



## RIPON CITY COUNCIL PARTNERSHIP FUNDING APPLICATION

Please ensure that you have read the accompanying guidance before filling in this form.  
Please note that your application will not be processed if the form is not fully completed or the required supporting evidence is not supplied.

Please complete the form in BLOCK CAPITALS using black ink.

Ripon City Council's Partnership Funding scheme is designed to be a medium term pledge of financial support to local organisations. Please do not hesitate to contact us if you have any questions or require help filling in this form. Contact details can be found in the accompanying guidance.

### Section 1 – Applicant Details

*Name of Funded Organisation:*

To whom payment will be made if successful.

*Main Contact:*

Must be the person who signs the declaration at the end of the form, who will be managing the funding.

*Position in Organisation:*

E.g. Chair / Secretary.

*Address of Funded Organisation:*

Please include your postcode.

*Telephone Number:*

*E-mail Address:*

### Section 2 – Organisation Details (refers to organisation named in Section 1)

*Is your organisation based in Ripon?*

Yes

No

*How is your organisation best described?*

Please tick one only.

A registered charity.

A voluntary sector organisation.

A social enterprise.

A Community Interest Company.

Other, please state:

*How many trustees / members of your organisation's management committee are there?*

*How many volunteers does your organisation benefit from?*

<i>How many other members does your organisation have?</i>					
<i>How many paid staff does your organisation employ?</i> Please give a full time equivalent.					
<i>At the end of its last financial year what funds did your organisation have (to agree to your submitted accounts)?</i>		£			
If this is more than 6 months running costs, please provide an explanation of what these funds are for?					
<b>Section 3 – Details</b>					
<i>Description of how the funding will be used:</i> Please outline your project in no less than 250 words. Continue on a separate sheet if necessary.					
<i>Location:</i> Please provide an address, or a description sufficient to identify, where any funding will be spent.					
<i>How many people do you expect to benefit from this funding?</i> Please give an estimate of numbers.					
<i>Will it be Ripon residents who benefit from the funding?</i> Ripon City Council's Partnership Funding scheme is funded by the precept (money collected through the Council Tax levied on Ripon residents). Tick one of the boxes below to indicate whether it will be Ripon residents who benefit from your project:					
Wholly	<input type="checkbox"/>	Mainly			
	<input type="checkbox"/>				
	<input type="checkbox"/>	Partly			
	<input type="checkbox"/>				
<i>Which sectors of the Ripon community will the funding benefit?</i> Please tick all that apply.					
Community	<input type="checkbox"/>	Welfare	<input type="checkbox"/>	Sport	<input type="checkbox"/>
Health	<input type="checkbox"/>	Education	<input type="checkbox"/>	Arts	<input type="checkbox"/>
Culture	<input type="checkbox"/>	Leisure	<input type="checkbox"/>	Minority Groups	<input type="checkbox"/>
Youth	<input type="checkbox"/>	Families	<input type="checkbox"/>	Elderly	<input type="checkbox"/>
Commerce	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<i>How will the funding benefit Ripon?</i>					



<p><i>If you are applying for funding to help with revenue (running) costs, please explain how the outcomes will enhance the existing work of your organisation:</i></p>	
<p><i>How do you intend to continue funding if there will be ongoing running costs in excess of this award to deliver the outcomes?</i></p>	
<p><i>Please provide information on any other assistance you are giving and / or receiving to support these outcomes e.g. in kind contributions.</i></p>	

### **Section 5 - Other Information**

*Is there any other information that you would like Ripon City Council to know about your outcomes or organisation when considering your application?*

### **Section 6 - Checklist**

<i>Have you included:</i>	<b>Yes / No</b>
A copy of your organisation's Constitution or the Minutes of your last Annual General Meeting?	
The most recent set of audited accounts for your organisation?	
Documents which show how you have evidenced the need for your funding assistance in Ripon?	
Details of lease / rental agreements if your ideas involve a building or premises?	
Any other relevant documentation? Please note that we require confirmation that the organisation complies with all relevant legislation and has policies in relation to and agrees to provide copies of all organisational policies referred to at the start of the funding year together with a copy of the organisational constitution. Please detail below:	

*If you have answered 'No' to any of the above please attach a letter explaining the reason why. It is in your own interest to provide Ripon City Council with sufficient information to be able to properly evaluate your application. Failure to do so could lead to an unsuccessful application.*

**Section 7 - Declaration (to be signed by the contact listed in Section 1).**

*By signing this declaration I declare that:*

- I have read the accompanying guidance before completing this application form.*
- The information given in this form, on behalf of the organisation listed in Section 1, is correct to the best of my knowledge.*
- I am authorised to apply for funding on behalf of the organisation named in Section 1.*
- If the information in the application changes I will notify Ripon City Council as soon as possible.*
- The organisation listed in Section 1 complies with all relevant legislation.*
- The organisation listed in Section 1 has due regard to equalities legislation.*
- The organisation listed in Section 1 has appropriate safeguarding policies and procedures in place for working with children, young people and vulnerable adults.*
- The organisation listed in Section 1 has insurance and safety measures in place including public liability insurance.*
- I will ensure, on behalf of the organisation listed in Section 1, that the financial assistance, or such part of it as Ripon City Council may determine, will be repaid in the event of the organisation being in breach of the assurances given above, or the facilities / project cease to be used for the purpose for which assistance is given within 5 years of funding being awarded.*
- I confirm that the organisation listed in Section 1 will take part in the 6 monthly review/monitoring process.*
- All funding is subject to formal agreement of specific outcomes which will be detailed in a Service Level Agreement.*

*The Freedom of Information Act 2000 gives members of the public the right to request any information that the Council holds. This includes information received from third parties, including funding applications. If information is requested under the Freedom of the Information Act, we the Council will release it, subject to being satisfied that none of the relevant exemptions apply.*

*We will treat personal details as private and confidential and not disclose them to anyone unconnected to the Council unless you give us permission to do so, or in circumstances where we are legally obliged to do so. Any information that you give us will be held securely and in accordance with the rules on data protection.*

*If your application is submitted by, or your organisation is connected to, a serving member of Ripon City Council then please use this space for the declaration of any relevant disclosable personal or pecuniary interests:*

<i>Signature:</i>	
<i>Printed Name:</i>	
<i>Date:</i>	

**Please return this form by email or post to:**

[admin@riponcity.gov.uk](mailto:admin@riponcity.gov.uk)

Partnership Funding Applications  
c/o Chief Officer to Ripon City Council  
Ripon Town Hall  
RIPON  
HG4 1DD