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|  Holme Valley Parish CouncilThe Civic, Huddersfield Road, Holmfirth HD9 3ASEmail: clerk@holmevalleyparishcouncil.gov.ukTel: 01484 687460 |
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| Grant Application Form |
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| Please complete and return to the clerk by email or post as above.  |
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| Grants are awarded in September and February. Your application must be submitted by the end of August to be considered in September and the end of January to be considered in February. |
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| There is an explanation of the types of grants available in Section 6, p4. |
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| In under 20 words, tell us what the grant would pay for? |
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| 1 Contact Details |
| Name of organisation |  |
| Address |  |
| Postcode |  |
| Contact person |  |
| Position in group |  |
| Correspondence addressPostcode |  |
| Daytime phone |  |
| **Evening phone** |  |
| Email |  |
|  |
| 2 About your organisation |
| What sort of group are you? - put an ‘x’ in the box | * Unregistered community group
* Registered charity
* Other (please state)
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|  | ……………………………………………………………………….……. |
| Charity Registration No  |  | If applicable |
| When did the group start? |  |
| How many people are involved in running your group? | Trustees |  |
| Unpaid Management Committee |  |
| Paid F/T Staff |  |
| Paid P/T Staff |  |
| Volunteers (excluding Management Committee) |  |
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| **3 Your Finances** (your last full financial year) |
| **Financial Year** |  |
| **Income** |  |
| **Expenditure** |  |
| **Reserves held** |  |
| **Describe the position of any reserves** ie how much is held against contingencies and whether any is earmarked for specific projects |  |
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| **4 Your Bank Account** |
| If your group does not have its own bank account, are you planning to use the bank account of another organisation with its permission? (Delete as needed) | YES | NOT APPLICABLE |
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| **Account Name** |  |
| **Sort Code** |  |
| **Account Number** |  |
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| 5 Your Project |
| Outline the project that you are seeking a grant for |
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| Why do you feel your project is worthwhile? |
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| How will your project benefit the people of the Holme Valley? The Parish Council can only give out grants that directly benefit the people of the Holme Valley |
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| **Who in the Holme Valley will benefit? How many people will benefit?**the general population, children under 16, young people under 25, older people over 60, disabled people, people of minority ethnic origin, particular groups, other |
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| How will your project address the ongoing climate emergency? |
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| 6 Grants from Holme Valley Parish Council Put an “X” |
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| Grant 1: Assets Grants* This grant applies to “built” public amenities such as a community hall, band-room, clubhouse, park or outdoor space in community ownership. It includes the Parish Council’s own buildings. This grant might pay for repairs, renovations, or new developments to these locations. In very special circumstances, other expenditure of a community asset may be funded from this budget line.
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| * Maximum award is £5,000.
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| Grant 2: Community Benefits Grants* This applies to all other grants. Applicants from community groups could apply for funding support for one-off events like festivals, for short-term projects, for equipment and resources and anything else which may benefit the people and community of the Holme Valley.
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| * Maximum award is £1,500.
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| * **If you are unsure about which grant to apply for, please contact the Parish Council on 01484 687460 or email:** **clerk@holmevalleyparishcouncil.gov.uk**
* The Parish Council can award more money than the maximum award in very special circumstances.
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| 7 Your Project Budget Plan |
| Item | Cost | Where will the funding come from? - reserves, fundraising, donations, other grant awards or Holme Valley PC | Amount requested from the Parish Council  |
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| Project Total Cost |  | Total amount requested from HVPC |  |
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| **Has the group applied elsewhere for other grants to fund this project?** *If yes, please give details.*  |
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| **Has the group received a grant from the Parish Council in the last five years?** | YES / NO |
| Please give details |
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| **8 Documentation** |
| Please ensure you enclose the following with your application:  |
| 1. **This Application form**
 | YES |  |  |
| 1. **Your constitution or group rules** (if you have them, if not please describe your management structure on a separate sheet)
 | YES | NO | N/A |
| 1. **Last 3 years accounts** (if you have them)
 | YES | NO | N/A |
| 1. **Copy of bank statements for the last 6 months**
 | YES | NO | N/A |
| 1. **Copies of written estimates/quotations for capital purchases** (if relevant)
 | YES | NO | N/A |
| 1. **A business plan (only for applications over £5,000) or a one-year action plan (for applications over £2,000)**
 | YES | NO | N/A |
| 1. **Anything else: -**
 | YES | NO | N/A |
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| **9 Declaration** |
| * I am authorised to make the application on behalf of the above organisation.
* I have read and noted the Council’s criteria relating to this application and agree to abide by the conditions listed if a grant is awarded.
* I have filled in every section of the application form.
* I certify that the information contained in this application is correct.
* If the information in the application changes, I will inform the Council.
* I give permission for the Council to record the details of my group electronically and to contact us by phone, mail or email regarding this application.
* If the application is successful, I give permission for the Council to publicise the project in the local media and on its website.
* I agree to provide a report, including photographs, to the Council, indicating how the grant awarded has been spent, within two months of completion.

**This declaration must be signed by an authorised person, eg Committee Member, Office Holder or Trustee.** |
| Name |  |
| Signature |  |
| Date |  |
|  |
| **Send the completed application form (with all supporting documentation) to: Holme Valley Parish Council, The Civic, Huddersfield Road Holmfirth, HD9 3AS. If possible, email a copy of the grant application in Word to the Clerk at clerk@holmevalleyparishcouncil.gov.** |
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|  **For internal use only** |
| **Date application received** |  |
| **Application meets criteria** | Yes / No |
| **Name of Committee reviewing application** |  |
| **Date of meeting** |  |
| **Minute number** |  |
| **Grant awarded** | Yes / No |
| **Amount awarded** |  |
| **Legal power under which award is made** |  |
| **Date applicant is notified by email/phone of the outcome** |  |
| **Date when formal letter of award is posted** |  |
| **Date when payment is made** |  |
| **Date blank Grant Audit Form is posted** |  |
| **Date completed Grant Audit Form received** |  |
| **or Date report received after project is complete** |  |