

## Appendices

### Appendix 1



### Grant Application Form

Which type of Grant or Subsidy are you applying for? (please ✓)

1. Major Grant
2. Rent Reduction Scheme
3. Medium Community Grant
4. Minor Community Grant

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

If you are applying for a Medium Community Grant please indicate below if you are applying for a grant over 1, 2, or 3 years?

☐ 1 year    ☐ 2 years    ☐ 3 years (please ✓)

Contact Name:	CHRIS WHALLEY	
Position:	CHAIRMAN AND TRUSTEE	
Organisation:	SECRET SPITFIRE CHARITY	
Contact Address:	THE RICKYARD, SILVER STREET, ALDERBURY, SALISBURY	
Telephone Number:	01722 710652 OR 07971 955441	
Email:	cwhalley@outlook.com	
Status of Organisation:	CHARITY	
Charity/Company number if (if applicable)	Charity No: 1183978 Company No:	
What geographical area does your organisation cover?	SALISBURY	
How long has your organisation been in existence? (Please ✓)	Less than one year	<input checked="" type="checkbox"/>
	Between one and five years	<input type="checkbox"/>
	More than five years	<input type="checkbox"/>

**Please be aware for all applications of £1000 or more, the applicant may be required to provide a presentation about the project to the Communities Working Group**

**If you have any specific communication needs, tell us what they are**

Text phone ☐  
(please specify)

Sign language ☐

other language



Other

## 1. Organisation Background

Have you applied for or received a grant/subsidy from SCC in the last <u>5 years</u> ?	Date Applied	Project	Amount Applied for	Were you successful
(Please list – continue on a separate sheet if necessary)	N/A			
What are the aims and objectives of your organisation	<p>FUNDRAISING FOR</p> <p>1. ERECTION AND MAINTENANCE OF A MEMORIAL TO THE SPITFIRE AIRCRAFT, THE PILOTS AND IN PARTICULAR THOSE WHO BUILT IT IN SALISBURY</p> <p>2. BLUE PLAQUES FOR EVERY BUILDING/SITE INVOLVED</p> <p>3. AVIATION SCHOLARSHIP OR APPRENTICESHIP.</p>			
What are the main activities of your organisation?  If you are a new group describe the services/activities you plan to provide	<p>MANY TYPES OF FUNDRAISING TO ACHIEVE THE ABOVE.</p> <p>THE MEMORIAL AND BLUE PLAQUES WILL BECOME PART OF THE HERITAGE OF SALISBURY AND TOURIST ATTRACTIONS + TOURS OF THE CITY.</p>			
Please demonstrate your organisation's commitment to equal opportunities  (please enclose any relevant policies)	<p>NO POLICIES IN PLACE</p> <p>BUT FIRMLY BELIEVE IN EQUAL OPPORTUNITIES</p>			

	Yes / No or NA
Is this a retrospective application?	NO



Are you part of a religious group	NO
If this application is for a school is this for a project that benefits the wider community and is in addition to statutory services?	N/A
If application is from Education, health or social service establishment – is the project in addition to statutory services?	N/A

## 2. Your project

Project  SECRET SPITFIRE MEMORIAL	Start Date	19 / 06 / 2019
	Finish Date	09 / 07 / 2021
	Total Cost	£ 60,000
	Grant Applied For	£ 3,000

Project title	THE SECRET SPITFIRE MEMORIAL
<p><b>Description of project</b> - Try to be specific about what you will achieve and how you will achieve it, telling us how your grant or subsidy will benefit your community</p> <p>(please continue on a separate sheet if necessary)</p>	<p>WE AIM TO ACHIEVE THE CONSTRUCTION OF A LIFE SIZED FIBREGLASS SPITFIRE ON A STEEL POLE 7 METRES HIGH WITH SUITABLE LANDSCAPING AND LIGHTING. WE HAVE A BUILDING TEAM WHICH <sup>COVERS</sup> ALL THE BUILDING REQUIREMENTS READY TO BUILD.</p> <p>THE END RESULT SHOULD BE AN ASSET TO SALISBURY CITY AS WELL AS A TOURIST ATTRACTION.</p> <p>THE GRANT WILL BE A SUBSTANTIAL CONTRIBUTION TO THE ERECTION, MAINTENANCE AND INSURANCE OF THE MEMORIAL</p>
Where in Salisbury will the project / activity take place?	SALISBURY RUGBY FOOTBALL CLUB.
<p><b>Who will benefit from the project?</b></p> <p>Please tell us what groups will benefit and approximately how many people will benefit in total, please give a number, do not put 'everyone in the area' an estimate is fine if you cannot be exact</p>	<p>THE MEMORIAL WILL BENEFIT THE TOURISM IN THE CITY, SCHOOLS AND ANYONE INTERESTED.</p> <p>CAN'T PUT AN EXACT FIGURE ON THIS BUT HOPE IT WOULD BE SEVERAL THOUSAND PEOPLE PER ANNUM.</p>
What evidence do you have that this project/activity is required?	98% SUPPORT FROM EVERYONE SPOKEN TO OR CONSULTED THE EVIDENCE IS CONTINUING SUPPORT FROM ALL CIRCLES AND SUCCESSFUL FUNDRAISING SO FAR

<p><b>What arrangements do you have in place to ensure safeguarding of children and young people</b></p> <p><i>Applicable only if your project involves working with this client group</i></p>	<p>THERE WILL BE A SUITABLE FENCE AROUND THE MEMORIAL TO ENSURE CHILDREN AND YOUNG PEOPLE ARE UNABLE TO ACCESS THE ACTUAL MEMORIAL.</p>
<p><b>What are the main risks for the success of the project/activity and how will these risks be managed?</b> E.g. health and safety, financial challenges</p>	<p>THE CONSTRUCTION TEAM ALL HAVE INSURANCE IN PLACE AND WILL CARRY OUT THEIR OWN CDM.</p> <p>THE MAIN RISK IS FROM PEOPLE TRESPASSING INTO THE MEMORIAL AREA. THERE WILL BE A FENCE AROUND THE WHOLE SITE WITH SUITABLE SIGNAGE TO KEEP PEOPLE AWAY.</p> <p>CCTV WILL BE INSTALLED TO IDENTIFY ANY TRESPASSERS</p>
<p><b>If your organisation/group has financial reserves, what is the value of these reserves and for what purpose are they held?</b></p>	<p>OUR CURRENT ACCOUNT STANDS AT £61,000 WHICH IS A SUCCESS AND SHOULD COVER THE PROTECTION COSTS. THE FUNDRAISING CONTINUES (SUBJECT TO CORONAVIRUS) TO FUND THE MAINTENANCE, INSURANCE ETC FOR THE MEMORIAL AND ALL FUTURE PROJECTS</p>



<p>Tell us how you have identified the need for the project, whether within your group or community and how you think your project will meet this need</p>	<p>I STARTED ON THIS PROJECT WHEN THE PROPOSAL WAS PUT TO A MEETING OF ABOUT 100 PEOPLE WITH 100% SUPPORT, EVERYONE WE MEET OR DISCUSS THE PROJECT WITH THINKS WE ARE PROVIDING A LASTING ASSET FOR THE CITY.</p>
<p><b>What support have you received for this project/activities?</b></p> <p>Please tell us about any expressions of support you have received from outside your organisation</p>	<p>MASSIVE SUPPORT FROM EVERY PERSON, GROUP OF PEOPLE OR ORGANISATION CONSULTED. ALL VERBAL AND ON SOCIAL MEDIA SO FAR. NOTHING FORMAL RECEIVED.</p>
<p><b>How will the project/activities be managed and how will you measure its success?</b></p>	<p>THE TRUSTEES WILL CONTINUE MANAGING AND FUNDING THE MAINTENANCE, INSURANCE AND GENERAL OUTGOINGS REQUIRED.</p> <p>THE SUCCESS WILL BE MEASURED BY THE FOOTFALL SEEN VISITING THE MEMORIAL.</p>
<p><b>Please give the timescale and key changes/benefits and objectives for your project/activities, including start date and finish date</b></p> <p>These will be used in your end of year/end of project monitoring report for you to report against</p>	<p>THE FUNDRAISING STARTED WHEN THE TRUST WAS FORMED (19th JUNE 2019) AND WILL CONTINUE INTO THE FUTURE</p> <p>THE BUILDING WORK WILL START IN THE AUTUMN OF 2020 AND THE MEMORIAL WILL BE COMPLETED ON 9TH JULY 2021 WITH AN UNVEILING CEREMONY.</p> <p>THE FUNDRAISING AND THE OTHER PROJECTS WILL CONTINUE AFTER THIS DATE</p>

If your reserves are more than the amount you are requesting, please explain why you are seeking external funding

N/A

### 3. How will you pay for your project?

Tell us how much money you need for your project/activity

- Provide a FULL breakdown of the costs involved in your project
- Show how much of the funding you are requesting towards this element

Include extra sheets if necessary

Item or activity	Total cost	Funding requested
SECRET SPITFIRE MEMORIAL	£60,000	£3,000
MAINTENANCE, INSURANCE, ETC	£20,000	-
BLUE PLAQUES	UNKNOWN	-
AVIATION SCHOLARSHIP /		
APPRENTICESHIP	UNKNOWN	-
<b>Totals</b>	£100,000 PLUS	£3,000

3.1 If you are applying for a Medium Grant or to the Rent Reduction Scheme please also complete the table below

Please use general headings indicated in the FULL breakdown listed previously, using columns A-C to tell us how much funding you are requesting in years 1-3.

Use extra sheets if required

	A	B	C	D
Item or activity	Year 1	Year 2	Year 3	Total Cost
N/A	£	£	£	£
	£	£	£	£



	£	£	£	£
	£	£	£	£
	£	£	£	£
	£	£	£	£
	£	£	£	£
	£	£	£	£
<b>Totals</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>

**3.2 Please list any applications you have made for funding from other organisations in the table below:**

<b>Organisation</b>	<b>Contribution Sought (£)</b>	<b>Applied (please tick as appropriate)</b>	<b>Granted (please tick as appropriate)</b>
NONE			

#### 4.0 Further information enclosed Checklist

	<b>Enclosed (please ✓)</b>
<b>A copy of your organisations bank statements for the previous three months (mandatory)</b>	✓
<b>Copies of all relevant Employer's, Building &amp; Public Liability Insurance Certificate if appropriate (mandatory)</b>	CURRENTLY UNAVAILABLE
<b>A copy of your constitution and articles of association (or similar documents if the above do not exist, showing the organisations status)</b>	✓
<b>A copy of your organisations latest set of accounting statements (if any exist)</b>	NONE
<b>Copies of any letters of support for your project</b>	NONE
<b>Other (please list)</b>	

If any of the above documents have not been enclosed, please give reasons why in the box below:

INSURANCE UNDER NEGOTIATION WITH THE ECCLESIASTICAL.  
NO ACCOUNT YET  
NO LETTERS OF SUPPORT.

Please confirm that the bank account from which this project is funded is in the name of the organisation and that 2 authorised representatives are required to authorise payments

CONFIRMED

### Declaration by the applicant

I/~~we~~ declare that, to the best of my /~~our~~ belief, the information on this application form and in any enclosed supporting documentation is correct

I/~~we~~ declare that, I/~~we~~ have read the City Council's Grant Policy and believe to the best of my/~~our~~ knowledge, that we meet the criteria set out by the Policy

I/~~we~~ accept the following:

- I. That any false information we provide, even if provided in good faith, may lead to the withdrawal of the grant offered,
- II. That for applications of £1000 or more, a presentation is required by the applicant(s) to the City Council. This will be arranged prior to any meeting by the City Council Active Communities Team
- III. That any grant offered will be used only for the purpose set out in this application and
- IV. That we will provide reports on progress at the request of the City Council
- V. That should any grant offered, not be used in accordance with the terms and conditions set out by the City Council, I/~~we~~ undertake on behalf of the organisation to repay the outstanding amount to the City Council on demand

Please be aware that the decision as to whether you have been successful in your application will be communicated to you shortly after the relevant council meeting

Signed :	C. R. WALLEY	
Name(s):	CHRIS WALLEY	
Position(s):	CHAIRMAN AND TRUSTEE	
Date:	15th JUNE 2020	



***SCC will not sell or rent your personally identifiable information to anyone, or use the data for any other purpose incompatible with the purpose for which it was originally collected (Medium Grants Application).***

***We will only hold your information for as long as necessary for the purposes (a year after the event)***

***I consent for my personal data being held for the purposes listed*** ☐

**Please remember:**

If you have not answered all the relevant questions and sent all the information we require, **we will return your application to you and this will cause a delay.**

Please send your application to:

Communities Team, SCC, Bemerton Heath Centre, 58-60 Pinewood Way,  
Salisbury, SP2 9HU