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| **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.**

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| **PART 1 - TELL US ABOUT YOUR ORGANISATION** |

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| 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**  **CIC  CIO  Club** |
| 1. **Name of the Community Facility.** |  |
| 1. **Location of the building?**   **Address & Post Code** |  |
| 1. **Length of the lease agreement?** |  |

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| 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:** | |
| **Do any NHDC Councillors sit on your committee or have a connection/links to your group?** |  | |
| 1. **Organisation Bank Details:** | | |
| **Bank Name:** |  | |
| **Sort Code:** |  | |
| **Account Number:** |  | |
| **Account Name:** |  | |
| **PART 2 – PROJECT / SCHEME DETAILS** | | |
| 1. **What is your**   **project called?** | |  |
| 1. **Who will manage the project? (Please state a named individual)** | |  |
| 1. **List partner organisations;**   **Funders, community groups / organisations** | |  |
| 1. **Outline the project / scheme that you need funded** | |  |
| 1. **Who in your local community will benefit from your project / scheme?** | |  |
| 1. **Is your project / scheme targeting a particular section of the community?** | | **Yes:  No:** |
| 1. **Is your project / scheme open to all?** | | **Yes:  No:** |

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| 1. **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** |  |
| 1. **What new activities will take place at your centre / amenity if funding is approved?** |  |
| 1. **How many people use the amenity / centre annually?** |  |
| 1. **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.

**Has work already started on the project? Yes  No**

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| **PART 3 – FINANCIAL DETAILS**  **Please give a detailed breakdown of your expected expenditure.** | |
| 1. **Capital Expenditure:** | **£** |
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| **Total (A)** |  |

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| **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?** | | |
| 1. **Income generated by your organisation** | **£** | |
|  |  | |
|  |  | |
| **Total (B)** |  | |
| **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?** | **Total:**  **( add B + C then subtract from A)** | **£** |

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| **PART 4 – LOCAL CONSULTATION** | |
| 1. **How have you identified a need for your proposed new project / scheme?**   **(Have you consulted / surveyed existing users / local residents)?** |  |
| 1. **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.)**

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| **PART 5 – EVALUATING YOUR PROJECT** | |
| 1. **How will the project/scheme be evaluated for success once the works have been completed?** |  |
| 1. **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.

• 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

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

**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**

|  |  |
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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. Have you sent us:**

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| **A copy of your constitution dated and signed as adopted by your group?** |  |
| **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).** | **You have enclosed a y of your Safeguardg Policy if working alongside**  **children or vulnerable adults.** |
| **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?**  **(Guidance on how to complete a risk assessment can be found at the following:** |  |
| **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?** |  |
| **A copy of the quotation you are proposing to accept?**  **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**   * **value for money** * **reasonableness** * **and likelihood of achievement.**   **(Applications that do not have 3 fully costed quotations will not be accepted).** |  |

If you have ticked all these questions, your application is now complete; please email it as an attachment to: [community@north-herts.gov.uk](mailto:community@north-herts.gov.uk)

Or to which ever Community Development Officer you have been liaising with.