

**Shared Prosperity Funding**

**Town Centre Activities and Events Grant**

**2025-2026**

**Grant Application Form**

**Please ensure you refer to the Town Centre Activities and Events Grant (TCAEG) project application guidance document when completing this application form.**

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| **Section 1 – Applicant and Project Summary** |
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| **Region:** | Flintshire  |
| **Town (delete as appropriate):** | Buckley / Connah’s Quay / Flint / Holywell / Mold / Queensferry / ShottonYour proposal must plan to benefit at least one of the seven above town centres  |
| **Lead Local Authority (LA):** | Flintshire County Council |

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| **Total Project cost (£)** | **Match funding (£)**Minimum 20% of total costto be funded by the applicant | **Town Centre Activities and Events Grant Request (Minimum £500 and maximum £10,000)** |
| **£** | **£** | **£** | **%** |
| **Please detail source of match funding (all grant monies are paid in arrears on production of receipt/invoices):** |
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| **Proposed Event / Activity Name:** |  | **Proposed Event/Activity Date:**  |  |
| **Proposed Event/Activity Location:** |   |



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| **Section 2 – Applicant Contact Details:** |
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| **Title:** |  | **Full Name:** |  |
| **Position:** |  |
| **Name of Organisation:**  |  |
| **Address:** |  |
| **Town/County:** |  |
| **Post Code:** |  |
| **Telephone:** |  | **Mobile:** |  |
| **Email address:** |  |

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| **Section 3 – Additional Applicants Contact Details** |
| **Please note: by providing information in the section below it will be assumed that you have liaised with the named contacts and ensured any additional applicants have read the attached Privacy Notice.**  |
| **Title:** |  | **Full Name:** |  |
| **Position:** |  |
| **Name of Organisation:** |  |
| **Address:** |  |
| **Town/County:** |  |
| **Post Code:** |  | **Mobile:** |  |
| **Telephone:** |  |
| **Email address:** |  |
| **Relationship to applicant** |  |
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Note: please insert additional applicant sections here if required.

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| **Section 4 – Activity/Event Description** |
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| **4.1 Please describe your event/activity**  |
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| **4.2 Please set out the licenses and/or permission you need to put on this activity/event** |
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| **4.3 Estimated number of attendees** |
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| **4.4 Cost of event to attendees, if applicable** |
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| **4.5 Business Plan (how to sustain the event for the future)** |
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| **4.6 What type of event / activity will it be? (please tick)** |
| **Arts** |  | **Culture** |  | **Heritage** |  |
| **Creative** |  | **Other (please state)** |  |
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| **4.7 Who will be responsible for developing, planning and running the activity/ event?** **Please briefly outline below what roles/ responsibilities they will have.** |
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| **Named Person/ Organisation responsible** | **Role/ Responsibility (i.e. event planning, co-ordination, promotional activity, financial management, collection of outputs/ evidence, delivery of training)** |
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| **4.8 How will your activity/ event be promoted?** **Please note - copies of your promotion/ communications material will need to be provided to FCC as evidence for the grant award when a claim is submitted for payment.**  |
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| **4.8 Target Outcome/ Output**Please note - all target outputs included below will need to be evidenced as part of the grant claim process. Please refer to the accompanying guidance document to identify what type of information/ evidence is required for each outcome/ output claimed. | **Number/ Value** |
| **Number of local event(s)/ activities delivered** as a result of the grant funding sought in this application. |  |
| **Number of people expected to attend the proposed event(s)/ activities** |  |
| **Number of Volunteers to be engaged in planning, running, and resourcing the activity/ event** |  |

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| **Section 5 - Benefits & Impacts** |
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| **5.1 Please tell us how your activity/event proposal will:***Please note that a minimum of 4 out of the 7 responses are required for 5.1a-5.1g for your application to be considered by the grants assessment panel****.*** |
| **5.1a Support an increase in footfall (number of people) and dwell time (how long people spend time) in the Town Centre.** |
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| **5.1b Encourage the use of alternative travel (cycle/ walk/ bus /train as opposed to car travel).** |
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| **5.1c Encourage a sense of pride amongst local people and improve engagement amongst local people.** |
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| **5.1d Bring benefits to Local Businesses / organisations** |
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| **5.1e Positively support community wellbeing** |
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| **5.1f Help to address anti-social behaviour** |
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| **5.1g Increase Volunteering in the town centre/ local community** |
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| **5.2 Are there any other additional benefits that your activity/event will bring to the Town Centre that are not mentioned in 5.1?** |
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| **Section 6 – Delivery** |
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| **6.1 Event/Activity structure and Project Management** |
| Please outline the arrangements for your event/activity including who the project manager will be. It is useful to include full plans of how the event/activity will be run and managed giving as much detail and information as possible. |
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| **6.2 Risk Management**  |
| **Please list below the key risks identified for your project and what you will do to manage/reduce this risk** |
| **Identified Risk(s)** | **What you will do to manage/reduce this risk** |
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| **Section 7 – Project Costs and Funding package** |
| **7.1 Breakdown of Event/Activity Total Costs** (please gain quotes prior to submitting your application for grant funding). ***This should total the amount you have stated in section 1. Please refer to guidance notes.*** |
| **Item of Expenditure** | **Total Cost (£)** | **Amount of grant sought (£)** | **Your funding contribution (match) (£)** | **Quote(s) Provided with this application (✓ / 🗶)** |
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| **7.2 Please indicate on the calendar below the amount of grant funds per month you wish to claim (i.e. when you will have receipts/ invoices to make a grant claim for funds awarded).** ***Please note the amounts stated below should total the amount of grant funding requested as already detailed in sections 1 and 7.1.*****SPF financial year:** |
| April 2025 | May 2025 | June 2025 | July 2025 | Aug 2025 | Sept 2025 | Oct 2025 |  |
| £ | £ | £ | £ | £ | £ | £ |
| Nov 2025 | Dec 2025 | Jan 2026 |  |  |  |  |
| £ | £ | £ |  |  |  |  |
|  | For example, if your event/activity is running in July 2025, you may wish to claim pre costs (e.g. deposits for paid in advance of activity/event happening) in June 2025, and then final costs in July 2025 and August 2025. |
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| **Section 8 – Supplementary Documents** |  |
| **The following documents may be required to support the application:** | **Please tick (✓) to confirm the documents are attached** | **If not currently available, when are they expected – please indicate a date.**  |
| **1.** | **Permissions (Traffic Regulation Order, Temporary Event Notice etc)**  |  |  |
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| **2.**  | **Insurance (Public liability, cancellation insurance etc)** |  |  |
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| **Please list any other supplementary documents you are including in support of your application and indicate which section of the application they support.**  |
| **3.** |  |  |  |
| **4.** |  |  |  |

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| **Section 9 – UK Subsidy** |
| **The award of financial assistance given by public authorities must comply with responsibilities set out in the UK subsidy control regime and international commitments to free trade (https://www.gov.uk/government/collections/subsidy-control-regime).****All applications and financial assistance sought will be assessed against the definition of a subsidy set out in the Act (the four-limbed test) and, where support meets the definition, we will consider the appropriate subsidy position in accordance with the Act.****Please list any funding you have received from public sources (UK Government/ Welsh Government/ Local Government) in the last 5 years in order that we can assess your application fully and in line with the UK subsidy control regime.** |
| **Amount and Date of funding awarded** | **What was the funding awarded for?** |
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| **Section 10 – Applicant Signature & Date**  |
| **Declaration** I confirm that the information detailed in this application form, including supporting documents, is to the best of my knowledge and belief, accurate in all respects.(Electronic signature will be accepted) |
| Name (Print) ………………………………………………………………Signature ………………………………………………………………Position in Organisation ………………………………………………………………Date ……………………………………………………………… |

**Section 11 – Privacy Notice to be Shared With All Appli**

**cants and Contributors**

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| **Section 11 – Privacy Notice to be Shared with All Applicants and Contributors** |
| *Your data will be processed by Flintshire County Council for the specific purpose of assessing your application for a Town Centre Activities and Events Grant. Your data is processed as a task carried out in the public interest under the provisions of the Town Centre Activities and Events Grant.**Your information will be retained by Flintshire County Council for a period of 5 years following the grant award for the activity/event.**Flintshire County Council may share information you have provided in order to process your application for the purposes of verification and fraud prevention with internal departments/ external organisations such as our Regeneration Team, Finance Section and Legal Services.* *If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.**For further information about how Flintshire County Council processes personal data and your rights please see our privacy notice on our website* [*http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx*](http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx)  |

Annex 1,2,3 to be inserted via an excel link – include before the Appendix.