**Application Form**

**Please read the Grant Criteria before you complete this form – not all organisations are eligible. Grant Criteria can be found here:**

<https://www.north-herts.gov.uk/home/community/grants/area-committee-grants>

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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  Club** |
| 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. Do any NHDC Councillors sit on your committee or have a connection/link to your group? | |  |

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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:** |

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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. How are you demonstrating value for money? |  |
| 1. Who will benefit from this activity? |  |
| 1. How many North Hertfordshire residents will benefit?   *If possible, please state which part or parts of the District they live in.* |  |
| 1. When and where will the event/activity take place? |  |
| 1. How will you let the local community know about your event? |  |

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| 1. Please tell us how your project meets at least one of the Council’s objectives ==>   *Full descriptions of these can be found on our website here:*  <https://www.north-herts.gov.uk/home/council-data-and-performance/council-plan> | **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** |

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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)** | **£** |

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| --- | --- |
| **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**

**•** 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 which are 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 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, 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 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?** |  |

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)