

For office use only V: 15/04/2015	
Amount requested:	Grant ref:



GRANT APPLICATION FORM FOR OVER £1,000

Should you need help with the questions on this form, you may like to contact your local Council for Voluntary Service or contact the relevant department. Please read the relevant guidance notes carefully before completing your application.

1. Please tell us which Department / Grant Sector and Grant stream you are applying to:

2. a) Contact details of organisation / applicant :

Name:	
Address:	
	Postcode:
Website:	

b). Are you applying as part of a Consortia (multiagency application)?

Yes No

3. How would you describe your organisation (if applicable)? Please tick all boxes that apply

Registered charity *Registration number:*

Voluntary or community organisation / group Self help group / forum

Social Enterprise
Please describe and give your registration number if you have one:

Company limited by guarantee

Are you a childcare provider? *Ofsted registration Number if applicable:*

Individual or Other
Please clarify or state Individual:

4. The main contact person for this application

Please make sure that this person knows **all** aspects of your application and is able to talk about it if required

Title: First Name: Surname:

Position in organisation:

Contact Address (if different from above): 	
Postcode:	Email:
Tel No:	Mobile:

Information about your organisation:

5. If you are part of a larger organisation or have an umbrella group, please state the name of this organisation:

6. What are the stated aims and objectives of your organisation? This should be based on your governance documents (e.g. constitution). If you are applying as an individual please refer to the guidance notes for details of how to complete this question. (Maximum 500 characters including spaces and carriage returns).

Details of your project / service / activity

7. What is the title of your project / service / activity to which this application relates?

8. a) Please give us a short summary of your project / service / activity to which this application relates. (Maximum 20 words).

8. b) Please give details of your project / service / activity to which this application relates and tell us what this funding will pay for if your project is successful.(Maximum 4000 characters including spaces and carriage returns).

Please use separate continuation sheet if necessary

8. c) Please describe the intended outcomes and how residents in Hampshire (excluding Portsmouth and Southampton) will benefit. (Maximum 3000 characters including spaces and carriage returns).

Please use separate continuation sheet if necessary

8. d) Please tell us how you involve users / participants in the development of your project / service / activity. How will you seek their feedback?

9. In relation to your project / service / activity, please answer the following:

Date from:	Or is it ongoing?
Date to:	
Venue(s) / Location(s):	
Frequency:	
Expected number of Hampshire residents (excluding Portsmouth & Southampton) per activity / event to benefit :	

10. Please tell us which geographical area(s) will benefit most from your project / service / activity to which this application relates. Please tick all boxes which apply:

Basingstoke and Deane	<input type="checkbox"/>	Hart	<input type="checkbox"/>
East Hampshire	<input type="checkbox"/>	New Forest	<input type="checkbox"/>
Eastleigh	<input type="checkbox"/>	Rushmoor	<input type="checkbox"/>
Fareham	<input type="checkbox"/>	Test Valley	<input type="checkbox"/>
Gosport	<input type="checkbox"/>	Winchester	<input type="checkbox"/>
Havant	<input type="checkbox"/>	Countywide	<input type="checkbox"/>

11. Financial Reserves: Please give details about the level of free reserves (unrestricted and undesignated funds) held by your organisation- both the total amount and also the amount in terms of number of months running costs.

Free Reserves Held: £

Number of months running costs this equates to

Please state the amount of funds held by your organisation which could be used for this project / service.

£

12. Expenditure for your project / service / activity.

Please detail all the costs required to carry out your project / service / activity in the table below. Where applicable, please attach copy of quotes.

Description	Cost (£)
(Check guidance notes for required headings)	
Total costs (this figure will be the same as the first (top row) figure in Q14a)	

Income for your project / service / activity

13. Please let us know your income for your project / service / activity as detailed in this application. If you are applying to any other statutory / non statutory funder(s), for the purposes described in this application, please tell us in the table below.

A = Confirmed B = if you are awaiting a result from an application, please write the date that you expect to hear the outcome (dd / mm / yyyy)

Name of organisation / funding body	A	B	Amount
Parent Organisation	<input type="checkbox"/>	/ /	£
Own funds committed	<input type="checkbox"/>	/ /	£
Local Authority grants (Please specify)			
County Council department / grant programme	<input type="checkbox"/>	/ /	£
District / Borough Council	<input type="checkbox"/>	/ /	£
Parish Council	<input type="checkbox"/>	/ /	£
Town Council	<input type="checkbox"/>	/ /	£
Other Income (Please specify)			
Trusts / Foundations	<input type="checkbox"/>	/ /	£
Trusts / Foundations	<input type="checkbox"/>	/ /	£
Trusts / Foundations	<input type="checkbox"/>	/ /	£
Trusts / Foundations	<input type="checkbox"/>	/ /	£
Box Office / Ticket Sales (if applicable)	<input type="checkbox"/>	/ /	£
Revenue raised through Subscriptions	<input type="checkbox"/>	/ /	£
Other revenue generated by project	<input type="checkbox"/>	/ /	£
In kind support received (Please specify type of support and provide an approximate value for this)	<input type="checkbox"/>	/ /	£
Other income (Please specify)	<input type="checkbox"/>	/ /	£
Other income (Please specify)	<input type="checkbox"/>	/ /	£
Total will be the same as the 2 nd row of Q14a		Total:	£

14. a) Finance summary for project / service / activity:

TOTAL EXPENDITURE (from Q12)	£
TOTAL INCOME (from Q13)	£
SHORTFALL	£
Funding requested from Hampshire County Council (see guidance notes for levels of grants awarded)*	£

b) Please tell us if your project will be sustainable long term. If it is dependent on grants generally, please outline how your organisation intends to bring the project / service / activity to a close once the funding period ends. (Please indicate if it is for a one off event).

What would happen if your application was only partially awarded or unsuccessful?

Have you applied to Hampshire County Council for a grant for this project or any other grant within the last year? Please tick yes if you are making multiple applications for the same project / service / activity.

Yes

No

15. Please list sources of funding that you have already approached which have not been able to support your project / service / activity. Please also briefly explain the reason given for this. (You may insert additional rows where required).

<u>Organisation(s) approached</u>	<u>Reason(s) given</u>

16. Does your organisation have a quality mark or are you working towards one?

Please refer to guidance notes for advice on completing this question.

Yes / No / Working Towards	Name of the quality mark
----------------------------	--------------------------

17. How did you hear about Hampshire County Council's funding programmes?

- | | |
|--|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> District / Borough Council | <input type="checkbox"/> Previous application |
| <input type="checkbox"/> Local Council of Voluntary Services | <input type="checkbox"/> Other County Council dept. |
| <input type="checkbox"/> Your County Councillor (please specify) | <input type="text"/> |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> |

18. Please tick to confirm whether you have the following documentation and state the amount of cover as numerals (e.g. enter 5,000,000 for five million pounds). If unlimited please enter 0.

- | | | |
|--|--|----------------------|
| <input type="checkbox"/> Public Liability Insurance | Amount of cover | <input type="text"/> |
| <input type="checkbox"/> Employers Liability Insurance | Amount of cover | <input type="text"/> |
| <input type="checkbox"/> Indemnity Insurance | Amount of cover | <input type="text"/> |
| <input type="checkbox"/> Adults Safeguarding Policy | <input type="checkbox"/> Child Protection Policy | |
| <input type="checkbox"/> Health and Safety Policy | <input type="checkbox"/> Vehicle Insurance | |
| <input type="checkbox"/> Constitution | <input type="checkbox"/> Equality and Diversity Policy | |
| <input type="checkbox"/> Business Plan | | |

19. Tell us about your organisation:

- How many trustees / members of the management committee do you have?
- How many paid staff (excluding trustees)?
- How many volunteers (excluding trustees)?

20. Please outline how your project will contribute towards:

- a) the elimination of unlawful discrimination
- b) the advancement of equality of opportunity for everyone including those having a protected characteristic
- c) the fostering of good relations between all including those having a protected characteristic
- d) Will any groups of people be specifically excluded from benefitting from this project / service / activity? If so please confirm the restriction and why you intend to impose it.

Protected characteristics are those defined in the Equalities Act 2010 , namely, race (including ethnic or national origins, colour or nationality), age, disability, gender, religion or belief, sexual orientation.

Supporting documentation

Please refer to individual department guidance notes for a checklist of documents you need to submit with your application form.

These additional documents form part of your application and your submission will not be processed unless all required paperwork has been received by the deadline.

If you have submitted the documents in the last 12 months for another application, please provide details, e.g. date, reference number, grant stream.

Privacy Note

The information you have supplied in this form will be used to process your grant application. In order to make a decision on your application some of the de-personalised information provided may go into a public decision report. In addition your application form may be shared with third parties and partner agencies who will be involved in the decision making process or whom can verify specific facts within your application.

In addition we may be required to disclose information outside the County Council to help prevent fraud, or if required to by law.

We may not be able to process your application if you do not provide all the requested information.

Full grant applications will be retained for a maximum of 6 years (plus current year). Information will be retained on a database at Hampshire County Council for statistical and monitoring purposes.

Under the Local Government Transparency Code 2014 we are required to publish anonymised details of all successful grants on Hampshire County Council's website.

Declaration

I am authorised to apply for the grant set out in this application

I confirm the following:

- All the particulars and information given in this application form are correct;
- I will inform Hampshire County Council if any of the particulars and information given cease to be correct;
- I have read and understand the Terms and Conditions (www.hants.gov.uk/grant-conditions) and agree to provide a report detailing the outcomes of any grant funding
- I understand that the grant applied for is for this year only, with no expectation of funding in future years.

I agree to the Privacy Note above.

Signed

Date

Please refer to the website or your guidance notes for details on where to submit your completed application.

Monitoring Information

Your answers to this section will not affect your grant application and are for monitoring purposes only.

21. Please indicate whether your project is specifically targeted at people within one or more of the protected characteristics listed below.

- a) Male Female Transgender
 Not Targeted

- b) Young people (under 25) People 25-65 Older People (65+)
 Not Targeted

- b) People with disabilities (physical or emotional or mental)
 Not Targeted

- d) Gay Lesbian Bisexual Heterosexual
 Not Targeted

- e) Race (including ethnic or national origins, colour or nationality)

Please specify:

- Not Targeted

- f) Specific religion or belief

Please specify:

- Not Targeted

22. Is your organisation set up to specifically advance the interests of any of the groups above and if so which ones (gender / age / disability / sexual orientation / race / religion)?