

## GRANT APPLICATION -This form is for grants up to £500

### Guidance Notes



This symbol shows there is information, which will help you, complete the question.

Read all the questions carefully and supply all the information requested

If you need more space for any answer, attach another sheet clearly showing the question number.

### Contact Details

Title:

First Name:

Surname:

Position held in the group:

Contact Address, including full postcode

Postcode:

Daytime Telephone Number:

Evening Telephone Number:

e-mail address:

Name of group making application:

Name of your project if this is different:



Name of contact for this application. This must be someone from your group who knows about your project and can be contacted during office hours. This is normally the person completing the form.

## Your Group

Briefly describe the purpose of your group

What type of group are you?

Tick (✓) relevant category:

Registered Charity:

Unregistered Voluntary

Organisation:

Company Limited by Guarantee:

Other – Please specify:

When did your group start?

If you are a branch of, or related to, a larger organisation, please tell us which one.

Describe the usual activities/services you provide.

If you are a new group, describe the services/activities you plan to provide.

Does the Organisation have an agreed constitution or Memorandum of Association or rules?  
Please state which and attach a copy:



Describe the usual activities/services you provide.

If you are a new group, describe the services/activities you plan to provide.

## The Activities/Event You Plan

What event or activities will take place if you receive a grant?

Try to be specific about what you will do and how you will do it.

Tell us how you have identified the need for the event/activity, either within your group or community, and how you think your project will meet this need.

When are you planning for your project or activity to take place?

Start date (month/year)

End date (month/year)

How many people do you expect to participate from your event/activity?  
Please give a number, do not put 'everyone in the area'. An estimate is fine if you cannot be exact.

What, if any, special safety issues are related to your event/activity?  
Safety issues could be related to participants, organisers, public and/or the environment.  
Please tell us if your project/activity has any such issues.

## The Money



Maximum figure payable for grants £500.00.

Tell us the amount of grant requested. £

Tell us how much money the event/activity will cost in total: £

How much money has been/is to be raised towards this sum: £

How do you plan to raise funds to meet any shortfall and by when?  
Please list the amounts and sources of funds that have already been confirmed:

Please give us a breakdown of how the money will be spent:  
Please specify how the costs are broken down as far as possible, e.g. itemise equipment costs etc.

Please describe any contribution you are making towards this project.  
This can be in cash, or an estimate of any 'in kind' contribution such as the number of volunteers' time or the value of hiring a venue you are using for your project.



If you need to pay VAT include this in the cost.  
If you can reclaim VAT and do not need to pay, please do not include VAT



## Independent Referee

Your referee must be independent of your group and your management committee.



Your referee must be someone who knows about your group and can comment on your project. If your project is working with children, young people or vulnerable groups, your referee must be someone with a relevant professional qualification such as a teacher, social worker or childcare professional.

Title First Name Surname

Occupation

Telephone: Day Evening

How long have you known this group and how do you know about their work?

Signed:

Date:

### Senior Contact:

Please give details of a senior member of your organisation.



For example, this may be your Chairperson, Treasurer or Secretary. They must read the application and sign below.

**(This must not be the main contact name in Q1).**

*I confirm, on behalf of (insert name of group):*

*That I am authorised to sign this declaration on its behalf, and that, to the best of my knowledge and belief, all replies are true and accurate.*

*I further confirm that this application is made on the basis that if successful, the group will be bound to use the grant only for the purpose specified in this application, and will have to comply with any terms and conditions attached to the grant.*

Post held in group:

Title First Name: Surname:

Contact address:

Postcode:

Telephone: Day Evening

Signed:

Date:

## Signature of Main Contact



This must be the signature of the person named in Q1 as the main contact and **not be the same person who has signed above**

*I confirm that, to the best of my knowledge and belief, all the information in this application from is true and correct. I understand that you may ask for additional information at any stage of the application process.*

Signed:

Date:

Please return all forms to

**The Parish Office  
Hampton Vale Community Centre  
1 Stewartby Avenue  
Hampton Vale  
Peterborough  
PE7 8NJ**

Telephone: 07391 497561

e-mail: [deputyclerk@hamptonpc.org.uk](mailto:deputyclerk@hamptonpc.org.uk)

[www.hamptonpc.org.uk](http://www.hamptonpc.org.uk)