

HOLME VALLEY PARISH COUNCIL

HOLMFIRTH CIVIC HALL, HUDDERSFIELD ROAD, HOLMFIRTH, HD9 3AS
Tel: 01484 687460 Email: clerk@holmevalleyparishcouncil.gov.uk



COMMUNITY ASSETS GRANT APPLICATION FORM

Please complete this form as clearly as possible and return it to the above address.
The application form (only) will be circulated to all Members of the Community Assets Support Committee for consideration at the next available meeting. The supporting documentation will be assessed by the Chairman of that Committee and the Clerk/Responsible Financial Officer beforehand, to ensure the application meets the Council's criteria.

Please refer to the criteria before completing this form.

Where * please delete as appropriate.

CONTACT DETAILS

Name of organisation, e.g. Club or Community Group:

Contact person for this application:

Position held (e.g. Chairman, Secretary or Treasurer):

Correspondence address:

Email address:

Telephone number:

ABOUT YOUR ORGANISATION/GROUP

What type of organisation/group are you?

Unregistered community group/club/society*
Registered charity* -
Other (please state):

Charity Registration No. (if applicable)

How long has the organisation/group been in existence?

Do you have a Constitution or a set of governing rules?

Yes/No*
*If yes, please provide copy with this application
If none available, please explain management structure on a separate sheet.*

| | | | |
|---|--|---------|---|
| <p>What area does your organisation/group cover? <i>The Council can only fund grants to organisations/groups who can demonstrate direct benefit to residents of the Valley</i></p> | | | |
| <p>Describe the people you <u>mainly</u> work with:</p> | <p>Children under 16* Young people under 25* Older people over 60* Disabled people People of minority ethnic origin Other (please state):</p> | | |
| <p>Is your organisation ‘members only’? If so, please state your membership fees and membership criteria</p> | <table border="1"> <tr> <td data-bbox="798 526 951 642">Junior:</td> <td data-bbox="952 526 1497 642">£</td> </tr> </table> | Junior: | £ |
| Junior: | £ | | |
| | <table border="1"> <tr> <td data-bbox="798 645 951 759">Adult:</td> <td data-bbox="952 645 1497 759">£</td> </tr> </table> | Adult: | £ |
| Adult: | £ | | |
| YOUR ORGANISATION’S FINANCES | | | |
| <p>Financial year (please state):</p> | | | |
| <p>Income</p> | £ | | |
| <p>Expenditure</p> | £ | | |
| <p>Reserves</p> | £ | | |
| <p>Please provide your last three years’ accounts (if available)</p> | | | |
| GRANT FUNDING FOR COMMUNITY ASSET PROJECT | | | |
| <p>This application must be for a project relating to a community asset in the Holme Valley. Please provide a detailed description of the project for which you are seeking funding. NB – This should include the rationale behind the project, detailed costings and how the project will meet the Parish Council’s public benefit criteria.</p> | | | |
| <p>What is the total cost of the capital purchase or project?</p> | £ | | |
| <p>Who will benefit from this capital purchase or project?</p> | | | |

| GENERAL DETAILS - TO BE COMPLETED BY ALL APPLICANTS | |
|--|--|
| Amount for which the organisation or group is seeking grant aid from the Parish Council: | £ |
| How much does the organisation or group expect to raise by its own efforts and how? | |
| How will the rest of the cost be financed? | |
| What other organisations may use the organisation or group's facilities? | |
| What other organisations will benefit from this project or scheme? | |
| What facilities have been provided or improved as a result of the organisation or group's own efforts? | |
| Has the organisation or group previously applied for a grant from this Parish Council? | Yes/No* <i>If yes, please give brief details and the date of any grant received:</i> |
| Has the organisation or group made any grant application to any other Authority or grant making body for funding support for this event, project or scheme? | Yes/No* <i>If yes, please provide name of the Authority/funding organisation:</i> <i>Date(s) of application(s):</i> <i>If result of application(s) known, amount of grant(s) received:</i> £ |

| | |
|--|-------------|
| | |
| PAYEE DETAILS FOR ANY FUNDING AWARD <i>All grant funding will be paid by cheque</i> | |
| Name of payee organisation as it appears on bank account: | |
| | |
| If there is any other information which you consider to be relevant to your application, please provide details below or on a separate sheet. | |
| | |
| DECLARATION | |
| This declaration must be signed by an authorised person within the organisation or group, e.g. Committee Member, Office Holder or Trustee. | |
| <ol style="list-style-type: none"> 1. I am authorised to make the application on behalf of the above organisation. 2. 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 by the Council. 3. I certify that the information contained in this application is correct. 4. If the information in the application changes in any way, I will inform the Council. 5. I give permission for the Council to record the details of my organisation electronically and to contact my organisation by phone, mail or email regarding this application. 6. If the application is successful, I give permission for the Council to publicise the project/scheme in the local media and on its website. 7. I agree to provide a report, including photographs, to the Council, indicating how the grant awarded has been spent, within TWO MONTHS OF COMPLETION. | |
| Signed | Date |
| | |

CHECKLIST

Please enclose the following with your application. We will only process your application when we have received them.

| | Please Tick |
|--|--------------------|
| Signed application form, with every question answered | |
| Last three years' audited annual accounts (if available) | |
| Constitution or set of rules (if not applicable please state so) | |
| Copy of bank statements for past six months | |
| Copies of written estimates/quotations for capital purchases/project | |
| If possible, please email a copy of the grant application (only) to the Clerk (clerk@holmevalleyparishcouncil.gov.uk). | |

Please send completed application form (with all supporting documentation) to:

**Holme Valley Parish Council
Holmfirth Civic Hall
Huddersfield Road
Holmfirth HD9 3AS**

If you have any queries, please contact the Clerk on:

Tel: 01484 687460 (Tuesdays/Thursdays 10am to 3pm – messages can be left outside office hours and any response will be provided as soon as feasible)

Email: clerk@holmevalleyparishcouncil.gov.uk

You are advised to keep a copy of this application for your own records.

For internal admin use only:

| | |
|-------------------------------------|---------------------------------|
| Date application received: | |
| Application reference no: | |
| Application meets criteria: | Yes/No* If no, give reasons: |
| Meeting Date/Minute No. | |
| Date applicant notified of outcome: | |