



East Riding of Yorkshire Council

Application

for grant funding up to £2,000

Grant funding stream

Name of proposed project

Amount applied for

£


Section I

Organisational and contact details

I.1 Full name of organisation seeking grant funding

(or of organisation acting as lead contact where a consortium application is being submitted)

I.2 Organisation details

 Complete as appropriate

Registered office address

Company or charity registration number

VAT registration number

Name of ultimate parent company

Date of incorporation

 Tick/Complete as appropriate

Type of Organisation

(i) a public limited company

(ii) a limited company

(iii) a limited liability partnership

(iv) other legal partnership

(v) Other eg voluntary/community organisation, Town/Parish Council or social enterprise (please specify)

I.3 Please give details of the main contact for this application

Name

Address

Postcode


Phone

Mobile

Email


I.4 Briefly state in the box below the main focus of your organisation’s work, together with its aims and objectives, including its primary beneficiaries and the geographic area covered.

I.5 Please list any Council Officers or Councillors of East Riding of Yorkshire Council who are familiar with the work of your organisation. This is to allow for any potential conflict of interest to be identified.

 Details of Council Wards and Councillors can be found on the East Riding of Yorkshire Council website at www.eastriding.gov.uk


Name of Officer	Directorate
Name of Councillor	Ward

I.6 Does your organisation have processes in place to ensure that it meets the requirements of current equalities and health and safety legislation?

 Please tick as appropriate. If 'yes' please provide a copy (see Section 6.1)

Yes No

I.7 Safeguarding and Vetting of Volunteers and Staff

 Please tick as appropriate

Will your project involve working with children and vulnerable adults?

Yes No

If 'yes', persons who work with children or other vulnerable members of society, whether for payment or otherwise must be vetted to the appropriate level to ensure that they are suitable for the work.

Please describe in full the procedures in place (or to be adopted) by your organisation to comply with this requirement. State which organisation carries out (or will carry out) the checks on your behalf and provide details, as appropriate, of those volunteers/staff members who have been the subject of Disclosure and Barring Service (DBS) checks.

I.8 Please provide details of the bank/building society account into which this grant would be paid.
(Please note that any payment cannot be made to an individual's personal account)

Name in which account is held

Account Number

Sort Number

Bank name

Bank telephone number


Branch address

Section 2

Details of activities for which funding is being requested

2.1 Is this funding request to support a new project?

Yes No

 Please tick as appropriate

AND / OR

A contribution towards annual running costs for the provision of an existing project or service?

Yes No

2.2 Please describe in the box below the overall aims and objectives of the project (new or existing) for which you are seeking funding and how the need for the project was determined

NB When assessing your application, reference will be made, as/where appropriate, to how your project relates to the achievement of the East Riding Local Strategic Partnership's ambitions and to delivery of the Council's corporate priorities, details of which are set out below:


Local Strategic Partnership

- Children and young people have a brighter future
- Older people enjoy a healthy, independent lifestyle
- Communities are healthy, thriving, prosperous and safe
- Regeneration transforms deprived areas and reduces health and other inequalities
- We value and care for the diverse character of the area

Council Corporate Priorities 2012-15

- Maximising our potential
- Valuing our environment
- Supporting vulnerable people, reducing inequalities
- Promoting health, wellbeing and independence
- Reducing costs, raising performance

2.3 (a) Is the project for which you are seeking grant funding being provided for residents on an East Riding wide basis or is it targeted at a specific part of the area?

 Please tick as appropriate

East Riding wide Targeted

(b) If your activities are targeted at specific parts of the area, please indicate where you will be delivering your project

Section 3

Timescales

3.1 Project start date

DATE	MONTH	YEAR
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3.2 Project end date

DATE	MONTH	YEAR
------	-------	------

Section 4

Impact of the project

4.1 What difference will your project make and how do you propose to monitor and demonstrate its impact?

Section 5

Financial information

5.1 Please provide a breakdown of how the funding sought will be used to deliver the project

Item or activity	Cost
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
Total cost	£ <input type="text"/>

5.2 Please provide details of all other applications you have made, or intend to make, for funding to support your project together with any funding you currently receive or have received from the Council over the last three years. This includes grants, service level agreements and contracts

Source of Funding	Amount Applied for	Amount Received	Period Covered	Activity Funded
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/>	<input type="text"/>

Section 6

Enclosures

6.1 In support of your application, please enclose the following:

- A copy of the meeting minute or appropriate authorisation approving the submission of this application.
- If applicable, a letter of support or other relevant evidence of collaboration with relevant agencies/groups where the proposed project will be delivered through a partnership/consortium arrangement.
- Where appropriate, copies of the organisation's equality, health and safety and safeguarding policies/procedures. (See questions 1.6 and 1.7).
- Where appropriate, details of your organisation's public liability and employer's liability insurance policies.

PLEASE NOTE: THE ABOVE (WHERE APPLICABLE) MUST BE ENCLOSED WITH YOUR APPLICATION OTHERWISE IT WILL NOT BE CONSIDERED

Section 7

Declaration

7.1 Data Protection and Freedom of Information

As a public organisation, East Riding of Yorkshire Council has to follow the Data Protection Act 1998 and the Freedom of Information Act 2000. We have a Data Protection Policy and a Freedom of Information Policy, both of which are available from our website at www.eastriding.gov.uk. Any concerns regarding fraud and corruption irregularities must be raised in accordance with the Council's Whistle Blowing Policy which is also available on our website.

We also have a Counter Fraud and Corruption Policy which is also available from our website at www.eastriding.gov.uk.

By signing this application form, you agree to the following:

We will use this application form and the other information you give us for the following purposes:

- To decide whether to give you a grant.
- To provide information to any other individuals or organisations who are helping us assess and monitor grants, including local authorities, other lottery distributors and organisations that award grants. After we reach a decision, we may also tell them the outcome of your application and, if appropriate, why we did not offer you a grant.
- To hold in our database and use for statistical purposes.
- If we offer you a grant, we will publish information about you relating to the activity we have funded, including the amount of the grant and the activity it was for. This information may appear in our press releases, in our print and online publications and in the publications or websites of any partner organisations who have funded the activity with us. We may also publish summary information about unsuccessful applications.

You have read East Riding of Yorkshire Council's Data Protection, Freedom of Information and Counter Fraud and Corruption policies and accept how we generally plan to treat your application and other related information if someone asks to see it under the Freedom of Information Act 2000.

East Riding of Yorkshire Council reserves the right to withdraw any application from the funding process if it is deemed that information in that application has been presented fraudulently or purposefully withheld.

Before signing, please:

- Check that you have answered all the questions in the application form.
- Please ensure you keep a copy of your application form for your records.

In dating and signing this document and submitting it you confirm that, to the best of your knowledge, the information provided on this application form is correct and you confirm that any grant awarded will be used exclusively for the purposes described.

Please note that the application form should be signed by at least one appropriately authorised person (eg the Chair of the management committee [or equivalent]) and that where your organisation is a registered charity, at least one of the signatories should be a trustee of that charity.

Signed

A typed name will be sufficient. If your application is successful, we will require a signed hard copy of this form

Position in organisation

Date

Signed

A typed name will be sufficient. If your application is successful, we will require a signed hard copy of this form

Position in organisation

Date

Please check the guidance notes for details of how to submit this application, to whom and by what date.

Please note that if your application is successful, an original signed copy of the application will be required for audit purposes

Should you have any questions, please check the guidance notes about who to contact.

We will acknowledge receipt of your application form and give you a unique reference number as soon as possible.

Please tell us how you heard about this funding

FOR OFFICE USE ONLY - Reference number

Please continue the application on this sheet if necessary