

Area Committee Well Being Budget Small Grant Application Form

Before completing this form please read Area Well Being Budget Small Grant Guidance

1. Name of project:	Summer Bands in The Parks
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2(a) Name of Organisation/Group	Leeds International Concert Season		
2(b) Organisation address (for correspondence)	PO Box 596	Tel. No.	0113 395 1244
	Leeds Town Hall	Fax No.	0113 247 8334
Leeds			
LS2 8YQ			
2(c) Contact person and position	Kate Mckee Assistant Music Officer	E-mail	Kate.Mckee@leeds.gov.uk
2 (d) Organisation Type	Charity: <input type="checkbox"/> Community/Voluntary Group: <input type="checkbox"/> Partnership: <input type="checkbox"/> Private Company: <input type="checkbox"/> Education Provider <input type="checkbox"/> Council Department <input type="checkbox"/> Other (please state): _____		

3. Project description (Please include aim of project, what the grant will be used for)
For 2 brass band concerts at Armley Park on a Sunday to be incorporated into the ‘Summer Bands in the Parks’ series. Dates: 10 June, and 15 th July Cost is £200 per band and £100 per concert for park costs, so £300 per concert

4. Target Area of your project	Neighbourhood(s): <input type="checkbox"/> _____ Parks _____ Ward(s): <input type="checkbox"/> _____ Your Organisation Only: <input type="checkbox"/> Other (please state): _____
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5. Which Area Management Priorities does your project meet	Community Involvement: <input type="checkbox"/> Community Safety: <input type="checkbox"/> Streetscene: <input type="checkbox"/> Young People: <input type="checkbox"/> Other (please state): _____ _____
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6. Details on organisation's activities (e.g. runs five football teams, organises transport for older people, runs a local history club, etc., when was your group established, how often activities are provided,)
See www.leedsconcertseason.com for a full overview as to our role within the council

7 (a) How many people are involved in running your group	Management Committee Members: <u> 5 </u> Volunteers _____ Non-Active Members _____
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7(b) Does your organisation provide activities specifically for any of the following:-	People with disabilities: <input type="checkbox"/> Young People (under 25): <input type="checkbox"/> Female or Male only groups: <input type="checkbox"/> Older People (over 60): <input type="checkbox"/> <input type="checkbox"/> People of minority ethnic origin <input type="checkbox"/>
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7 (c) Please tick up to three boxes which best describe the ethnic origin of the majority of people who benefit from your groups activity	Asian or British Asian Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Kashmiri <input type="checkbox"/> Other Asian <input type="checkbox"/>
	Black or British Black Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Other Black <input type="checkbox"/>
	Chinese, Gypsy Traveller or Other Ethnic Group Chinese <input type="checkbox"/> Gypsy Traveller <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/>
	Mixed Race White & Black <input type="checkbox"/> Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/>
	Other Mixed <input type="checkbox"/>
	White British <input type="checkbox"/> European <input type="checkbox"/> Irish <input type="checkbox"/> Other White <input type="checkbox"/>

8. Please provide details of how your organisation encourages people to take part and or help with activities you provide?

9 (a) Amount of Area Well Being funding requested (max £500)	£600
9 (b) Funding from other sources (if any)	£
9 (c) Total cost of your project	£5,400
9 (d) Length of project (in months)	n/a
9 (e) Anticipated start date of project	10 June

10. What items do you want the grant to pay for? Please list the items and try to be accurate with the cost as possible.	
Item	Cost (£)
Band fees (x 2)	£400
Park staffing costs (x 2)	£200

TOTAL	
N.B. Please obtain three quotes where possible	

11. How does your group normally fund it's activities each year? Please list all income received in the last financial year	
Method of Income	Amount (£)
Membership Fees	
Fundraising Events	
Grants	
Charges to activities users	
Other (please specify)	

12. What level of reserves does your group currently hold? I.e free monies in the bank that will not be used for organisational running costs	
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13. Has your organisation received funding from the Council in the past? If so, please provide more details here – for example – type of funding, purpose and who gave you it
Same grant given last year

14. If your group has or intends to apply anywhere else for funding this project; please give details of who you have applied to, how much and when you expect to hear the outcome of these applications
Outer west also wishes to sponsor some concerts so we will be receiving some money from them

15.(a) Bank account details - please provide details about the groups/organisations bank account		
Bank account name:		Payee :
Bank account no :		Sort Code :
Name and Address of Bank :		
Signatories to Bank Account	1.	2.
N.B. – CHEQUES WILL ONLY BE MADE PAYABLE TO GROUPS <u>NOT</u> INDIVIDUALS		

15 (b) Documents – Does your organisation/group have the following:-			
A constitution?	If yes please attach a copy	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
A management committee?	If yes please attach a copy	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
An equal opportunities policy?	If yes please attach a copy	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
A latest bank statement?	If yes please attach a copy	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Audited accounts for last financial year or latest copy of published accounts?	If yes please attach a copy	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

16. Signature of applicant - This project application has been completed by:	
Name:	Kate Mckee
Organisation:	Leeds International Concert Season
<ul style="list-style-type: none"> • I can confirm that to the best of my knowledge the information contained in all parts of the application and any supporting information is complete and accurate. • If funding is granted the delivery organisation agrees to adhere to terms and conditions of the funding and to supply any information which is required. I understand that failure to comply may result in legal action being taken to recover any monies paid. • I agree for details about the project/organisation being entered onto a computer database . 	
Signature:	
Date:	

On completion of this application form, please return it to:

JACKIE GILLARD
WEST LEEDS AREA MANAGEMENT TEAM
3RD FLOOR, PUDSEY TOWN HALL
LOWTOWN
LEEDS
LS28 7BL