



# HASTINGS BOROUGH COUNCIL

## Seniors Grants Application Form (up to £1000)

ROUND 2: 12th January - 27th January 2012

Please complete this form to apply for a grant from Hastings Borough Council. The grant must benefit over 50 year olds living in Hastings and St Leonards in order to qualify.

Completed application forms and additional documents must be returned by 5pm on Friday 27th January 2012.

**In order to qualify, your application:**

- \* Must benefit people over 50.
- \* Must benefit people from Hastings and St Leonards.
- \* Must be submitted by 27th January 2012.
- \* Must not fund individuals.
- \* Must not fund projects/ activities retrospectively.

**Please submit a hard copy of this form to:**

Emile Tambeh, Grants, Hastings Borough Council, Breeds Place, Aquila House, Hastings, East Sussex, TN34 3UY.



Name of project: \_\_\_\_\_

Have you been successful in a previous round of Senior Small Grants? Yes / No

Total Funding requested: \_\_\_\_\_

Office Use:

SECTION 1 - ABOUT YOU AND YOUR ORGANISATION

Contact Name: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

How would you define your organisation?

Please tick which ones of the following applies to your organisation. You may need to tick more than one. Please remember to include a copy of your constitution or other governing document with your application.

- Company limited by guarantee: [ ]
Registered Charity: [ ] Registration No: \_\_\_\_\_
Community Interest Company: [ ] CIC No: \_\_\_\_\_
Community Club / Group / Society: [ ]
Other (Please describe): [ ] \_\_\_\_\_

What are the aims of the group (Not scored)? \_\_\_\_\_

Eligibility Checklist

Please circle the checklist below to verify that your group is eligible to apply for funding and ensure that you can provide supporting information as requested.

- a) We have a written set of rules, constitution, or other governing document, and confirm that the copy provided with this application is current and properly authorized. Yes / No
b) A bank account is held in the name of the group requiring at least two signatures for cheque transactions or cash withdrawals OR we have an agreement with another organisation which will support us and receive money on our behalf. Yes / No

Bank details: Name of Bank: \_\_\_\_\_
Address of Bank: \_\_\_\_\_
Name of account: \_\_\_\_\_
Account Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Sort Code: [ ][ ][ ][ ][ ][ ][ ]

- c) A copy of our latest annual accounts is enclosed OR (for new groups) we enclose income and expenditure plans Yes / No
d) We have an Equality and/or Equal Opportunities policy (this policy may be contained within your constitution or other governing document) Yes / No
e) A copy of our public liability insurance to the value of at least £10 million is submitted (If you do not have cover, please explain why) Yes / No
f) We have a policy to ensure the safeguarding of children or vulnerable adults (where appropriate). Yes / No

SECTION 2 - NEED

*(Note - questions in sections 2, 3 and 4 will be scored for assessment purposes - please consult the guidance notes before you complete this application form to ensure that you answer as fully as possible. Extra space found at the back)*

1) Please describe what the project your applying for is? \_\_\_\_\_

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2 a) Please tell us why you think it is needed? \_\_\_\_\_

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2 b) Please provide evidence to support the project need: e.g. Interviews, newspaper clips, questionnaires etc.

3) What would happen if the project was not funded? \_\_\_\_\_

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SECTION 3 – BENEFIT

4) What will be delivered by the project?(Please tell us what you will do with the funding you are applying for)

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5) What will the short term benefits of this project be to the participants? And how will you measure this?

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6) What will the long term benefits of this project be to the participants? And how will you measure this?

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7) How many people will this project benefit? \_\_\_\_\_

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8) Where do the people who will benefit from your project mainly live? (name of neighbourhood/ward)

(not scored): \_\_\_\_\_

SECTION 4 – USE OF RESOURCES

9) How much will the project cost?

ITEM (Please give breakdown of main items)	COST £

Total Cost of Project    £   

10) If you are making a contribution from other funds please indicate here  
 (Please indicate whether any funding is agreed, conditional etc. in the space below)

	COST £
Amount of Grant Requested (Maximum £1,000)	

11) Have you provided any quotes for the costs above? If not your application form will be delayed until we get this? Yes / No

12) Will the project continue after the proposed funding for this project has finished?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13) What is the timescale for your project or service? (not scored)

start: \_\_\_\_\_ finish: \_\_\_\_\_ ongoing (please tick)

THE COUNCIL REQUIRES ALL RECEIPTS AS EVIDENCE OF EXPENDITURE.

DECLARATION:

I am authorised to make an application on behalf of the above organisation.

I certify that the information contained in this application is correct.

If the information in this application changes in any way I will inform Hastings Borough Council.

I give permission for Hastings Borough Council to record details of my organisation electronically and to contact my organisation by phone, mail or email.

SIGNED:

DATE: \_\_\_\_\_

