application is successful, in full or in part, the group will keep to the following terms and conditions.

I understand that this is an agreement between the group and the Forest of Dean Community Defibrillator Grant Scheme and **understand** and agree that:

1. We will use any grant for exactly the purpose set out in this application. The letter which tells us about the award will also explain if the funder wants us to alter any part of this application.
2. We will not make any major change to the project without first receiving the funder's agreement in writing.
3. We will not sell or dispose of any equipment or other assets which we have bought with a grant without first receiving the funder's agreement in writing. If we sell any equipment or assets, we may have to pay the funder part of the money we receive for them. The amount we repay will be in direct proportion to the share of the project cost that came from the funder.
4. We will not use a grant to pay for goods or services which we buy or order before we receive the award letter confirming the grant.

5. If we receive a grant for a pilot project, we understand that the funder will not automatically fund any later projects.
6. We will not change the sections of our constitution which relate to purposes, paying members of the governing body, distributing assets or admitting members without first receiving the funder's agreement in writing.
7. We will inform the funder of any changes to our bank or building society account.
8. We will comply with any relevant legislation affecting the way we carry out our project.
9. We will acknowledge the funder's grant in our annual report, our Chair's or Secretary's report at our AGM, the 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 the funder if requested.
10. We will show the grant separately in our annual accounts as restricted funds and will not include it under general funds.
11. The funder can use our name and the name of our project in its own publicity materials. We will inform the funder of any situation where confidentiality is a particular issue.
12. We understand that the funder will not increase the grant if we overspend.
13. We will keep all financial records and accounts, including receipts for items bought with the grant, for at least two years from receiving the grant. We will make these available to the funder if asked. We understand that **this does not release us from our legal responsibility to keep records for longer periods.**
14. The funder may hold back a grant or ask us to repay a grant, in whole or in part, in the following circumstances:  
 If we fail to keep to this contract in any way;  
 If the application form was completed dishonestly or the supporting documents gave false or misleading information;  
 If we do not follow equal opportunities practice in employing people, recruiting new members and providing our services;  
 If any member of our governing body, staff or volunteer acts dishonestly or negligently in their work for us at any time during the project; within the agreed timescales.  
 If we fail to complete the project  
 If we close down, become insolvent, go into administration, receivership or liquidation ('sequestration'), or make an arrangement with our creditors.
15. If our group closes down we will not sell or dispose of any equipment or assets without first receiving the funder's agreement in writing.
16. These terms and conditions will apply until we have spent the entire grant and until the funder has received and approved our monitoring report. If we have bought any equipment or assets with the grant, these terms and conditions will apply until the end of the normal working life of the assets.

## CHECKLIST

<b>Please tick</b>	✓
<ul style="list-style-type: none"> <li>• All questions are answered and the declaration is signed (below)</li> <li>• I understand that if my application does not meet the criteria it will not be considered</li> </ul>	
<b>Please answer the following questions</b>  Do you have the following available? <i>(Please note we may request copies at a later date)</i>	

<ul style="list-style-type: none"> <li>• Public Liability Insurance</li> </ul>	
<ul style="list-style-type: none"> <li>• Equal Opportunities Policy</li> </ul>	
<ul style="list-style-type: none"> <li>• Risk Assessment and Health &amp; Safety Policy</li> </ul>	
<ul style="list-style-type: none"> <li>• Safeguarding Policy (if applicable)</li> </ul>	
<ul style="list-style-type: none"> <li>• Vulnerable Adults Policy (if applicable)</li> </ul>	

**THIS PAGE MUST BE SIGNED BY A DIFFERENT PERSON TO THE ONE COMPLETING THE APPLICATION**

<b>Signed</b>	
<b>Name</b>	
<b>Date</b>	
<b>Position in Organisation (if applicable)</b>	

**PLEASE SEND THE COMPLETED APPLICATION TO:  
COMMUNITY ENGAGEMENT TEAM, FOREST OF DEAN DISTRICT COUNCIL,  
HIGH STREET, COLEFORD, GLOUCESTERSHIRE, GL16 8HG**

**(Please ensure that you get an acknowledgement of receipt)**