**HERTSMERE BOROUGH COUNCIL**

**COMMUNITY GRANT APPLICATION FORM 2024/25**

Please ensure you read the ***Guidance Notes*** available on the website prior to completing this form. Submitting your application should not be classed as approval. You will be contacted once your application has been considered.

**ORGANISATION DETAILS**

**1 Details for your organisation**

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| --- |
| Name of organisation to whom the grant will be paid: |
| Main contact person for this application: |
| Role:  |
| Address: |
| Telephone number: |
| Email address: |
| Tell us about your group – what are your aims, where do you meet and who are your clients/Members? |
| If applicable, please provide details of any membership fees or charges to your members / users: Is there any provision for those who cannot afford to pay the fees/charges?Yes 🞎 No 🞎 N/A 🞎 If yes, please give details: |

1. **Which of the following best describes your organisation:**

Please also submit a copy of your organisations constitution or aims.

|  |
| --- |
| 🞎 Registered Charity - If yes, please give number: |
| 🞎 Voluntary / community organisation |
| 🞎 Social enterprise /CIC/CIO |
| 🞎 Other: Please describe |

1. **If you have received any financial assistance (WIIS, community grant, celebration grant or partnership funding) from Hertsmere Borough Council in the last three years please give details of the financial year, amount and purpose for which it was given:**

|  |  |  |
| --- | --- | --- |
| **Financial Year** | **Amount Received** | **Purpose** |
|  |  |  |
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1. **What was your income and expenditure in the last financial year?**

Please also submit a copy of your organisations latest full year accounts with the application. If you are a new organisation, please provide a business plan showing your projected costs and expected income for at least one year.

|  |  |
| --- | --- |
| Year ending (date) |  |
| Opening cash balance | £ |
| Closing cash balance | £ |
| Income for the year (include any grants awarded) | £ |
| Expenditure for the year | £ |
| TOTAL closing balance at end of year (including reserves) | £ |

1. **Are there any explanatory comments you wish to make about your organisations finances, including details of any commitments, requirements or plans that impact on closing balance?**

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**PROJECT DETAILS**

1. **What will the funding you are applying for be used for?**

Provide details of your project/event including where it will take place, who will benefit/participate etc.

Use this box to tell us how your project will help the Council to meet at least one of the following commitments:

* Celebrate our heritage and identities
* Promote creativity and the arts

|  |  |
| --- | --- |
| Amount requested | £ |
| Please provide details of your project and include how it will help the Council to meet at least one of the commitments listed above: |

1. **Please provide information on how the project will be funded**

|  |  |
| --- | --- |
|   | **£** |
| Total Cost of project/event  |  |
| Amount Requested from Hertsmere Borough Council |  |
| **Amount remaining:**  |  |

**7a. How will the remaining balance be funded?**

|  |  |  |
| --- | --- | --- |
| **Funding source** (including from your own funds)  | **Status** (received, approved, pending, outstanding)  | **£** |
|  |  |  |
|  |  |  |
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|  |  |  |
| **TOTAL** (should equal the amount remaining above) |  |

1. **How will you spend any money you are awarded?**

**(A summary under headings will suffice)**

|  |  |
| --- | --- |
| **Item/Event** | **Cost** |
|  |  |
|  |  |
|  |  |
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1. **How many people will benefit from this grant?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hertsmere residents** | **Non-Hertsmere residents** | **TOTAL** |
| Adults over 60 |  |  |  |
| Adults 25 – 59 |  |  |  |
| Young people 15 – 24 |  |  |  |
| Children 0 – 14 |  |  |  |
| TOTAL |  |  |  |

1. **Are you a Member or employee of, or are you to your knowledge related to a Member or employee of Hertsmere Borough Council.**

 Yes 🞏 No 🞏

If yes, please give details: ………………………………

1. **Declaration**

|  |
| --- |
| I declare that the information supplied in this request is true and correct. I can confirm that my organisation has a bank account in its name with at least 2 signatories. I also confirm that any grant money received from Hertsmere Borough Council will be used for the purposes described in this form. Signed: ………………………………………………………….. Date: ………………..Print Name: …………………………………………….………………………………… |

Please tick the box if you would be happy to receive other relevant information which we feel would be useful to you as an organisation or your beneficiaries.

**Data Protection**

The information you have provided is needed for the administration of this service only. The information you provide will be held in confidence and stored securely.

Hertsmere Borough Council will share this information with the Grants Panel who determine the grants on your behalf. Your information will not be used for any other purpose than described and will be securely destroyed upon completion in line with legislative requirements.

**Please email this form along with the supporting documents to** **grantapplications@hertsmere.gov.uk** **or send a hard copy version to Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA, attention: Liz Gore, Partnerships and Community Engagement, telephone: 020 8207 7801**

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| --- |
| **APPLICATION CHECKLIST**Be sure to read the guidance notes before you start your application.**ALL APPLICATIONS*** A copy of your constitution (unless you are a registered charity)
* A copy of your equalities policy
* A copy of your organisation’s latest full year accounts or in the case of a new organisation, projected costs and expected income for at least one year
* If you work with children, or older or vulnerable adults a copy of your safeguarding policy (Evidence of DBS checks should be available on request)
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