**Application Form for Parish and Town Councils**

Form to be completed and submitted by Parish/Town Clerk

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| Name of council: | Holford Parish Council |
| Completed by: | Hema Stanley |
| Position: | Clerk to Holford Parish Council |
| Contact telephone number: | 07818 015956 |
| Email address: | clerk@holford-pc.gov.uk |

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| **1. Main Fund - please indicate amount applied for (max £1,500):** | | £1,179 |
| **Purpose:** | | |
| **THE HOLFORD HALL HUB**  It is proposed to open the Holford and District Village Hall from 2pm until 4 pm every Wednesday from 16th September until 15th December and every Wednesday from 5th January until 16th March.  This will cover the colder, more inclement and possibly lonely months of Winter. These sessions are free and will encourage people who were isolated during lockdown and still have negative feelings about socialising outside their homes.  Volunteers intend to provide a safe, friendly, warm, comfortable and airy environment where people can borrow books, play dominoes, board games and card games, have entertainment and enjoy a cup of tea and a chat.  <https://holfordvillagehall.org/>  This project will promote The Five Ways to Wellbeing:  Connect, Be active, Take notice, Keep learning, Give | | |
| **Costings Breakdown:** | | |
| **Amount** | **Item / Activity** | |
| £200 | Opening up safely- Holford Village Hall Committee can give reassurance that present COVID guidelines will be followed. However, to give extra assurance there will be extra cleaning by the hall cleaner before each session. | |
| £100 | Hand sanitisers | |
| £240 | Hall Hire | |
| £160 | Refreshments (plus £1 each week from attendees) | |
| £200 | Payment to KHARS (our community car scheme) for those without transport | |
| £159 | TV licence | |
| £ 0 | Zoom licence (free for 40 minutes) | |
| £ 20 | Advertising- printing and laminating | |
| £100 | Contingency | |

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| **2. Additional Funding - should funds be available (up to £5k):** | |
| **Amount applied for:** |  |
| **Purpose:** | |
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| **If this bid is in partnership with another parish or town council or partner organisation, please state partners and include details of any other funding contributions** | |
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| **How will you report and monitor the outcome / success of this initiative?** | |
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| **Summary of Costings:** | |
| **Amount** | **Item / Activity** |
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| **Payment details:** | |
| **Full name of payee (as it appears on bank account):** | |
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| **Full address of payee:** | |
|  | |
| **Bank name and branch:** |  |
| **Sort code:** |  |
| **Account number:** |  |

**Please email completed form to:** **justin@somerset-alc.org.uk**