**Community Facility Capital Projects Fund**

**=Document Control:**

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| **Version** | **Issue Date** | **Changes** |
| 1.0 |  | First Draft (PC) |
| 2.0 | 16/10/2020 | Modified |
| 3.0 | 05/10/2021 | Updated logo (BE) |
| 4.0 | 03/03/2022 | Amended (BE) |
| 5.0 | 25/05/2022 | Updated in line with CG (BE) |
| 6.0 |  |  |

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| **OFFICE USE ONLY** | | **NOTES** |
| Unique Registration Number |  |  |
| Amount Requested |  |
| Amount Awarded |  |

**Please read the Grant Criteria, which can be found** [**here**](https://www.north-herts.gov.uk/community-grants)**. Not all organisations are eligible.**

**\*\*\*If an application does not meet all of the necessary criteria it will be rejected\*\*\***

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| **SECTION A: YOUR ORGANISATION**  Please note boxes in the form will automatically extend as you type if you need more space. | | | | | | | |
| 1. **Name of organisation** | |  | | | | | |
| 1. **Name of main contact** | |  | | | | | |
| 1. **Position held** | |  | | | | | |
| 1. **Postal address of main contact** | |  | | | | | |
| 1. **Main contact number** | |  | | | | | |
| 1. **Email Address** | |  | | | | | |
| 1. **Alternative contact number** | |  | | | | | |
| 1. **Are you a:**   Please select the relevant box. | | **Registered charity**  **Unregistered charity**  **Business**  **CIC  CIO  Club** | | | | | |
| 1. **Charities Commission number (if applicable)** | |  | | | | | |
| 1. **What are the main activities of your group?** | |  | | | | | |
| 1. **Where do you operate from/where is your office based?** Please provide the address  if it is a fixed location. | |  | | | | | |
| 1. **What year was the organisation/group set up?** | |  | | | | | |
| 1. **Do any NHC Councillors sit on the committee or have a connection to the group?** Please provide details. | |  | | | | | |
| 1. **How many people are involved in the organisation?**   Please note the amount of each of the below: | | | | | | | |
| **Volunteer Committee Members** | |  | | **Full Time Paid Staff** | | |  |
| **Part Time Paid Staff** | |  | | **Volunteers** | | |  |
| 1. **Management Committee Details:** | | | | | | | |
| **Name of Chairperson** |  | | **Home address:** | | |  | |
| **Name of Secretary** |  | | **Home address:** | | |  | |
| **Name of treasurer** |  | | **Home address:** | | |  | |
| 1. **Organisation Bank Details:** | | | | | | | |
| **Account Name** | | |  | | | | |
| **Bank Name** | | |  | | | | |
| **Sort Code** | | |  | | | | |
| **Account Number** | | |  | | | | |
| **Is the account a Community bank account?** | | | | |  | | |
| **SECTION B: PROJECT DETAILS** | | | | | | | | |
| 1. **Name of Project** | | |  | | | | | |
| 1. **Address of venue/site** | | |  | | | | | |
| 1. **Name of person managing  the project** | | |  | | | | | |
| 1. **List Partner organisations**   (Funders/community groups/ organisations) | | |  | | | | | |
| 1. **Outline of the project/scheme** | | |  | | | | | |
| 1. **What new/improved activities will take place if the project is completed?** | | |  | | | | | |
| 1. **How many people use the amenity/centre annually?** | | |  | | | | | |
| 1. **What increase in usage do you anticipate if the project is completed?**   Please provide evidence. | | |  | | | | | |
| 1. **Who in the community will benefit from the project?** Please explain if the project is targeting a particular section of  the community and why. | | |  | | | | | |
| 1. **Is the project open to all?** | | | Choose an item. | | | | | |
| 1. **Is there a conflict of interest in employing the services of a particular contractor?** Please provide details. | | |  | | | | | |
| 1. **Tell us how the project meets at least one of the Council’s objectives (which can be found** [**here**](https://www.north-herts.gov.uk/council-plan)**):**  * **People first** * **Sustainability** * **A brighter future together** | | |  | | | | | |

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| **SECTION C: PERMISSIONS/OTHER** | |
| 1. **Who owns the building/land?** If it is someone other than the group, please provide written evidence of consent for proposed works and evidence of compliance with relevant lease/occupancy terms. |  |
| 1. **Has planning permission/Listed Building Consent been applied for (if relevant)?** Please provide evidence. If **No,** please explain why. NHC Building Control Dept. must be consulted for all Capital Works projects for approval. |  |
| 1. **Has work already started on the project?** If so, please be aware  that we are unable to fund anything  that has already been paid for. |  |
| 1. **Please send an outline of the Project Plan of the work you intend to undertake.** Add any relevant notes here. |  |
| 1. **Please send a copy of the current insurance schedule documents for the building.** If you cannot, please explain. |  |

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| **SECTION D: LOCAL CONSULTATION** | |
| **1. How have you identified a need for the proposed project?** (Have you consulted/surveyed existing users/local residents?) |  |
| **2. Were there any problems identified in the consultations?** Please note any identified and how they have been/will be rectified. |  |
| **3. If applicable, is the Parish Council supportive of the project?** (Such support should also confirm where necessary, any commitment from the parish/town/community council that they will provide adequate revenue to continue future operation/ maintenance of the facility.) |  |

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| **SECTION E: EVALUATING THE PROJECT** | |
| **1. How will the project be evaluated for success once the works have been competed?** |  |
| **2. If applicable, how will future running costs of the project be covered?**  For example: How will funds be generated to cover any additional staff, maintenance, services, etc? |  |

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| **SECTION F: FUNDING**  **Please be as specific as possible with costs/estimates.** | | | |
| **1. Capital Expenditure**  Please give a detailed breakdown of your expected expenditure. | | **Amount** | |
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| **Total (A)**  Add the cost of each item together and note the total. | | **£** | |
| **2. Income generated by your organisation** (Where will this come from, will you charge a fee)? | | **Amount** | |
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| **Total (B)**  Add the cost of each item together and note the total. | | **£** | |
| **3. Please give details of other funding applied for:** *Has this been agreed or is a decision pending?* | | | |
| **Other Funding** (please state source) | | **Funding Pending** | **Funding Agreed** |
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| **Total (C)**  Add funds agreed and pending together and note the total. | | **£** | |
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| **Total (A) – Total (B) – Total (C)** (Item costs minus contributions from yourselves minus other funding). | **What is the TOTAL amount you are requesting?** | **£** | |

**Declaration**

**Conditions of Grant**

* Grant monies awarded can only be spent on activities as described in the application, within one year of funds being paid.
* **If there are delays to approved projects, then the Team will review all supporting documentation to ensure that the project application remains compliant with the conditions/criteria of the scheme.**
* The Council will require details of how the grant was spent, and the provision of receipts, within one year of funds being paid.
* Grant recipients may be requested to report back to the relevant committee/panel either by presentation or writing.
* Grant recipients should include the Council logo on any promotional material for the project which they have received funds for.
* Any unspent funds must be returned to the Council.
* Details provided to the Council during the application process which are later proved to be incorrect may result in the organisation having to repay any funds paid out.

**I declare on behalf of the organisation that:**

* To the best of my knowledge and belief the information I have given is correct.
* The application is supported by the organisation's Management Committee.
* I understand the conditions on which grant funding is awarded and agree to adhere to those conditions.
* I believe I have submitted the form in accordance with the relevant application deadline.
* I authorise the Council to make any necessary enquiries to verify the information on this form and to cross check information I have given with any other sections within the Council or other organisations.
* I understand that additional conditions may be attached to the award of any grant.
* I agree to my contact details being passed on to North Herts Council Press Office and being published on the North Herts Council website.

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| **Signed:** |  |
| **Print Name:** |  |
| **Office Held:** |  |
| **Date:** | Click here to enter a date. |

**Important**

Your application can only be processed when all the questions are answered, the form is signed  
and we have received all necessary supporting documents.

Please use the checklist below to ensure that you are sending us **everything** that is required.

**Please note if these questions are not answered your application will be returned to you for completion and this will delay the consideration of your application.**

**Checklist**

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| **All questions are answered completely** |  |
| **The form has been signed by the Chair, Vice Chair, Treasurer or Secretary of your Management Committee** |  |

**Required supporting documents**

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| **A copy of your constitution dated and signed as adopted by your group** |  |
| **A copy of any relevant Safeguarding Policies**  It is best practise for all groups working with members of the public to have a Safeguarding Policy. If using virtual platforms such as Zoom, the policy must explain what measures are in place to safeguarding participants online. |  |
| **A copy of your Covid-19 Risk Assessment**  Guidance on how to complete a risk assessment can be found at:[Risk assessment - Working safely during the pandemic (hse.gov.uk)](https://www.hse.gov.uk/coronavirus/working-safely/risk-assessment.htm)  NHC need to ensure that organisations in receipt of our grants are compliant with current Covid-19 Government Guidelines. (This application process does not act as an assessment of the submitted risk assessment). |  |
| **A copy of your most recent annual accounts dated and signed as approved OR, if this is a new group, a statement of your estimated income and expenditure for the year.** |  |
| **Three fully costed quotations with clear milestones and timescales for action.**  These quotations will need to demonstrate the following as an assessment will be made on this basis:   * value for money * reasonableness * and likelihood of achievement. |  |
| **Evidence of consent for proposed works from building/landowner (if relevant)** |  |
| **Evidence of Planning Permission/Listed Building Consent approval (if relevant)** |
| **Outline of Project Plan** |  |
| **Copy of current insurance schedule documents** |  |

If you have ticked all these questions, your application is now complete. Please send this form and all supporting documents as an email attachment to: [community@north-herts.gov.uk](mailto:community@north-herts.gov.uk)