



**RYDE**  
TOWN COUNCIL

## GRANT APPLICATION FORM

### SECTION 1 - INTRODUCTION

Name of Organisation	IOW DEFIBRILLATORS
What does your organisation do?	SUPPORT AND HELP SUPPLY LIFE SAVING DEFIBRILLATORS FOR LOCAL IOW COMMUNITIES.

### SECTION 2 - TYPE OF GRANT APPLIED FOR

Are you applying for a marketing or community grant?	COMMUNITY
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### SECTION 3 - YOUR PROJECT

Please tell us about your project	IOW DEFIBRILLATORS IS A LOCAL REGISTERED NON PROFIT CHARITY .BY FUNDRAISING AND DONATIONS SUPPLY PUBLIC ACCESS DEFIBRILLATORS AND AWARENESS.
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Date of Application	11-01-2022
Project start date and expected duration	10-01-2022

#### **SECTION 4 - DEMAND FOR THE PROJECT**

In order for Ryde Town Council to properly evaluate your grant proposal it is vitally important that you are able to demonstrate a legitimate need for the project you are proposing.

Please take the time to highlight the research you have done as well as how you will evaluate the success of the project.

What are the expected outcomes of the project and how will you measure any success against them?

How have you evaluated the demand for your project?	TO TRY AND HELP TO SUPPLY MORE EASY ACCESS LIFE SAVING DEFIBRILLATOR FOR PUBLIC ACROSS THE ISLAND.
How will you measure the success of your project?	THE CHARITY'S SUCCESS WILL BE MEASURED BY THE AMMOUNT OF PUBLIC USE DEFIBRILLATORS MADE AVAILABLE . TO HAVE EARLY ACCESS TO ONE AVAILABLE WHEN ONE IS NEEDED IS PARAMOUNT.

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## SECTION 5 - FUNDING FOR YOUR PROJECT

It is important that you have fully costed your project and are able to demonstrate how the potential grant funding from Ryde Town Council will be utilised.

Amount of Grant Funding requested	1000
Total cost of your project/event	1500
Percentage of Total Cost that the Grant Funding Represents	75
How will any outstanding costs be met?	FUNDRAISING AND DONATIONS
Please outline how the project costs been identified and provide a detailed breakdown for each. <i>If it is easier to put this in a spreadsheet then please attach one to the application.</i>	SUPPLY A DEFIBRILLATOR SUPPLY A PUBLIC USE CABINET SUPPLY A FIRST AID PREP KIT SUPPLY REGISTRATION TO AMBULANCE SERVICE . REGULAR CHECKS TO ALWAYS MAKE SURE DEFIBRILLATOR IS RESCUE READY.

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**SECTION 6 - ALTERNATIVE PROJECT FUNDING**

While we would like to be able to fund far more projects it is important to remember that Ryde Town Council has very limited capacity to fund projects.

Therefore please demonstrate other funding streams that you have investigated and are utilising.

Which other sources of funding have been sought for this project? Please include any applications that have been made, both successful and not.	SHOPS/BUSINESS HELPING TO FUND .
How is income generated for your organisation?	FUNDRAISING AND DONATIONS.

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## SECTION 7 – RYDE TOWN COUNCIL CORPORATE PLAN

The Town Council has recently adopted a Corporate Plan.

To view the Corporate Plan 2020/25 see the Home page of the Town Council's Website [Link to Home Page](#)

How does your project help the Town Council to achieve the objectives set out in this Plan and a Charter for Ryde?	TO BE ABLE TO HAVE PUBLIC ACCESS LIFE SAVING DEFIBRILLATORS . HELP SAVE LIVES.
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## SECTION 8 – PARTNERSHIPS

Ryde Town Council firmly believes that the total can be greater than the sum of the parts and that partnerships can achieve great results. In this section please outline partnerships your organisation currently has, those explored for this project and any reasons you feel they might not have been relevant.

Highlight other organisations who you will collaborate with to provide the project and outline any approaches you have made to other organisations who may share similar goals.	SUDDEN CARDIAC ARREST UK. BRITISH HEART FOUNDATION HEART FAILURE CHARITY. AERO HEATH UK. ZOLL MEDICAL.
Please tell us who will do the work and who will manage the project	IOW DEFIBRILLATORS

## SECTION 9 - DOCUMENTATION

Please submit the following information in support of your application:

- A copy of your organisations most recent audited or verified accounts (please redact any information that you do not want in the public domain (e.g. account number or signatures)
- Evidence of any partnership funding
- A copy of your organisations constitution or set of rules of governance

### TERMS AND CONDITIONS

Please read the following information before signing and sending your application

- (a) I/We declare that the information I have given in this application is true and accurate to the best of my/our knowledge
- (b) I/We declare that any grant awarded by Ryde Town Council will be used for the specific purposes description in this application
- (c) I/We confirm that a completion/evaluation form will be submitted to the Town Council together with **evidence of expenditure** or set of accounts detailing costs for the project/activity/event for which the grant is awarded with-in one month of the end of the funding year being completed. Failure to do so will put any further funding requests in jeopardy
- (d) The grant must be spent within 12 months of it being awarded
- (e) You/your organisation will inform the Town Council if there is a delay in the start project/activity/event
- (f) Your organisation must acknowledge the support from Ryde Town Council in any marketing and promotional activity – a copy of the Town Council's logo will be provided for this use.
- (g) You must repay the grant (or part of the grant)
  - i. if the project does not go ahead or is not completed;
  - ii. if the full amount of the grant monies is no longer required;
  - iii. if the any of the terms of the grant are not complied with
- (h) Additional conditions may be added before the release of any monies and will be notified to the applicant on the award of the grant.

If you have any questions please contact us on [grants@rydetowncouncil.gov.uk](mailto:grants@rydetowncouncil.gov.uk)

### THE DECISION OF THE TOWN COUNCIL IS FINAL

PLEASE NOTE INFORMATION GIVEN WILL BE TREATED AS IN THE PUBLIC DOMAIN. PLEASE REMEMBER TO REDACT ANY SENSITIVE INFORMATION.

I/WE UNDERSTAND THAT KNOWINGLY PROVIDING FALSE OR MISLEADING INFORMATION WILL INVALIDATE THIS APPLICATION AND WILL RESULT IN THE REQUIRMENT TO REPAY ANY GRANT THAT HAS BEEN AWARDED

Please return this form together with all the accompanying documentation to:

**[grants@rydetowncouncil.gov.uk](mailto:grants@rydetowncouncil.gov.uk)**