# COMMUNITY GRANT FUND



**Tel: 01724 297257**

## APPLICATION FORM

## for premises hire for junior

## and youth organisations

Before completing this form please read the appropriate grant aid criteria.

## Section 1

## Contact details

Organisation

Your name

Mr/Mrs/Miss/Ms (delete as appropriate)

Your address including postcode

Telephone numbers Landline Mobile

Email address

Organisation’s website

Position in organisation (eg Member, Treasurer etc)

## Section 2

## Details of applicant organisation

Tick one of the boxes below to describe your status

Town/parish council Company limited by guarantee

Constituted community group Registered charity

Other (please specify) ­­­­­­­­

Company or Charity Registration Number ­­­­­­­­­­­­­­­­­­­­­­­

Aims of organisation

Date formed

Membership

Number of people involved in running of club

Number of young people aged 0-16 Number of young people aged 16-25

What percentage of your members live in North Lincolnshire

## Section 3

## About your project/activity

What are the timescales for your project?

Estimated Start Date

Estimated End Date

Estimated Project Period

Where is your project located?

## Section 3

## About your project/activity *continued*

How will your project contribute to our priorities and make a difference to North Lincolnshire residents? See guidance p2

Please give details of your charging policy or any other fundraising you have undertaken for your group

How will your project demonstrate value for money?

## Section 4

## Project costs and financial need

Please provide details of venue hire costs

|  |  |  |  |
| --- | --- | --- | --- |
| Cost per hour | Number of hours per week | Number of weeks per financial year | Total cost |
| £ |  |  | £ |
| £ |  |  | £ |
| Total project cost | | | £ |

£

### How much are you putting towards the costs?

£

### How much would you like from North Lincolnshire Council?

Tell us how much money you have in the bank. If more than six months turnover, please explain what this is for

## Section 4

## Project costs and financial need *continued*

Grant aid received over the past five years from North Lincolnshire Council

|  |  |  |
| --- | --- | --- |
| Date | Purpose | Amount |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |

## Section 5

## Supporting information

**You must supply all of the following documents:**

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Signed and verified accounts for the last year |  |  | Constitution of applicant organisation |
|  | Copies of last three months bank statements |  |  | Safeguarding children policy |
|  | Copy of invoice or quote for premises hired |  |  | Safeguarding vulnerable adults policy (where appropriate) |
|  | Copy of Public Liability Insurance |  |  | Names/addresses of organisation’s officers (please identify secondary contact for application) |

## Section 6

## Declaration

* I have read the Community Grant Guidance Notes.
* I have read, understood and accept on behalf of the organisation the conditions of grant aid for the scheme to which we are applying and agree on behalf of the applicant organisation to abide by them.
* I understand that any grant offered will only be available for the purpose for which it was approved.
* In signing this form I agree on behalf of the organisation to retain and make available on request, all receipts or other proofs of purchase in order that the Council can ensure the grant was spent in line with the approval given.
* I confirm that VAT has not been included in the total estimated net project cost shown unless it is likely to be non-recoverable.

Signature of officer Date

Acting on behalf of (applicant organisation)

Position in organisation