

APPENDIX 4 (5 PAGES)

HASSOCKS PARISH COUNCIL

GRANT APPLICATION 2024/25

CONTACT DETAILS				
Name of Gr	oup/Organisation: Ai	r Ambı	ulance Charity Kent Surrey Sussex	
Address:	KSS, Rochester City A	Airport,	Maidstone Road, Chatham, Kent	
Post Code:	ME5 9SD			
Email:	community@aakss.	org.uk		
Tel No:	01634 471900			
Contact Pe	rson			
Title:	MR		First Name: Nick	
Surname:	Turrell		Position held in Group: Community Fu	ndraising Manager
Email:	community@aakss.	org.uk	Telephone No: 01634 471900	
ABOUT YO	OUR ORGANISATION	1		
What type o	of organisation are you	ı? Plea	se tick all the boxes that apply:	
Community	group/club/society		Company Limited by Guarantee/CIC	
Registered	Charity YES		Other	
If other, ple	ase describe:			
Charity Reg	istration Number			,
	mary december to manage of the self-december 4, 200 and 100 an		1021367	

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

Our aim is an end to preventable loss of life from medical emergency. We fulfil this aim by provision of HEMS (Helicopter Emergency Medical Service). HEMS brings A&E resources, including doctors and paramedics, direct to the patient at the scene of emergency. Some surgical procedures may be undertaken there, including administration of anaesthetics and blood transfusions. Plus rapid transfer to the most appropriate hospital trauma centre.

Our ongoing fundraising effort throughout the year includes grants, donations, lottery, raffles, legacies, events, sponsorship, business partnerships. Only 10% of our funding comes from the NHS.

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:

N/A

ABOUT YOUR PROJECT/SERVICE

Project Title.

HEMS (Helicopter Emergency Medical Service)

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

The grant will be used as a contribution to the operating costs of HEMS (see above) – helicopters, rapid-response vehicles, medical equipment, fuel, highly-trained crews

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

In the event of a serious medical or trauma emergency, every resident of Hassocks could be a potential beneficiary of our life-saving emergency service.

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).

2021: £400

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
Contribution to operating costs of HEMS (see above)	£18.8 million annually; £51000 daily
Please provide a summary of funding sought from other	er sources if applicable.

Funding source	Estimated Grant
Please see attached financial summary	
How much of the organisation's own money will b £_£18.8 million raised from supporters within the	
How much funding are you seeking from the Paris	sh Council?
Does your total project expenditure include or exc	clude 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.

/	,
t	
1	
Attached	
Milacilleu	
1	

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 Nick Turrell

Date: 29/07/2024

(Please: Print name) NICK TURRELL

Position held:	Community Fundraising Manager	
If a grant is aw	warded, please state who the cheque should be made payable to:	
Air Ambulance	e Charity Kent Surrey Sussex	

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	YES
(Please tick)	enclosed a copy of our latest accounts and/or treasurer's statement	YES
	Signed the Declaration	YES

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 st 2024
February 2025	January 31 st 2025

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT) YEAR ENDED 31* MARCH 2023

	Notes	Unrestricted Funds	Restricted Funds	Total Funds 2023	Total Funds 2022
Income:		£	£	£	£
Donations and legacies	3	6,138,708	185,513	6,324,221	6,123,466
Charitable activities	3 .	2,002,245		2,002,245	2,020,469
Trading activity	3	8,557,931	158,124	8,716,055	8,271,394
Investment income	3	250,326		250,326	232,195
Other income	3	1,007,898	1,500	1,009,398	915,070
Total income		17,957,108	345,137	18,302,245	£17,562,594
Expenditure:					
Raising funds	5	2,879,113		2,879,113	2,835,697
Charitable activities	5	13,746,892	239,859	13,986,751	12,441,288
Cost of sales trading subsidiary	5	1,902,979	28,656	1,931,635	1,298,435
Total expenditure		18,528,984	268,515	18,797,499	16,575,420
Operating (deficit) / surplus		(571,876)	76,622	(495,254)	987,174
Unrealised gains / (losses) on investments	8	(166,937)		(166,937)	1,503,725
Net income		(738,813)	76,622	(662,191)	2,490,899
Transfer between funds		29,401	(29,401)	-	•••
Net movement in funds		(709,412)	47,221	(662,191)	2,490,899
Reconciliation of funds:					
Fund balances brought forward		34,233,017	129,949	34,362,966	31,872,067
Fund balances carried forward		33,523,605	177,170	33,700,775	34,362,966

The above statement contains all the gains and losses recognised in the current and preceding year.

All operations are continuing.

The notes on pages 51-67 form part of these financial statements



APPENDIX 4 (6 PAGES)

HASSOCKS PARISH COUNCIL

GRANT APPLICATION 2024/25

CONTACT DETAILS						
Name of Group/Organisation:						
4Sight Vision Support						
Address: 36 Victoria Drive, Bogr	nor Reg	gis, We	st Sussex	· · · · · · · · · · · · · · · · · · ·		
Post Code: PO21 2TE						٠
Email: enquiries@4sight.org.uk						
,						
Tel No: 01243 828555						
Contact Person			F- (A1) I			
Title: Mrs			First Name: Julie			
Surname: Branson			Position held in Group: Fundrais	sing Manag	er	
Email: Julie.branson@4s	ight.org	ı.uk	Telephone No: 01243 838001	•		
ABOUT YOUR ORGANISATIO						
ABOUT YOUR ORGANISATIO	'N					
What type of organisation are yo	ou? Ple	ase ticl	k all the boxes that apply:			
Community group/club/society		Comi	pany Limited by Guarantee/CIC			
		00,11	party Elithiod by Oddranico, 010	_		
Registered Charity	yes	Othe	r			
If other, please describe:						<i>'</i>
Charity Registration Number					•	٠
1075447						

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

4Sight Vision Support (4SVS) has been supporting children and adults in West Sussex who are blind or partially sighted for just over 100 years. We are there for people at what can be a devastating and life-changing moment, helping them come to terms with and adapt to living with sight loss. Our Vision is to enable people to live life without limits, by providing the tailored support they need to maintain their independence, access education, stay in/find employment, obtain financial assistance and remain active participants in family life and the wider community.

We do not charge our clients for our services, as we don't want there to be a financial barrier to anyone receiving our support.

We rely on income generated through our fundraising activities and our fundraising team:

- · Receive donations
- Organise a free will scheme
- Encourage legacies
- Organise events
- Support those in our community who are fundraising for us
- Apply to trusts and foundations for grants
- · Apply to parish, town, city, borough and district councils for grants
- Support our work to obtain contracts

We are also contracted by the NHS to provide two services; Sight Care Advisors and Low Vision Clinics, in 2024/25 this will bring in 23% of our income.

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:

n/a

ABOUT YOUR PROJECT/SERVICE

Project Title.

Specialist Vision Support for Hassocks Residents

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

We aim to make a positive difference in the lives of people who are living with sight loss, by providing support to anyone in West Sussex who needs our help, as well as their family and carers. Our team provides specialist, individually tailored support to people living with sight loss; enabling them to retain their independence and not become socially isolated. We offer everything from advice on eye health, emotional support, guidance on daily living aids and assistance with accessible technology.

Please see attached letter for more details about the services that we provide.

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

There are currently 32 clients living in your Parish of Hassocks who will benefit directly from any funding that we receive, as well as their family and carers.

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).

£400 received in October 2021 £500 received in October 2022 £500 received October 2023

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
Any grant that we receive will be used towards funding the cost of providing our specialist support to anyone living in the Parish of Hassocks who is living with sight loss and needs our help.	It costs £65 to fund the support of one person for a year; £2,080 is the total cost to support the 32 clients living in your Parish of Hassocks. We are asking for a grant of £650 to fund the support of ten clients for 12 months.

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

Funding source	Estimated Grant
	We have not requested any other funding for our clients living in your specific geographical area.

How much of the organisation's own money will be used towards funding this project? £ The shortfall from any grant that we receive

How much funding are you seeking from the Parish Council? £ £650

Does your total project expenditure include or exclude VAT?

N/A		

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 a copy of our latest signed accounts.	
DECLARATION	
I am/ we are authorised to submit this application on behalf of the Group/organia	sation and certify
that the information enclosed is correct. We understand that there is no appeal it	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 with 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.	a repert evidence
JB1980	, .
The state of the s	
Signature [*]	Date: 14/08/24
(Please: Print name) Julie Branson	
(1 1000) 1 This Harrier Brainson	
Position held: Fundraising Manager	
If a grant is awarded, please state who the cheque should be made payable to:	-
4Sight Vision Support	

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:	٦√	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 31 st 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 www.hassocks-pc.gov.uk

If you agree to Hassocks Parish Council using and retaining your personal information contained on

the grant fr	om above to consider y	your grant applica	tion please tick the	e boxes belov	v:	
Name:	\square \checkmark					•
Address:	\square_{\checkmark}					
Email:						
Phone:	\square \checkmark					
DATE: 15/8	3/24					