Grow Up! Community Fund 2024 Application Form

The deadline for the receipt of applications is **11:59am on Monday 16th September 2024.**

Applications should be submitted via email to communitygrants@easthants.gov.uk

Enquiries to communitygrants@easthants.gov.uk

Before completing this application form, **please read the funding guidance notes** to ensure your project is eligible.

**For your application to be considered you MUST include a copy of the following documents/information when you submit your application, please indicate below that you have provided the documents**

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| **Constitution** (*your constitution must have a dissolution clause or winding up clause which states how remaining funds would be distributed should your organisation close.* *Please specify the page number.)**For support with your constitution or governance please contact Community First via* support@cfirst.org.uk *or visit* [*https://www.cfirst.org.uk/resources*](https://www.cfirst.org.uk/resources) |   |  |
| **Accounts**A copy of your organisations most recent accounts (audited where appropriate) or latest bank statement for new organisations  |  |  |
| **Quotations of costs included in application**  | 1st Quote  | 2nd Quote  |
|  |   |
| **Any other evidence to support your application, please list** |   |
|    |

# Organisation details

|  |  |
| --- | --- |
| **Applicant name:**  |  |
| **Position in organisation:**  |  |
| **Telephone:**  |  |
| **Email:**  |  |
| **Address:**  |  |
| **Who can we contact if the person above is unavailable (inc Tel No & Email)?**  |  |
| **Type of organisation:**  *(If a registered charity please include charity number)* |  |
| **Overview of what the organisation does:**  |    |
|  **Organisation name:**  |   |
| **Project title:**  |   |
| **Amount requested:**  | £  |
| **If successful, please** **name the** **organisation that will receive and hold the funds (if different from above):**  |   |

The information we collect on this form is necessary to process your grant application. The lawful basis to collect this information is that it is necessary for the performance of the potential contract to which you would be party (i.e. the grant award). We will keep your information on file in line with our retention schedule. You have a number of rights about how your data is used. For more information go to:

https://www.easthants.gov.uk/privacy-policy/your-personal-information/how-long-do-we-keep-yourpersonal-information

# Application details

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| --- | --- |
| **1**  | **Project description** ***(please provide a detailed description of the project you require funding for):*** **(scored out of 4 points)** |
|  |
| **2**  | 1. **Who will benefit from your project?** *(Please note this must include East Hampshire residents. Please include details of how your beneficiaries link to the priorities of the fund.)* ***Pass / Fail***
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|  |
|  | 1. **How many residents will benefit from your project?** *(Please include details on the impact your project or service will have on the beneficiaries.)* ***Pass/Fail***
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|  |  |
| **3**  | **Please evidence that there is a need for this project.** *(It is important to include any statistics, consultation, or research you have undertaken to support this answer)* **(scored out of 4 points)** |
|   |
| **4**  | **Where will your project be delivered?** (*Please provide details of where it will be based.)***(Pass/Fail)** |
|  |
| **5** | **When will your project take place?** *(Please note, we can only fund projects that will be completed by 31st March 2025.)***(Pass/Fail)** |
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| **6** | **How will you deliver your project?** *(Please detail how you will deliver, the milestones that will be achieved throughout the project.)***(scored out of 4 points)** |
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| **7**  | **Does your organisation have the following documents? If so, please state when these documents were last updated/adopted:**  **(not scored)** |
| **Safeguarding policy:**  |  | **Safeguarding policy last updated:**  |  |
| **Equality & diversity policy:**  |  | **Equality & diversity policy last updated:**  |  |
| **Public liability insurance:**  |  | **Public liability insurance last updated:**  |  |
| **Employers** **liability insurance:**  |  | **Employers** **liability insurance last updated:**  |  |
| **Professional Indemnity Insurance** |  | **Professional Indemnity Insurancelast updated** |  |
| **Health &** **Safety policy:**  |  | **Health & Safety policy:**  |  |
| **Does your organisation work with children or adults at risk?**  |  |
| **If it does, but you do not currently have a safeguarding policy in place, you will need to contact our Safeguarding Lead on safeguarding@easthants.gov.uk.**  **(not scored)** |
| **8** | 1. **Do you have permission from the landowner/building owner for your project to take place?** *(If available, please provide letters/emails from owner confirming permission.)* ***Pass/Fail***
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|  |
|  | 1. **Does your project require planning permission or any other consents?** *(Are these consents already obtained? If so please provide evidence. If you are a tenant with a lease, please state the expiry date of your lease.)* ***Pass/Fail***
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| **9**  | 1. **Has your organisation received funding from EHDC in the last 2 years for this or other projects?**

*If yes, please provide full details: only include the project title and fund not explanation***(not scored)** |
|  |
|  | 1. **If you receive this grant, would it constitute a subsidy?** *(please read the Guidance Notes for a definition & consider would it be permissible under the subsidy control principles? Please confirm below)*
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| **10**  | **Which of the below categories best describe your project?** Please select as many as is relevant but no less than 1.You must achieve a minimum of 1 of these objectives for your application to be considered.   The items in bold will scored higher and therefore are more likely to be successful. **(1 point per intervention - 2 points for those in bold. Max score 8 points)** |
|

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| --- | --- |
| Meets Objective**(ü)** | **Interventions** |
|  | **Community & neighbourhood infrastructure projects** |
|  | Creation of and improvements to local green spaces |
|  | Impactful volunteering and/or social action projects |
|  | **Community measures to reduce the cost of living** |
|  | Enrichment & volunteering activities |
|  | Green skills courses |

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| **11** |

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| **Which of the following outputs and outcomes does your project achieve? Please indicate which will be delivered.** *Grants are awarded using national Government funding and therefore must demonstrate delivery of the outputs and outcomes. You will need to provide evidence of delivering these.* *You must achieve a minimum of 5 of the outputs and outcomes for your application to be considered.**The items in bold will scored higher and therefore are more likely to be successful.***(1 point per output/outcome - 2 points for those in bold. Max score 35 points)**  |
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| --- | --- | --- |
| **Meets** **Output / Outcome** **(ü)**  | **By**  | **Outputs / Outcomes**  |
|  | No. | **Number of organisations receiving non-financial support**   |
|  | No. | Number of households receiving support |
|  | No. | **Number of facilities supported/created**  |
|  | No. | Number of local markets supported  |
|  | No. | **Number of socially excluded people accessing support**  |
|  | No. | **Jobs created**  |
|  | No. | Increased footfall  |
|  | No. | **Number of active or sustained participants in community groups as a result of support** |
|  | No. | **Number of people engaging with mainstream healthcare services** |
|  | No. | **Number of people in education/training**   |
|  | No. | **Number of local events or activities supported**  |
|  | M2 | **Amount of green or blue space created or improved (m2)** |
|  | No. | Number of trees planted  |
|  | No. | Number of volunteering opportunities supported  |
|  | No. | Number of projects  |
|  | No. | Number of people reached |
|  | No. | Increased visitor numbers  |
|  | No. | **Improved perception of facility/infrastructure project**  |
|  | No. | **Improved engagement numbers**  |
|  | No. | Volunteering numbers as a result of support  |
|  | No. | **Increased number of projects arising from funded feasibility studies**  |
|  | No. | **Number of people accessing mental and physical health support leading to employment** |

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| **12**  | **If you are applying for funding for a permanent structure or facility, have you made plans for future maintenance and management?** **(Pass/Fail)** |
|  |
| **13**  | **Have you considered the risks associated with the project.** *This may include financial risks, staff/volunteer risks and/or specific project risks.* **Please list the risks considered and mitigations****(scored out of 4 points)** |
|  |
| **14** | **How will you monitor and evaluate the success of your project against the outputs and outcomes in the table in question 8?** *This should include detail of how you will track the project and how you will be able to assess whether the project has met* the outputs and outcomes**Can you provide monitoring reports?** **(Pass/Fail)** |
|  |
| **15** | **Will you be working with other organisations, community groups to deliver your project, if so, who?****(not scored)** |
|  |
| **16**  | **Is there anything else you would like to tell us about your project or organisation?** **(not scored)** |
|  |

# Finance details

Please use the following tables to list the costs and income for this specific project or service:

* TABLE 1 - Expenditure Table – Capital Projects only
* TABLE 2 - Income Table – All Projects

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| --- |
| **TABLE 1 - EXPENDITURE -** *The total expenditure should match the total income (Table 3)* |
| **ITEM DESCRIPTION** | **PURCHASE COST** | **EVIDENCE PROVIDED** |
| *Example: lawnmower* | *£500* | *Quote from local garden centre attached* |
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| **TOTAL EXPENDITURE:** |  |  |

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| --- |
| **TABLE 2 – INCOME FOR PROJECT** *\*Please note your total income should match the total expenditure shown in table 1*  |
| **Income** | **Amount** | **Details of income** | **Pending or confirmed**  |
| *Example: grant from parish council* | *£2,000* | *Funding application submitted February 2023* | *Decision expected July 2023* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL INCOME:** |  |  |  |

***Before submitting your application, please ensure you complete the above and enclose a copy of quotes. If the necessary documents/information are not provided, then your application will be rejected and returned.***

# Declaration

***Not scored, but failure to attest that the contents of the application are true will result in the application failing***

|  |  |
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|   | I confirm that, to the best of my knowledge and belief, all the information contained in this application form is true and correct, and the fund criteria has been met.  I understand that you may ask for additional information at any stage of the application process.   |

|  |  |
| --- | --- |
|   | I certify that all the information given in this form is correct and that any grant money received from East Hampshire District Council will be used for the purposes stated in this form.  East Hampshire District Council reserves the right to reclaim any grant not used for the purposes stated on this form.  If the organisation is wound up and there is unspent EHDC money, the funds will be returned to EHDC.  The project needs to be completed by 31st March 2025.  |

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|   | If successful, I agree to complete a monitoring form to detail the outcomes of the project when requested.  Please note that the failure to complete a monitoring form for a project may preclude the awarding of future Community Grant schemes to your organisation.  |

Please note, it is the applicant’s responsibility to ensure all required permissions and approvals are in place prior to their project commencing.

|  |  |
| --- | --- |
| Signature  |   |
| Name  |   |
| Date  |   |
| Position  |   |

At the end of the application process please state below if you are happy for us to keep your contact details. We will only email you if we have information, we believe is relevant or your organisation would find useful. We may also use the list to contact people on an individual basis depending on the nature of the enquiry, for example to request some advice or information that will help with our work.

If anyone else within the Council wishes to use any of the contacts, we will email you first to ask if you are happy for us to share your contact details with them, as well as the reason behind the request, this may include East Hampshire District Councillors.

|  |  |
| --- | --- |
| *I am happy for you to keep my contact details*  |  |

**Has your organisation signed up to be a beneficiary of our East Hampshire community lottery? If no, please visit https://www.easthantslottery.co.uk/ to find out if your organisation is eligible and how to sign-up.**

# Submitting your application

**PLEASE ENSURE YOU ENCLOSE A COPY OF YOUR CONSTITUTION, QUOTATIONS FOR COSTS AND ANY OTHER ADDITIONAL EVIDENCE WHEN YOU SUBMIT YOUR APPLICATION TO ENSURE YOUR APPLICATION CAN BE PROCESSED.**