**COVID-19 Community Support Fund Application Form**

**Please read the policy document linked to this fund before applying, not all organisations are eligible to apply.**

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| **SECTION A: TELL US ABOUT YOUR ORGANISATION** | | |
| 1. Name of your organisation | |  |
| 1. Name of main contact | |  |
| 1. Position held: | |  |
| 1. Postal address of contact person |  | |
| 1. Mobile number |  | |
| 1. Email Address |  | |
| 1. Landline |  | |
| 1. Are you a: | | **Registered charity**  **Unregistered charity**  **Business**  **CIC**  **CIO** |
| 1. If you are a registered charity, please provide your Charities Commission number | |  |
| 1. What are the main activities of your group? | |  |
| 1. Where do you operate from? | |  |
| 1. What year was your organisation/group set up? | |  |

|  |  |
| --- | --- |
| 1. 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** |

|  |  |
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| 1. Management Committee Details: | |
| **Name:**  **Position held: Chair.** | **Home address:** |
| **Name:**  **Position held: Secretary**. | **Home address:** |
| **Name:**  **Position held: Treasurer** | **Home address:** |

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| 1. Organisation Bank Details: | |
| **Bank Name:** |  |
| **Sort Code:** |  |
| **Account Number:** |  |
| **Account Name:** |  |

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| **SECTION B: TELL US WHAT YOU WILL SPEND THE FUNDING ON AND HOW IT WILL BENEFIT YOUR LOCAL COMMUNITY** | |
| 1. Please give details of what you want to spend this funding on. |  |
| 1. Who will benefit from this grant and how many are North Hertfordshire residents?   *If possible, please state which part or parts of the District they live in.* |  |
| 1. When and where will the activity take place? |  |
| 1. How will you let the local community know about your service? |  |

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| 1. Please tell us how demand for your service has been impacted by COVID-19. Please be as specific as possible. |  |

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| **WHAT WILL BE THE TOTAL COST OF YOUR PROJECT / ACTIVITY / EVENT?**  *Please give a detailed breakdown of your expected expenditure.* | |
| 1. Expenditure   (List what you will be spending money on). | Amount |
|  |  |
|  |  |
|  |  |
| **Total (A)** | **£** |

|  |  |
| --- | --- |
| **HOW MUCH MONEY IS YOUR ORGANISATION CONTRIBUTING TO THE PROJECT?**  (This could be generated from membership fees, fundraising, personal contributions etc). | |
| 1. Income generated by your organisation   (Where will this come from – fundraising etc)? | Amount |
|  |  |
|  |  |
|  |  |
| **Total (B)** | **£** |

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| --- | --- | --- |
| **PLEASE GIVE DETAILS OF OTHER FUNDING APPLIED FOR:**  *Has this been agreed or is a decision pending?* | | |
| 1. Other Funding | **Funding Agreed** | **Funding Pending** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total (C)** | **£** |  |
| **WHAT IS THE TOTAL GRANT AID YOU ARE REQUESTING?** | **(Add the total of B to the total of C then subtract this amount from A).** | **£** |

**Declaration**

**Conditions of Grant**

* 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.
* Details supplied which are later proved to be incorrect may prejudice a subsequent application.
* Please note that if your organisation was established before the COVID-19 crisis, you may be asked to provide a copy of your constitution and relevant policies. (We understand that groups set up directly in response to the pandemic may not have these documents in place yet).

**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 may 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 agree to my contact details being passed on to NHDC Press Office and being published on the NHDC website.

Yes / No

|  |  |
| --- | --- |
| **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, and the form is signed.

Please note if all 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:** |  |

If you have ticked all these questions, your application is now complete.

Please send this form as an email attachment to: [community@north-herts.gov.uk](mailto:community@north-herts.gov.uk)