



**North Hertfordshire District Council
Community Facility Capital Projects Fund**

OFFICE USE ONLY		NOTES
Unique Registration Number		
Amount Requested		
Amount Awarded		

Please read the grant criteria document before you complete this form – not all organisations are eligible.

PART 1 - TELL US ABOUT YOUR ORGANISATION

1. Name of your organisation	
2. Name of main contact	
3. Position held	
4. Postal address of contact person	
5. Mobile number	
6. Email Address	
7. Landline	
8. Are you a:	Registered charity <input type="checkbox"/> Unregistered charity <input type="checkbox"/> CIC <input type="checkbox"/> CIO <input type="checkbox"/> Club <input type="checkbox"/>
9. Name of the Community Facility.	
10. Location of the building? Address & Post Code	
11. Length of the lease agreement?	



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12. Do any NHDC Councillors sit on your committee or have a connection/link to your group?	
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13. How many people are involved in running your group? Please put numbers in boxes below:			
Volunteer Committee Members		Full Time Paid Staff	
Part Time Paid Staff		Volunteers	

14. Management Committee Details:	
Name: Position held: Chair.	Home address:
Name: Position held: Secretary.	Home address:
Name: Position held: Treasurer	Home address:
Do any NHDC Councillors sit on your committee or have a connection/links to your group?	
15. Organisation Bank Details:	



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Bank Name:	
Sort Code:	
Account Number:	
Account Name:	
PART 2 – PROJECT / SCHEME DETAILS	
16. What is your project called?	
17. Who will manage the project? (Please state a named individual)	
18. List partner organisations; Funders, community groups / organisations	
19. Outline the project / scheme that you need funded	
20. Who in your local community will benefit	



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from your project / scheme?	
21. Is your project / scheme targeting a particular section of the community?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
22. Is your project / scheme open to all?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
23. Please tell us how your project / scheme supports one or multiple of the Council's priorities listed below: Objective 1: Be a more welcoming and inclusive Council Objective 2: Build thriving and resilient communities Objective 3: Respond to challenges to the environment Objective 4: Enable an enterprising and co-operative economy Objective 5: Support the delivery of good quality and affordable housing	
24. What new activities will take place at your centre /	



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amenity if funding is approved?	
25. How many people use the amenity / centre annually?	
26. What increase in usage do you anticipate if funding is approved? (Please provide supporting evidence)	

Please supply an outline Project Plan of the work you intend to undertake.

Please supply a copy of the current insurance schedule document for the facility. *If you cannot, please tell us why.*

Do you own the building? Yes No

If not, please tell us who does and provide written evidence of consent for proposed works and evidence of compliance with relevant lease / occupancy terms

Do you own the land? Yes No

If not, please tell us who does and provide written of consent for proposed works

If appropriate to your application: has Planning Permission been applied for?

Yes No

If appropriate to your application: has Listed Building Consent, been applied for?

Yes No

If Yes and granted, please provide a copies of relevant documents with your application

If No please explain why. Please note NHDC Building Control Dept. must be consulted for all Capital Works projects for approval.



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Has work already started on the project? Yes No

PART 3 – FINANCIAL DETAILS	
Please give a detailed breakdown of your expected expenditure.	
27. Capital Expenditure:	£
Total (A)	

TELL US WHAT FUNDS YOU ARE EXPECTING TO RECEIVE FROM ELSEWHERE		
What other fund raising will you be undertaking? Will you charge a fee? If so, what income do you expect to raise?		
28. Income generated by your organisation	£	
Total (B)		
Please give details of other funding applied for: has this been agreed or is a decision pending?		
29. Other Funding	Funding Agreed £	Funding Pending £
Total (C)		



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WHAT IS THE TOTAL GRANT AID YOU ARE REQUESTING?	Total: (add B + C then subtract from A)	£
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PART 4 – LOCAL CONSULTATION

30. How have you identified a need for your proposed new project / scheme?

(Have you consulted / surveyed existing users / local residents)?

31. Were there any problems identified in the consultations?

If so, what solutions have you identified?

If applicable: is the Parish Council supportive of the project / scheme?

Yes No

(Note: such support should also confirm where necessary, any commitment from the parish/ town / community council that they will provide adequate revenue to continue future maintenance or operation of the facility.)

PART 5 – EVALUATING YOUR PROJECT

32. How will the project/scheme be evaluated for success once the works have been completed?



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33. If applicable: how will future running costs of the new / improved scheme be covered?

Please give specific figures or estimates.

**For example:
How will funds be generated to cover any additional staff, maintenance, services, etc?**

(Note: see question above in regard to areas and projects covered by town/ parish/ community councils)

Declaration

Conditions of Grant

- The Council will not give grants for events/ purchases which have already taken place, or where work on a project has already begun.
- Grant monies awarded may only be spent on activities described in the application.
- The Council will require details of how the grant was spent, and the provision of receipts, within one month of the completion of the project.
- Any unspent funds must be returned to the Council.



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- Details supplied later proved to be incorrect may prejudice a subsequent application.

I declare on behalf of the organisation that:

- The application is supported by the Organisation's Management Committee.
- To the best of my knowledge and belief the information I have given is correct.
- I understand the conditions on which grant funding is awarded and agree to adhere to those conditions.
- I understand that it will normally take up to 8 weeks for a decision to be reached.
- 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 am content for my contact details to be passed on to NHDC Press Office and to be published on the NHDC website YES NO

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



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Important

Your application can only be processed if all the questions are answered, the form is signed and if we receive all necessary enclosures.

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

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

Checklist

All questions are answered completely:	<input type="checkbox"/>
The form has been signed by the Chair, Vice Chair, Treasurer or Secretary of your Management Committee:	<input type="checkbox"/>

Required supporting documents. Have you sent us:

A copy of your constitution dated and signed as adopted by your group?	<input type="checkbox"/>
A copy of your Safeguarding Policy if working alongside children or vulnerable adults? (If using virtual platforms such as Zoom, the policy must explain what measures are in place to safeguarding participants online).	<input type="checkbox"/>
In light of the Coronavirus pandemic, NHDC 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 Covid-19 Risk Assessment?	<input type="checkbox"/>



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<p>(Guidance on how to complete a risk assessment can be found at the following:</p>	
<p>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?</p>	<input type="checkbox"/>
<p>A copy of the quotation you are proposing to accept?</p> <p>For project over £5,000 then 3 full costed quotations with clear milestones and timescales for action. These quotations will need to demonstration the following criteria as an assessment will be made on this basis</p> <ul style="list-style-type: none">• value for money• reasonableness• and likelihood of achievement. <p>(Applications that do not have 3 fully costed quotations will not be accepted).</p>	<input type="checkbox"/>

If you have ticked all these questions, your application is now complete; please email it as an attachment to: community@north-herts.gov.uk
Or to which ever Community Development Officer you have been liaising with.