



**APPLICATION FORM FOR VOLUNTARY SECTOR
GRANT SCHEME 2004 - 2005**

This information can be made available in Braille, large print, on tape and in other languages. To request a copy, please call the Community Regeneration Team on 01432 260611 or email hmcsherry@herefordshire.gov.uk. This application is also available on disc or by e-mail.

Information about your Organisation

1. Name of your Organisation

2. Name of the Main Contact

3. Position held in the Organisation

4. Contact address, include postcode

5. Telephone no.

6. Fax no.

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7. What type of organisation are you?

Registered charity in England

Registration number

Exempt or excepted charity

Registration number

8. When was your group established?

9. What geographical area of Herefordshire does your organisation cover?

10. What are the main objectives/activities of your organisation and what services do you provide?

11. How many people are involved in running your group?

Paid staff: Full time

Paid staff: Part time

Volunteers

12. How do you attract new users and volunteers / workers to your organisation?

INFORMATION REGARDING THE GRANT THAT YOU ARE REQUESTING

13. What is your project? How will the grant be used? What will you do and in what timescale?

14. Where in Herefordshire will the project/service take place?

15. Does this development/new project have local support? For example, how were the views of the community and/or users established? (You must include evidence of this with the application, e.g. public meetings, consultation, surveys, newsletters, etc)

16. Who will benefit from the grant? (Please give the numbers, age range, ethnic origin, geographic community, etc.)

17. Referring to the enclosed Herefordshire Plan, please identify which ambitions your project will contribute to, and how it will do this.

18. How will the grant help you meet your objectives identified in Question 10?

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FINANCIAL INFORMATION (EXPENDITURE & INCOME)

19. Please give a breakdown of all the expenditure for the project.

Item/Activity	£

Total Project Expenditure

20. Please detail which of the above expenditure categories the grant money from Herefordshire Council will be used for?

Item/Activity	£

Total amount of grant requested from Herefordshire Council

21. Please describe any contribution that you are making towards the project. Try to estimate the cash value of any 'in kind' contribution.

22. Please list all applications for funding that you have made in relation to the expenditure listed in Question 19 Please indicate whether the funding has been applied for (A) / secured (S) / or refused (R).

Organisation	Date	A/S/R	Amount
TOTAL			

MANAGEMENT AND MONITORING OF THE PROJECT

23. Please indicate how you will meet any shortfall for this project if this application, or any other applications you have made for funding, fall short of the expected figure outlined in Question 19.

24. How will the project be managed and, how and when will you monitor its progress.

25. Are any members of your management board or director's employees or elected members of Herefordshire Council?

26. Should your grant application be successful, please indicate how your project will continue beyond March 2005.

OTHER INFORMATION

27. Give information about your most recent annual accounts. These should not be more than 12 months old. You **must** send us a copy of your accounts with your application.

Account year ending:

Day		Month		Year	

Total (gross) income

£

Minus total expenditure

£

Equals loss / profit for the year

£

Savings (reserves, cash or investments)

£

28. If you have free reserves of more than 12 months costs for this project, but are not spending any of these on the project, please explain why.

Your Signature

I confirm that, to the best of my knowledge and belief, all of the information in this application form is true and correct and I understand that giving false information could lead to the withdrawal of any grant offered. I confirm that the grant will be used only for the purposes outlined in this application and I will provide a full report on progress. I understand that you may ask for information at any stage of the application process.

Signature	Date
Name	

Comments and Feedback

We are always looking at ways to improve our service, and would welcome any comments about the service you receive, or about this form, and any ideas you may have about possible improvements

Data Protection Consent

Your contact details will be retained by Herefordshire Council for the purpose of administering your grant application. This information will not be passed to any other party and you will only be sent information relating to your application. Please tick here if you do not consent to your details being kept on a database for this purpose.

ENCLOSURE CHECKLIST – please use this list to ensure that you have enclosed all of the necessary information with your application.

	✓
Policy for equal opportunities	
Policy for young people	
Policy for disability	
Policy for environment	
Annual accounts (most recent)	
Most recent bank statement	
Constitution/rules	
Evidence of local need	
A statement confirming your procedures for police checking of staff or volunteers who have substantial access to children (under 8's) whilst undertaking activities on behalf of your organisation	
List of Herefordshire Council contacts relating to the project	

Completed form to be returned to:

Hannah McSherry
 Community Regeneration Team
 Herefordshire Council
 P.O. Box 4
 Plough Lane
 Hereford
 HR4 0XH

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