



Contact details	
Name	RACHAEL MARCELLI
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Telephone number/s	07738 098009
E-mail	REMARCELLI78@GMAIL.COM WAVENEWOLVESAMERICANFOOTBALL@GMAIL.COM
Position within organisation	CLUB SECRETARY ADMINISTRATOR - TEAM GAMES
Explain how you are authorised to make this application on behalf of the organisation	THERE IS ONLY MYSELF AND 3 CURRENT COACHES AT THE TEAM. WE WERE ALL IN AGREEMENT THAT I SHOULD BE THE ONE TO DEAL WITH GRANT APPLICATIONS.
About your project	
Please provide details of the project and how the project will benefit the people of Lowestoft (250 words max).	WE WILL BE ABLE TO PURCHASE MORE KIT TO ENABLE US TO EXPAND OUR DEVELOPMENT TEAM NUMBERS AND TO EXPAND OUR FLAG KIT TO PROVIDE A BETTER TRAINING FIELD.
Total cost of project	£3,000
Breakdown of cost	FLAG BELTS £65 PYLONS £140 BALLS £100 HELMETS & PADS £1900- LOWERS £100 TRAINING DUMMY £140x2 STRENGTH BELTS
Grant requested from Lowestoft Town Council	£350=
What specifically would the grant from the Council fund?	PYLONS LOWERS BELTS THESE ARE OUR MAIN PRIORITY. BALLS AT THE MOMENT
Have any funds been requested/agreed from other	REQUESTED.



sources? Provide details	THE GAZONI TRUST, SETTERFIELD TRUST & TREVOR COOKE
When are the funds required?	AS SOON AS POSSIBLE TO GET STARTED ON IMPROVEMENT.
Project start date	ON GOING.
Project completion date	NO SET DATE DUE TO FUNDING
Compliance Agreements (insert 'YES' to indicate your agreement to the questions below. If you do not intend to comply, insert 'NO'.)	
Do you authorise us to hold and use information that you have provided, for the purpose of processing and monitoring this grant application? You can ask us for details of the information we use for this purpose at any time.	YES
Do you acknowledge that if you provide false or misleading information in your application or at any point in the life of any grant, we will provide information to relevant enforcement agencies and take any action to recover any funds and damages, as we deem appropriate?	YES
Do you authorise us to use information about your project and organisation as part of our publicity and promotion of our grants programme?	YES
Do you agree to acknowledge the Council appropriately on all of your related publicity and promotional material including posters, advertisements, press releases and leaflets?	YES
Do you agree not to distribute funds granted to any other organisation, other than as agreed as part of the grant award?	YES
Do you agree to report the outcome and impact of the grant to the Council as required in the Council's Grant Awarding Policy?	YES
Do you agree that any grant awarded will only be used for the purpose for which it was given and in compliance with any conditions applied?	YES

Signed Marcell Date 11/3/19

(Signatory must be authorised to act on behalf of the organisation and, if different from the main contact listed above, this should be explained.



Grant Application Form

Please complete this form and send it with:

- a. Your Equality Policy (and Safeguarding Policy if project relates to young and/or vulnerable people)
- b. Your constitution

to The Town Clerk, Lowestoft Town Council, First Floor, Hamilton House, Battery Green Road, Lowestoft, Suffolk, NR32 1DE or e-mail admin@lowestofttowncouncil.uk

About your organisation. Insert 'yes' or 'no' and/or provide additional information where relevant	
Name of organisation	WAVENEY WOLVES AMERICAN FOOTBALL CLUB
Name of account to which payment to be made (explain if not your organisation's name)	THE BANK ACCOUNT NAME IS WAVENEY
What does your organisation do? (100 words max)	WE ARE A YOUTH AMERICAN FOOTBALL CLUB WITH AGE RANGE 3-17 WE COVER FLAG FOOTBALL AND DEVELOPMENT OF KICKER.
What relevant local area does your organisation cover?	WE COVER LOWESTOFT & SURROUNDING AREAS WE HAVE PLAYERS COMING FROM BECCLES GORLESTON & LOWESTOFT ANYONE IS WELCOME
Who are the main beneficiaries of your work?	THE CHILDREN AT THE CLUB ALL OUR COACHES PROVIDE THE TRAINING FREE OF CHARGE SO ANY CHILD CAN PLAY.
Are you a charity? If yes, describe the type of charity	NO
If registered, what is the charity number?	N/A
Not-for-profit? If yes, describe the organisation	WE ARE NON PROFIT THE CHILDREN PAY FOR INSURANCE THROUGH BAFA, ALL OUR TIME ETC IS FREE FOR THEM TO LEARN/PLAY
Organisation income (last complete financial year)	UNKNOWN
Organisation expenditure (last complete financial year)	UNKNOWN