

## HASSOCKS PARISH COUNCIL

## **GRANT APPLICATION 2024/25**

CONTACT DETAILS	CONTACT DETAILS				
Name of Group/Organisation: St Ca	ather	rine's Hospice			
Address: Grace Holland Avenue, P	Pease	e Pottage, West Sussex.			
Post Code: RH11 9SL					
Email: fundraising@stch.org.uk					
Tel No: 01293 447361			-		
Contact Person					
Title: Mrs	•	First Name: Jemma	-		
Surname: Byrne		Position held in Group: Partnerships O	fficer for Trusts		
Email: jemmabyrne@stch.org.uk		Telephone No: 01293 583074	Mar No.		
ABOUT YOUR ORGANISATION					
What type of organisation are you?	Plea	ase tick all the boxes that apply:			
Community group/club/society		Company Limited by Guarantee/CIC			
Registered Charity	X	Other			
If other, please describe:					
Charity Registration Number: 281362					
Purpose of your community group/organisation and how are you financed?					
St Catherine's is your local hospice. We care for adults across West Sussex and East Surrey, including Hassocks with life limiting conditions who have complex palliative or end of life care needs, and support their loved ones. Whilst 64% of our patients have cancer as their primary diagnosis, we also care for people affected by conditions such as motor neurone disease, heart disease, chronic pulmonary conditions and dementia. Alongside clinical, therapeutic and personal care, we offer spiritual guidance, welfare advice, social work, and bereavement support. We have					

a telephone advice line for patients, their carers and our local health and social care colleagues, providing expert medical guidance and emotional support. Our services are free at the point of access for those in the community we serve, and we are proud that over 940 volunteers support our charitable work.

"The best thing was getting reliable, expert advice when we needed it. When people said they would call back, they did. When we were offered help, we got it. We felt like we were in safe hands and able to manage at home."

Please enclose a copy of your constitution. If you are not a registered charity you **must** enclose a copy of your constitution.

n/a

If you are a branch of, or related to, a larger organisation, please give details:

n/a

#### ABOUT YOUR PROJECT/SERVICE

## Project Title.

Caring for local people facing death and dying

## Briefly describe your project to enable the Parish Council to understand how its grant will be used:

Our expert teams who specialist in different types of palliative care help people manage symptoms such as pain, nausea, and shortness of breath, and offer emotional support that might include counselling or time with our spiritual care team who are there for people of all faiths and none. The majority of people (c 80 %) choose to be cared for in the familiar surroundings of their own home. Patients who are well enough to travel, can visit our new hospice for outpatient appointments with our specialist clinicians, one-to-one gym-based exercise sessions and group classes, supporting them to live well and remain as independent as possible.

"Every single person at St Catherine's, from the doctors, the nursing staff, receptionists and community team were just brilliant. The care and compassion you all gave to me showed no bounds. Whenever I walked into St Catherine's it was like receiving the biggest hug on earth."

For local people staying on our hospice wards, alongside 24-hour specialist medical and clinical care, St Catherine's strives to create precious moments that make all the difference to people at the end of life. For example, sipping a favourite drink with a loved one in our beautiful gardens, enjoying a freshly cooked meal, a visit from their pet dog, or listening to beautiful melodies performed by our volunteer musicians.

"18 days before Dad died, two of your wonderful nurses wheeled Dad outside, made him a 'Virgin Mary' and we sat together enjoying the sunshine. I can't thank you enough for this special time - I'll treasure the memory forever."

For those grieving the death of their loved one we offer bereavement support, including STEPS an informal 'walk and talk' group, Understanding Bereavement Group sessions, and Time to

Remember services where people can find comfort and solace with others, listen to meaningful readings, and light a candle in remembrance.

We are seeking a grant towards the core costs of providing specialist hospice care from our new, modern facility, an environment that enhances and better supports the services that our teams provide. Your grant will help ensure:

- People facing death and dying on our wards and in their own homes get the specialist medical and emotional care they need.
- Carers feel supported, reassured and better able to cope with the demands of caring for their loved ones.
- Wellbeing services are provided to help people have as good a quality of life as possible in the precious time they have remaining
- Bereavement support is available to those grieving the death of their loved one

With your continued support, people in the Hassocks Parish Council area facing the end of life will be able to spend their final days as pain free, dignified, and comfortable as possible while their families feel supported, reassured, and better able to cope with the demands of caring for their loved one.

How many people from the parish of Hassocks will directly benefit from your project?

The amount of people we care for varies each year.

Have you received grant funding from Hassocks Parish Council in the past three years? If so could you please give details of how much funding you have a received (broken down annually).

We were very fortunate to receive a grant from Hassocks Parish Council in October 2023 for £300.

Please provide a summary breakdown of what the money will be used for. We need this information to fully assess your application. If you have a project budget or have received estimates/quotations please enclose copies:

Item/Activity	Estimated Cost		
Hospice care for the community	We receive less than a third of our income from the NHS and rely on the continuing generosity of our supporters and the local community to raise around £7.5 million each year to fund our vital hospice services.		

Please provide a summary of funding sought from other sources if applicable.

Funding source	Estimated Grant
Our well-established fundraising team is working hard to	
raise income through regular appeals, a comprehensive	
calendar of fundraising events, our in-house lottery,	
corporate sponsorship and grants from Trusts,	
Foundations, and local Town and Parish Councils. We also	
have 13 charity retail shops across our catchment areas	
selling pre-loved clothes, books, toys, homeware, and	

more. In addition, we have the Woodgate Café situated	
opposite the entrance to our main hospice which serves	
delicious homemade food and refreshing drinks seven days	
a week. We are also incredibly grateful to receive donations	
and gifts left in wills.	

How much of the organisation's own money will be used towards funding this project? Our total expenditure last financial year was £13.3M.

How much funding are you seeking from the Parish Council? £600

Does your total project expenditure include or exclude VAT?

Inclusive of VAT.

#### FINANCIAL DETAILS

You must include an up to date statement of your group's financial position (a copy of the latest accounts or a treasurer's report). If you are holding substantial reserves which would cover the cost of delivering the project you are seeking grant funding for you must provide an explanation as to why this project cannot be supported from your own funds.

Please find attached our latest annual report and accounts year end March 2024.

#### **DECLARATION**

I am/ we are authorised to submit this application on behalf of the Group/organisation and certify that the information enclosed is correct. We understand that there is no appeal procedure should this application be rejected. If Hassocks Parish Council gives a grant, we agree to use it only for the purpose given and according to any conditions specified. We understand that within twelve months after payment of a grant, we are expected to provide Hassocks Parish Council with a report/evidence on the progress of this project and how the money has been spent.

Signature Date: 14/01/2025

(Please: Print name) Jemma Byrne

Position held: Partnerships Officer for Trusts

If a grant is awarded, please state who the cheque should be made payable to:

St Catherine's Hospice Ltd.

#### **CHECKLIST**

It is essential that you fill in every question and send the appropriate supporting documentation. Complete the following checklist to show what you have done. If you do not include all the information requested, your application will be incomplete and will take longer to assess or be ineligible. Please do not send any documentation other than that requested.

I have:	X	answered every question
(Please tick)	X	enclosed a copy of our latest accounts and/or treasurer's statement
	×	Signed the Declaration

## **GRANT REQUESTS**

ALL APPLICATIONS FOR FINANCIAL ASSISTANCE ARE CONSIDERED ON THEIR INDIVIDUAL MERITS. APPLICATIONS MUST BE SUBMITTED WELL IN ADVANCE OF YOUR PROJECT TAKING PLACE IN ORDER TO BE CONSIDERED AT THE APPROPRIATE MEETING

Completed Application Forms should be returned to:

The Parish Clerk, Parish Centre, Adastra Park, Keymer Road, Hassocks BN6 8QH Tel: 01273 842714 email: info@hassocks-pc.gov.uk

Hassocks Parish Council will consider funding applications in 2020/21 at the following Full Council meetings. All applications must be submitted at least two weeks prior to the relevant meeting. No grant funding will be given retrospectively:

Date of meeting	Application receipt deadline
September 2024	August 31 <sup>st</sup> 2024
February 2025	January 31st 2025

## **Privacy Notice for Grant Applicants**

Hassocks Parish is the Data Controller under the new data protection law and will use the information you provide on this form in order to contact you about your grant application.

If you are an organisation or a group the legal basis for processing this data is the necessity for compliance with a legal obligation to consider your grant request.

If you include any personal details on this grant request on behalf of an organisation or group, the legal basis for processing this data is your consent to do so. You can withdraw your consent at any time by notifying us. Our contact details to do so, or for any other queries, are Parish Centre, Adastra Park, Keymer Road, Hassocks, BN6 8QH.

We will keep your data for six years if your grant application is successful and for six months if your application is turned down plus the current financial year, which runs from 1st April to 31st March.

Your information will not be shared further.

Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complaint about our handling of your personal data to the Information Commissioner's Office https://ico.org.uk/

Information you provide will only be used for the stated purpose. Further information about the processing of your data can be found on our website at <a href="https://www.hassocks-pc.gov.uk">www.hassocks-pc.gov.uk</a>

If you agree to Hassocks Parish Council using and retaining your personal information contained on the grant from above to consider your grant application please tick the boxes below:

0	
Name:	X
Address:	X
Email:	$\times$
Phone:	$\boxtimes$

DATE: 14/01/2025





## HASSOCKS PARISH COUNCIL

## **GRANT APPLICATION 2024/25**

CONTACT	DETAILS			
Name of Gro	oup/Organisation: S	t Peter	& St James Hospice	
	orth Common Road orth Chailey			
1	ewes			
Post Code:	BN8 4ED			
Email:	fundraising@stpjho	ospice.	org	
Tel No: (	01444 470713			
Contact Per	son Mrs		First Name: Wendy	
				· ·
Surname:	Agate		Position held in Group: Relation	snip Fundraiser
Email:	wagate@stpjhospi	ce.org	Telephone	No: 01444 470713
ABOUT YO	UR ORGANISATIO	N		
What type o	f organisation are yo	u? Ple	ease tick all the boxes that apply:	
Community	group/club/society	¥	Company Limited by Guarantee/CIC	
Registered (	Charity		Other	
If other, plea	ase describe:			
Charity Reg	istration Number			
	1056114	·		

(2 of 4)

Purpose of your community group/organisation and how are you financed?

St Peter & St James Hospice provide expert care to adults living with a life limiting illness in our local community. Our support extends to friends and families too. It is our mission to provide the best possible care, through some of the most challenging times of people's lives.

To provide the care and support in the hospice or in patients homes or nursing homes costs £10,000 a day and with only 13% Central Government funding, the hospice must raise over £6 million pounds a year to be able run the hospice with the add on costs of heating, wages etc. Our income is raised through fundraising and retail.

Please enclose a copy of your constitution. If you are not a registered charity you **must** enclose a copy of your constitution.

If you are a branch of, or related to, a larger organisation, please give details:

#### ABOUT YOUR PROJECT/SERVICE

Project Title.

Welcoming space refresh

## Briefly describe your project to enable the Parish Council to understand how its grant will be used:

First impressions are important and crucial when a patient is visiting us for the first time, we want our patients and visitors to receive a warm and professional welcome that matches the excellent care they will receive at our hospice.

We would like to spruce up the public spaces, faith room and bathroom areas, by repainting, new carpet tiles, and new blinds to create more welcoming, usable and homely spaces.

#### How many people from the parish of Hassocks will directly benefit from your project?

Anyone who has been diagnosed with a life limiting illness, their families, friends and carers are able to access our services. All our services are free of charge. Patients are either referred by their Dr's or Oncologists or can self-refer from point of diagnoses.

Last year we supported 95 people in Hassocks.

Have you received grant funding from Hassocks Parish Council in the past three years? If so could you please give details of how much funding you have a received (broken down annually).

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40	20	Z.	JU	v

(3014)

Please provide a summary breakdown of what the money will be used for. We need this information to fully assess your application. If you have a project budget or have received estimates/quotations please enclose copies:

Item/Activity	Estimated Cost			
Paint	£600			
Carpet tiles	£950			
Blinds	£300			
Dillido				

Please provide a summary of funding sought from other sources if applicable.

Funding source	Estimated Grant			
	·			

How much of the organisation's own money will be used towards funding this project? £1.250.00

How much funding are you seeking from the Parish Council? £600.00

Does your total project expenditure include or exclude VAT?

	 	 ***************************************	 
Include			
11101000			

## FINANCIAL DETAILS

You must include an up to date statement of your group's financial position (a copy of the latest accounts or a treasurer's report). If you are holding substantial reserves which would cover the cost of delivering the project you are seeking grant funding for you must provide an explanation as to why this project cannot be supported from your own funds.

#### DECLARATION

I am/ we are authorised to submit this application on behalf of the Group/organisation and certify that the information enclosed is correct. We understand that there is no appeal procedure should this application be rejected. If Hassocks Parish Council gives a grant, we agree to use it only for the purpose given and according to any conditions specified. We understand that within twelve months after payment of a grant, we are expected to provide Hassocks Parish Council with a report/evidence on the progress of this project and how the money has been spent.

Signature Wendy Agate Date: 21/01/2025

(Please: Print name)

Position held: Relationship Fundraiser

(4 of 4)

If a grant is awarded, please state who the cheque should be made payable to:

St Peter & St James Charitable Trust

#### **CHECKLIST**

It is essential that you fill in every question and send the appropriate supporting documentation. Complete the following checklist to show what you have done. If you do not include all the information requested, your application will be incomplete and will take longer to assess or be ineligible. Please do not send any documentation other than that requested.

l have:	X	answered every question
(Please tick)	x	enclosed a copy of our latest accounts and/or treasurer's statement
	x	Signed the Declaration

## **GRANT REQUESTS**

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September 2024	August 31 <sup>st</sup> 2024
February 2025	January 31 <sup>st</sup> 2025





## HASSOCKS PARISH COUNCIL

## **GRANT APPLICATION 2024/25**

Name of Group/Organisation:				
Hassocks Angels Knitting group				
Address:				
Post Code:				
Email:				
Tel No:				
Contact Person				
Title: Mrs		First Name: Emily		
Surname: Andrews		Position held in Group: Co-ordin	nator	
Email:		Telephone No:		
ABOUT YOUR ORGANISATIO	N			
What type of organisation are yo	u? Ple	ase tick all the boxes that apply:		
Community group/club/society	x□	Company Limited by Guarantee/CIC		
Registered Charity		Other		•

	(2 of 4)
Charity Registration Number	`
	Purpose of vour community
group/organisation and how are you financed?	Purpose of your community
We provide a range of knitted and crocheted items to community in a variety of ways. Currently the knitter more demand and the need for stuffing we would lov of a grant.	s pay for all the wool themselves but with
Please enclose a copy of your constitution. If you ar copy of your constitution.	e not a registered charity you <b>must</b> enclose a
If you are a branch of, or related to, a larger organisa	ition, please give details:
ABOUT YOUR PROJECT/SERVICE	
Project Title.	
We have three projects currently running - Traum Hats, gloves and blankets for the homeless and f the Stars and Angels in December to be taken by	oodbank in Brighton and we provide all
Briefly describe your project to enable the Parish be used:	Council to understand how its grant will
Currently we have 100 members on our Hassocks choose one of the projects and knit all in aid of the making trauma teddies for the local doctors surgic children feel more at ease whilst at the doctors. In the foodbank and homelessness charity and finally willage for December when anybody can take a standard continuation on Monday on fridays to continue these projects. All the wood bought by the knitters and it is expensive for the wool and teddy stuffing to save the knitters always they are already giving their time so it would be comoney when doing such kind acts for others.	ne local community. Currently we are ery - these are to help sad or nervous. We provide knitted items to Brighton we knit all the stars and angels in the ear or angel home for free to enjoy at mornings and at Notcutts garden centre of and teddy stuffing is currently being m. Any money we get will be spent on ys spending their own money. I feel that
How many people from the parish of Hassocks w	ill directly benefit from your project?

They made 2300 stars and angels which were all taken in December. They have just started making the teddies but each teddy will go to a different child in the village. I would therefore say

Bot 4

that over the course of a year that around 2400 Hassocks residents will benefit from this grant/project.

Have you received grant funding from Hassocks Parish Council in the past three years? If so could you please give details of how much funding you have a received (broken down annually).

We have never received any money from the parish council before.		
	-	

Please provide a summary breakdown of what the money will be used for. We need this information to fully assess your application. If you have a project budget or have received estimates/quotations please enclose copies:

Item/Activity	Estimated Cost
Wool	£200 although any money will be welcome
Teddy Stuffing	£100 although any money will be welcome

Please provide a summary of funding sought from other sources if applicable.

Funding source	Estimated Grant

How much of the organisation's own money will be used towards funding this project?

<u>So far all the money for wool and stuffing is coming from the knitters</u>
themselves

How much funding are you seeking from the Parish Council?

£ 300

Does your total project expenditure include or exclude VAT?

Exc	lude	V٨	١Т

## FINANCIAL DETAILS

You must include an up to date statement of your group's financial position (a copy of the latest accounts or a treasurer's report). If you are holding substantial reserves which would cover the cost of delivering the project you are seeking grant funding for you must provide an explanation as to why this project cannot be supported from your own funds.

(40+4)

There is currently no financial report as all the individuals are buying the wool and teddy stuffing themselves. If the parish council agree to give us any money a bank account will be set up with myself and two of the knitters as named account holders and we will keep receipts of all wool and stuffing bought. There is no other known source where we can currently apply for funding that I know of.

#### **DECLARATION**

I am/ we are authorised to submit this application on behalf of the Group/organisation and certify that the information enclosed is correct. We understand that there is no appeal procedure should this application be rejected. If Hassocks Parish Council gives a grant, we agree to use it only for the purpose given and according to any conditions specified. We understand that within twelve months after payment of a grant, we are expected to provide Hassocks Parish Council with a report/evidence on the progress of this project and how the money has been spent.

Signature <u>E Andrews</u>

Date: 24/01/25

(Please: Print name) Emily Andrews

Position held: Group Co-ordinator

If a grant is awarded, please state who the cheque should be made payable to:

If grant is awarded a bank account will be set up in the name of Hassocks Angels Knitting Group with myself and two other signataries.

#### **CHECKLIST**

It is essential that you fill in every question and send the appropriate supporting documentation. Complete the following checklist to show what you have done. If you do not include all the information requested, your application will be incomplete and will take longer to assess or be ineligible. Please do not send any documentation other than that requested.

I have: (Please tick)	X	answered every question
	44-	enclosed a copy of our latest accounts and/or treasurer's statement
	X	Signed the Declaration





## HASSOCKS PARISH COUNCIL

## **GRANT APPLICATION 2024/25**

Name of Group/Organisation:	•				
Adastly	Jur	nior Stoutball	CluB.		
Address:	<u>, , ,                                </u>				
Post Code:					
Email:				·	
Tel No:					· ·
Contact Person					
Title: MRS		First Name: Jo	,		
Surname: Mans		Position held in C	Group: Junior Secret	Coach v	<b>!</b>
Email: AS ABOVE		Telephone No:	as above		
ABOUT YOUR ORGANISATIO	N				
What type of organisation are yo	ou? Ple	ase tick all the boxes that	t apply:		
Community group/club/society		Company Limited by G	uarantee/CIC		
Registered Charity		Other	· .		
If other, please describe:					
Charity Registration Number					

Purpose of your community group/organisation and how are you financed?

STOPIS CLUB FOR JUNIOR GITTS STOOLDAY, J G - FEB.	sports club	for Jun	or girls	Stool ball	by charging	Small Feo.
---	-------------	---------	----------	------------	-------------	---------------

Please enclose a copy of your constitution. If you are not a registered charity you **must** enclose a copy of your constitution.

If you are a branch of, or related to, a larger organisation, please give details:

Adastra Ladies Stoolball club

## ABOUT YOUR PROJECT/SERVICE

Project Title.

Briefly describe your project to enable the Parish Council to understand how its grant will be used:

To encourage girls to Play Stoolball, which unfirtunathey is Dwindling among the girls due to other Sports.

How many people from the parish of Hassocks will directly benefit from your project?

12-14?

Have you received grant funding from Hassocks Parish Council in the past three years? If so could you please give details of how much funding you have a received (broken down annually).

NO.

Please provide a summary breakdown of what the money will be used for. We need this information to fully assess your application. If you have a project budget or have received estimates/quotations please enclose copies:

Item/Activity	Estimated Cost	
To Help Subsidise the cost of thing the field and Pavilion and purchasing Equipment.	₹350 · ∞	

Please provide a summary of funding sought from other sources if applicable.

Funding source	Estimated Grant
How much of the organisation's own money will be used towa $\mathfrak{L}_{0}$	rds funding this project?
How much funding are you seeking from the Parish Council?	
Does your total project expenditure include or exclude VAT?	
Exclude.	
FINANCIAL DETAILS  You must include an up to date statement of your group's fi accounts or a treasurer's report). If you are holding substantia of delivering the project you are seeking grant funding for yowhy this project cannot be supported from your own funds.	I reserves which would cover the cost
	·
DECLARATION I am/ we are authorised to submit this application on behalf that the information enclosed is correct. We understand that this application be rejected. If Hassocks Parish Council gives purpose given and according to any conditions specified. We after payment of a grant, we are expected to provide Hassocks on the progress of this project and how the money has been seen to be a seen	there is no appeal procedure should a grant, we agree to use it only for the understand that within twelve months Parish Council with a report/evidence
Signature Date:	23-1-25.
(Please: Print name) づらり MANS.	
Position held: Junior Coach secretary.	
If a grant is awarded, please state who the cheque should be	made payable to:
,	
we are applying for a Building Soc	iety (Nationwide) occount
wire are applying for a Building Soc MRS Pauline Hurley or myself mre Niu receive cheques.	stay Mans.
Niu receive chaques	
2.8	•

(40+7)

#### CHECKLIST

It is essential that you fill in every question and send the appropriate supporting documentation. Complete the following checklist to show what you have done. If you do not include all the information requested, your application will be incomplete and will take longer to assess or be ineligible. Please do not send any documentation other than that requested.

l have:	answered every question
(Please tick)	enclosed a copy of our latest accounts and/or treasurer's statement
	Signed the Declaration

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If you include any personal details on this grant request on behalf of an organisation or group, the legal-basis for processing this data is your consent to do so. You can withdraw your consent at any time by notifying us. Our contact details to do so, or for any other queries, are Parish Centre, Adastra Park, Keymer Road, Hassocks, BN6 8QH.

We will keep your data for six years if your grant application is successful and for six months if your application is turned down plus the current financial year, which runs from 1st April to 31st March.

Your information will not be shared further.

Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complaint about our handling of your personal data to the Information Commissioner's Office <a href="https://ico.org.uk/">https://ico.org.uk/</a>

Information you provide will only be used for the stated purpose. Further information about the processing of your data can be found on our website at <a href="https://www.hassocks-pc.gov.uk">www.hassocks-pc.gov.uk</a>

	to Hassocks Parish Council using and retaining your personal information contained o	η
the grant fro	om above to consider your grant application please tick the boxes below:	
Name:		
Address:		
Email:		
Phone:	<b>Q</b>	
DATE:		

# STATEMENT OF ACCOUNTS AND BALANCE SHEET FOR ADASTRA LADIES STOOLBALL CLUB AS AT 31.1.2024

2023	INCOME	;	2024
£ 931.50	Annual Subs	£	617.00
£ 20,00	Donations/Refunds	£	183.00
£ -	Fund Raising/Tournaments	£	-
£ 951.50	Total Income	£	800.00
	EXPENDITURE		
£ 55.00	Registration Fees	£	25.00
£ 45.00	Presentation/Trophles/Engraving	£	33.00
£ -	Fund Raising/Tournaments	£	•
£ 770.09	Match Expenses	£	770.53
£ -	Gifts	£	16.00
£ 111.00	Insurance	£	128.00
£ -	Administration	£	•
£ 981.09	Total Expenditure	£	972.53
	BALANCE SHEET		
-£ 29.59	Difference between credit/debit	-£	172.53
£ 867.41	Balance brought forward	£	837.82
£ 837.82		£	665.29
	Represented by:		
£ -	Bank Account	£	650.00
£ 837.82	Cash	£	15.29
£ 837.82	Total Cash/Bank Account	£	665.29

(70+7)

## ADASTRA LADIES AND JUNIOR GIRLS STOOLBALL CLUB CONSTITUTION

### Name

The Club shall be known as 'Adastra Stoolball Club'.

## **Affiliations and Match Rules**

The Club play in the Mid Division Stoolball League, which is affiliated to the Sussex County Stoolball Association. All matches shall be conducted in accordance with the rules of Stoolball England unless specified otherwise, taking note of Stoolball England's Spirit of Stoolball.

Home games are played at Adastra Park under the terms and conditions of Hassocks Parish Council.

## Aims and Objectives

The aims and objectives of the Club will be:

- To offer competitive opportunities in Stoolball
- To promote the Club and the sport of Stoolball within the local community
- To provide all of its services in a way that is fair to everyone
- To ensure that all present and future members receive fair and equal treatment

## Membership

Membership of the Club shall be open to all, irrespective of age, disability, ethnicity, nationality, sexual orientation, religion or other beliefs.

Club membership consists of:

Ladies: Over 16 years old

Junior: Aged 8 to 16 years old (School Years 3 - 11)

Life Members

The official list of members will be held by the Club Secretary. Details of those admitted to membership may be held on computer(s) unless the member requests otherwise. Such personal data shall be disclosed only within the Club or to the appropriate governing body.

## **Child Protection and Safeguarding**

The Juniors Secretary/Coach shall be DBS checked with Stoolball England. The Club shall adhere to the restrictions and playing conditions for players under the age of 16 as outlined by Stoolball England.

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## HASSOCKS PARISH COUNCIL

## **GRANT APPLICATION 2024/25**

CONTACT DETAILS				
Name of Group/Organisation:				
Hassocks Community Veg Patch	1			
Address:				
Behind Age Concern Hassocks				
8 Dale Ave				
HASSOCKS			- د ي	
Post Code: BN68LW			W-	
Email:				
Talala				
Tel No:				
	*			
Contact Person				
Title: Mrs		First Name: Annabel		
Surname: Alder		Position held in Group: Foundin	g Member	
Email:		Telephone No:		
	- <del>,</del>			
ABOUT YOUR ORGANISATION	N			
What type of organisation are yo	ou? Ple	ase tick all the boxes that apply:		
Community group/club/society	٧	Company Limited by Guarantee/CIC		
Registered Charity		Other		
If other, please describe:	<u> </u>			
lif ather bloode decerbe:				

(20+5)
Charity Registration Number
Purpose of your community group/organisation and how are you financed?
The HCVP was set up to bring members of the community together to grow friendships, reduce isolation and enjoy learning about growing organic produce, a proportion of which is used by the Age Concern kitchens.
It has been successful on all fronts as well as becoming a desirable venue for community events.
The HCVP has received funding via a number of grants. This funding is held by Age Concern and ring-fenced for HCVP use.
Please enclose a copy of your constitution. If you are not a registered charity you <b>must</b> enclose a copy of your constitution.
If you are a branch of, or related to, a larger organisation, please give details:
HCVP does not have a constitution since we are a small and fluid group of individuals who come together to tend to the garden. We do not have a committee and do not hold funds.
Whilst Age Concern kindly hold our funds, we have no organisational links with them.
ABOUT YOUR PROJECT/SERVICE
Project Title.
Ongoing development of the HCVP to improve its productivity, biodiversity and safety.
Briefly describe your project to enable the Parish Council to understand how its grant will be used:
We have built a number of beds and planted fruit bushes and need to invest in protecting them from pests and local cats. This would include hoops and netting to cover the vegetable beds.
Regarding seeds, we are keen to invest in heritage seeds where possible. The protection of a diverse range of plant varieties is essential in maintaining food security for everyone.
Safe storage and working environment/equipment for our gardeners is essential.

Have you received grant funding from Hassocks Parish Council in the past three years? If so could you please give details of how much funding you have a received (broken down annually).

Yes. In March 2022 we received £500 which helped get the project off the ground.

Please provide a summary breakdown of what the money will be used for. We need this information to fully assess your application. If you have a project budget or have received estimates/quotations please enclose copies:

Item/Activity	Estimated Cost	
Black tubing for hoops	£90	
Clips for fixing hoops and netting	£40	
Netting for beds	£160	
Dowels for edges of netting	£120	
Clips for fixing netting to dowels	£10	
Organic seeds and green manure seeds	£80	
Gardening gloves in various sizes	£40	
Hooks for gardening tools	£10	
	TOTAL: £550	

Please provide a summary of funding sought from other sources if applicable.

Funding source	Estimated Grant
No other pending applications for funding	

How much of the organisation's own money will be used towards funding this project? £196

How much funding are you seeking from the Parish Council? £354

Does your total project expenditure include or exclude VAT?

Yes. Includes VAT

## FINANCIAL DETAILS

You must include an up to date statement of your group's financial position (a copy of the latest accounts or a treasurer's report). If you are holding substantial reserves which would cover the cost

(40ts)

of delivering the project you are seeking grant funding for you must provide an explanation as to why this project cannot be supported from your own funds. Attached DECLARATION I am/ we are authorised to submit this application on behalf of the Group/organisation and certify that the information enclosed is correct. We understand that there is no appeal procedure should this application be rejected. If Hassocks Parish Council gives a grant, we agree to use it only for the purpose given and according to any conditions specified. We understand that within twelve months after payment of a grant, we are expected to provide Hassocks Parish Council with a report/evidence on the progress of this project and how the money has been spent. Date: 31/1/25 Signature (Please: Print name) Annabel Alder Position held: Founding member If a grant is awarded, please state who the cheque should be made payable to: Age Concern Hassocks and District CHECKLIST It is essential that you fill in every question and send the appropriate supporting documentation. Complete the following checklist to show what you have done. If you do not include all the information requested, your application will be incomplete and will take longer to assess or be ineligible. Please do not send any documentation other than that requested.

## ase tick) enclosed a copy of our latest accounts and/or

(Please tick) enclosed a copy of our latest account treasurer's statement

Signed the Declaration

answered every question

## **GRANT REQUESTS**

ALL APPLICATIONS FOR FINANCIAL ASSISTANCE ARE CONSIDERED ON THEIR INDIVIDUAL MERITS. APPLICATIONS MUST BE SUBMITTED WELL IN ADVANCE OF YOUR

I have:

Hassocks Community Vegetable Patch: Project cost and income: from start to 30 Jan 2025

DESCRIPTION	£	£
Income		
Hassocks PC	500	
Southern Co-op	500	
The National SW	3,000	
SE Water	2,000	
		8 000
	•	6,000
Expenditure		
Compost, raised beds, netting, etc	1,979	
Seeds .	29	
Tools	369	
Shelter build	2,542	
Furniture	885	
·		5,804
Remaining funds		196





(10+5)

## HASSOCKS PARISH COUNCIL

## **GRANT APPLICATION 2024/25**

CONTACT DETAILS			
Name of Group/Organisation:	•		
Age Concern Hassocks & Distric	<u> </u>		
Address: Pauline Thaw Centre, Dale Aven	ue, Ha	ssocks	
Post Code: BN6 8LW			
Email: john.rose@achassocks.co	o.uk		•
Tel No: 01273 844461			
	<del></del>		
Contact Person Title: Mr		First Name: John	
Surname: Rose		Position held in Group: C	EO
Email: john.rose@achassocks.co	مبياد	Telephone	No
Email: joint: 000@aona000000	J.uK	releptione	INU.
ABOUT YOUR ORGANISATION		releptione	INU.
	V	•	INU.
ABOUT YOUR ORGANISATION	V	•	
ABOUT YOUR ORGANISATION What type of organisation are you	V	ase tick all the boxes that apply:	
ABOUT YOUR ORGANISATION What type of organisation are you Community group/club/soclety	N ou? Ple	ase tick all the boxes that apply:  Company Limited by Guarantee/CIC	
ABOUT YOUR ORGANISATION What type of organisation are you Community group/club/soclety Registered Charity	N ou? Ple	ase tick all the boxes that apply:  Company Limited by Guarantee/CIC	
ABOUT YOUR ORGANISATION What type of organisation are you Community group/club/society Registered Charity  If other, please describe:	N ou? Ple	ase tick all the boxes that apply:  Company Limited by Guarantee/CIC	

(20ts)

We are an independent charity operating a social day centre for the older people of Hassocks and surrounding villages. We do not receive any regular funding from anyone. We operate at a loss every year and take income from investments to make up any deficit. Funds come from selling our services, donations, fundraising events and occasional grants.

Please enclose a copy of your constitution. If you are not a registered charity you **must** enclose a copy of your constitution.

If you are a branch of, or related to, a larger organisation, please give details:

#### ABOUT YOUR PROJECT/SERVICE

Project Title.

Teenage art group

Briefly describe your project to enable the Parish Council to understand how its grant will be used:

The local churches have been looking for somewhere to run an art group for young people in the village and one of our meeting rooms is ideal for the size of group they envisage. The charity are also looking to make fuller use of the building for local groups. Early in the new year one of the local vicars expects to be able to start the group and we want to help as much as we can.

How many people from the parish of Hassocks will directly benefit from your project?

12 – 15 people

Have you received grant funding from Hassocks Parish Council in the past three years? If so could you please give details of how much funding you have a received (broken down annually).

Year ending 31/3/23 £500

Please provide a summary breakdown of what the money will be used for. We need this information to fully assess your application. If you have a project budget or have received estimates/quotations please enclose copies:

Item/Activity	Estimated Cost
Painting class	Brushes, paints, palettes, art paper, easels.

Please provide a summary of funding sought from other sources if applicable.

(3 ot 5)

Funding source	Estimated Grant
None	
How much of the organisation's own money will be used t £150, or as much as needed to complete the purchase	towards funding this project?
How much funding are you seeking from the Parish Coun	cil?
Does your total project expenditure include or exclude VA	AT?
No	
FINANCIAL DETAILS  You must include an up to date statement of your group accounts or a treasurer's report). If you are holding substated of delivering the project you are seeking grant funding for why this project cannot be supported from your own funding for the project cannot be supported from your own	antial reserves which would cover the cost or you must provide an explanation as to
DECLARATION I am/ we are authorised to submit this application on be that the information enclosed is correct. We understand this application be rejected. If Hassocks Parish Council gi purpose given and according to any conditions specified. after payment of a grant, we are expected to provide Hass on the progress of this project and how the money has be	that there is no appeal procedure should ives a grant, we agree to use it only for the . We understand that within twelve months ocks Parish Council with a report/evidence
1 -	ate: 4th February 2025
(Please: Print name) しんん Rose Position held:	
Position held: ८५०	
If a grant is awarded, please state who the cheque shoul	ld be made payable to:
LEE CONCERN HASSOCKS + DISTRI	ICT.

(4 of 5)

#### **CHECKLIST**

It is essential that you fill in every question and send the appropriate supporting documentation. Complete the following checklist to show what you have done. If you do not include all the information requested, your application will be incomplete and will take longer to assess or be ineligible. Please do not send any documentation other than that requested.

I have:	Ø	answered every question
(Please tick)		enclosed a copy of our latest accounts and/or treasurer's statement
		Signed the Declaration

## **GRANT REQUESTS**

ALL APPLICATIONS FOR FINANCIAL ASSISTANCE ARE CONSIDERED ON THEIR INDIVIDUAL MERITS. APPLICATIONS MUST BE SUBMITTED WELL IN ADVANCE OF YOUR PROJECT TAKING PLACE IN ORDER TO BE CONSIDERED AT THE APPROPRIATE MEETING

Completed Application Forms should be returned to:

The Parish Clerk, Parish Centre, Adastra Park, Keymer Road, Hassocks BN6 8QH Tel: 01273 842714 email: info@hassocks-pc.gov.uk

Hassocks Parish Council will consider funding applications in 2020/21 at the following Full Council meetings. All applications must be submitted at least two weeks prior to the relevant meeting. No grant funding will be given retrospectively:

Date of meeting	Application receipt deadline
September 2024	August 31st 2024
February 2025	January 31st 2025

## **Privacy Notice for Grant Applicants**

(5 of 5)

Hassocks Parish is the Data Controller under the new data protection law and will use the information you provide on this form in order to contact you about your grant application.

If you are an organisation or a group the legal basis for processing this data is the necessity for compliance with a legal obligation to consider your grant request.

If you include any personal details on this grant request on behalf of an organisation or group, the legal basis for processing this data is your consent to do so. You can withdraw your consent at any time by notifying us. Our contact details to do so, or for any other queries, are Parish Centre, Adastra Park, Keymer Road, Hassocks, BN6 8QH.

We will keep your data for six years if your grant application is successful and for six months if your application is turned down plus the current financial year, which runs from 1st April to 31st March.

Your information will not be shared further.

Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complaint about our handling of your personal data to the Information Commissioner's Office <a href="https://ico.org.uk/">https://ico.org.uk/</a>

Information you provide will only be used for the stated purpose. Further information about the processing of your data can be found on our website at <a href="https://www.hassocks-pc.gov.uk">www.hassocks-pc.gov.uk</a>

If you agree to Hassocks Parish Council using and retaining your personal information contained on the grant from above to consider your grant application please tick the boxes below:

Name:

V

Address:

Email:

Phone:

M

DATE:

A.2.25