

# Application Form

## Funding for the Community and Voluntary Sector



**Nottingham  
City Council**

### 1. ABOUT YOUR GROUP

Name of group	<input type="text"/>	
Name of main contact	<input type="text"/>	
Position in group	<input type="text"/>	
Home Phone	<input type="text"/>	Best way to contact you <input type="text"/>
Mobile Phone	<input type="text"/>	Best time to contact you <input type="text"/>
Email	<input type="text"/>	
Address for correspondence	<input type="text"/>	
Group address (if different)	<input type="text"/>	

*The name of your group as written in your governing document*

*The main contact should be someone who can talk about your application in detail, in case we need you to explain something*

What type of group or organisation are you?

Voluntary organisation / community group with formal rules	<input type="checkbox"/>	
Registered Charity	<input type="checkbox"/>	Charity Registration no. <input type="text"/>
Company Ltd by Guarantee	<input type="checkbox"/>	Reference no. <input type="text"/>
Community Interest Company	<input type="checkbox"/>	Reference no. <input type="text"/>
Industrial & Provident Society	<input type="checkbox"/>	Reference no. <input type="text"/>
Other (Please specify)	<input type="text"/>	

*Please tick all that apply*

When was your organisation set up?

Which areas or neighbourhoods of Nottingham does your group work in?

Please give us the name and address of your Chair, Treasurer & Secretary below

Chair:	Treasurer:	Secretary:
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Call us if you have less than three people on your management committee*

What kind(s) of activities does your group currently provide?

*Describe the usual projects and activities you provide*

## 2. ABOUT YOUR PROJECT / ACTIVITY

What do you want to use our funding to do?

*Tell us about who will benefit, what you will do, where you will provide the project and when it will take place*

How many people will benefit from this project / activity?

What percentage of people benefitting from this project / activity live within the City of Nottingham?

 %

Why do you think your Project / Activity is needed?

*Please provide some evidence of how you know people need your project*

Why is this Project / Activity the best way of meeting the need you've identified?

*Why is the project relevant to the people you want to benefit?*

What experience does your group have that will help in running this project?

*Consider  
Basic Food  
Hygiene and  
Environmental  
Health  
inspections*

How does this meet the priorities identified in the grant guidance?

*We will only  
fund  
applications  
which can  
show how  
they meet our  
priorities*

How will you know whether your Project / Activity has made a difference?

*For example:  
What will you  
do to find out  
what your  
beneficiaries  
thought?*

How long will you use our funding for? Start  Finish

*What  
difference will  
your Project /  
Activity make  
to your  
community?*

What do you see as the wider community benefits of your Project / Activity?

*For example:  
community  
centres / halls  
/ libraries*

At what venue(s) will the project / activity take place?

Is there anything else you would like to tell us about your group, or your Project / Activity?

#### 4. ABOUT YOUR BUDGET

What is the total cost of your Project / Activity?

How much grant do you want from the City Council?

Are you applying for funding anywhere else for this Project / Activity?

 YES

 NO

If yes, please tell us where from below (eg. Charitable trusts, private sponsorship, lottery funding, European funding)

*The City Council does not need groups to find other funding*

Name of Funder	Amount applied for or donation	What this will fund	Please tell us if this is successful or pending

*If other funding applications are pending, please tell us when you will know the outcome*

Please give us a detailed breakdown of how **ALL** the funding will be spent, including what you intend to buy with other Funders grants.

If you are requesting funding for a number of items, please list them in order of priority. Show how costs have been calculated (eg. For staff costs indicate cost per session or hour).

Item	Amount from other funder	Amount from City Council
<b>TOTALS</b>		

*Tell us what you want us to fund, and what will be funded by someone else*

*You must provide quotes for individual items that you will buy with our funding that cost more than £250*

*Remember to Include your latest accounts*

Does your group have its own bank/building society account?

 YES

 NO

How many people do you need to authorise a payment/cheque?

## 5. SUPPORT YOU HAVE RECIEVED

Have you talked to any City Council Officers about this application?

Name	Department

Have you talked to anyone else about this application?

*Please tell us about any help or support you have received to complete your application*

## 7. DECLARATION

We are authorised to submit this application on behalf of the group named in Section 1. We certify that the information enclosed is correct and undertake to provide clarification as may be needed by Nottingham City Council. We understand we will be expected to provide information on the progress of the project and to monitor expenditure. We agree that Nottingham City Council can use basic information about our application to show how public funding is being used. We also give permission for the information within this form to be recorded and shared within Nottingham City Council as needed to offer good public service, and understand that personal information will be treated with the utmost care.

<i>Person submitting the form</i>	Signature _____	Position _____
	Name (Capitals) _____	Date _____
<i>Chair or Senior Representative</i>	Signature _____	Position _____
	Name (Capitals) _____	Date _____

## 8. CHECKLIST

You must enclose your:

- Constitution
- Annual accounts
- Equalities and Diversity Policy
- Financial quotations (See Section 4)
- Safeguarding Children Policy\**
- Vulnerable Adults Policy\**


You should also make sure that:

- All questions have been fully answered
- The application has been signed
- You have taken a copy for your records


*\*If your activity involves these groups*

**Please return your completed application form to the:**



Safer, cleaner, ambitious  
**Nottingham**  
A city we're all proud of

**VCS Grants Team  
Quality and Commissioning  
Nottingham City Council  
Loxley House  
Station Street  
Nottingham  
NG2 3NG**

**EQUALITIES MONITORING**

**We do not use this information to help us decide whether we want to fund your Project / Activity.** We want to know who is benefitting from our funding so that we can ensure we reach as many people in Nottingham as possible and to identify where there are gaps in support.

You must complete the table to show us what groups of people your Project / Activity will help.

**Please tick all that apply.**

<b>Ethnic origin of beneficiaries</b>		Are most of your beneficiaries	Are some of your beneficiaries
White	British		
	Irish		
	Eastern and Central European		
	Other White		
Asian / Asian British	Indian		
	Pakistani		
	Bangladeshi		
	Chinese		
	Other Asian		
Black / Black British	Black Caribbean		
	Black African		
	Other Black		
Mixed / Dual Heritage	White & Black Caribbean		
	White & Black African		
	White & Asian		
	Other (please specify)		
Gypsy, Roma or Traveller			
Other Racial Group (please specify)			

<b>Age of Beneficiaries</b>	Are most of your beneficiaries	Are some of your beneficiaries
Under 5 years		
5 – 13 years		
14 – 19 years		
Young adults 20 – 25 years		
Adults 26 – 50 years		
Older people over 50 years		

<b>Types of Beneficiaries</b>	Are most of your beneficiaries	Are some of your beneficiaries
Men / Boys		
Women / Girls		
People who have a physical, learning or mental disability		
Lesbian, Gay & Bisexual		
People whose gender is different to that assigned at birth		
Families		
Lone Parents		
People on a low income		
Refugees & Asylum Seekers		
Long term unemployed		
Migrant workers		
Young people not in education, employment or training		
Ex offenders		
Homeless people		
People with alcohol / drug addiction issues		

# **AGREEMENT FORM**



**Nottingham  
City Council**

Name of Group (Please complete)

Grant Approved £

**Office Use Only**

## **The Organisation acknowledges that any grant is subject to the following conditions:**

1. The grant must be expended in accordance with the request as approved by NCC.
2. The attached monitoring form (in respect of all expenditure from this grant) must be submitted to NCC within 12 months of the date of payment, or 4 weeks after the end of the funded activity (whichever is the sooner).
3. Any unspent grants money must be repaid to NCC.
4. The Organisation must follow the financial procedures set out by NCC.
5. The Organisation must maintain a properly constituted management committee or equivalent. This management committee must meet regularly and ensure that these meetings are adequately publicised.
6. If the grant is awarded as a contribution towards salary of a worker, the Organisation must ensure that appropriate written terms and conditions of employment are in place and that a recognised recruitment and selection procedure is followed.
7. The Organisation must take reasonable steps to ensure that good equal opportunities practice is followed in relation to their management, volunteers, service delivery and employment practices.
8. If the grant is used to pay the wages of employees or sessional workers the Organisation is responsible for ensuring that these payments comply with the relevant Inland Revenue regulations.
9. The Organisation must undertake suitable and sufficient risk assessment for their project, seeking professional guidance where appropriate from a competent person.
10. The Organisation must comply with, and maintain throughout the period of NCC funding, all legal requirements and duties relevant to work with children.
11. The Organisation is expected to observe the principles of NCC's Green Charter, a copy of which can be obtained from NCC.
12. If the Organisation disbands any items of equipment or furniture purchased with the grant must be returned to NCC.
13. The Organisation must maintain a record of all expenditure from the grant and these records must be made available for inspection by NCC if requested.
14. The Organisation must submit details of other funding received if requested to do so by NCC.
15. Payment of this grant does not constitute any guarantee or commitment to provide further grant aid in subsequent years.
16. If any of the conditions specified above are not fulfilled NCC may withhold any or the entire grant and may also require all or part of the grant to be repaid.

## **This acknowledgement is signed on behalf of the organisation by:**

**Chairperson**

**Treasurer/Person responsible for maintaining financial records.**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**who are authorised by the organisation to agree to these conditions of grant.**

*(To be completed by Nottingham City Council)*

**This acknowledgement is signed on behalf of Nottingham City Council by:**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

## **BANK DETAILS**

**Name of Group**  
(Please complete)



**Nottingham**  
**City Council**

Grants are paid by BACS Transfer, direct in to your organisation bank account. Please ensure the details you give below are correct or payment of your grant may be affected.

Name of Bank

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Bank Address

---

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---

Post Code

---

Bank Sort Code

---

Account **NAME** to be credited

---

Account **NUMBER** to be credited

---

Groups email address  
(to send remittance advice to)

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Groups fax number  
(to send remittance advice to)

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Please return this form to:

**VCS Grants Team  
Quality and Commissioning  
Nottingham City Council  
Loxley House  
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Nottingham  
NG2 3NG**