



## Grant Aid Application

### ARTS ORGANISATION DEVELOPMENT FUND & STRATEGIC ARTS ORGANISATION FUND

Please read 'Supporting Creativity – Grant Aid for the Arts in Nottinghamshire' before you complete this form.

Organisation's Name: \_\_\_\_\_

Total Grant Requested  
for 2010/2011: £ \_\_\_\_\_

Date: \_\_\_\_\_

Please return your completed form to:

Grant Aid  
Cultural Services (ARTS)  
Nottinghamshire County Council  
Council Offices  
Thoroton Road  
West Bridgford  
Nottinghamshire  
NG2 5FT

To speak to a Strategic Arts Officer please telephone 0115 977 4589

Please use this checklist to make sure you are sending us a complete application. You must tick every box that applies to you before you send in your form. Incomplete applications will cause a delay in your application being processed.

<i>Please do not attach documentation other than that requested, as it will not be considered in appraising your application.</i>	Authorised signatories have signed the form	<input type="checkbox"/>
	We have kept a copy of the application	<input type="checkbox"/>
	We have read and considered the 'Guide to Grant Aid' when completing this application	<input type="checkbox"/>
	All enclosures have the organisation and project name on them	<input type="checkbox"/>
	<b>Check list</b>	
	We have enclosed the following (unless previously sent):	Yes
	<i>A copy of our constitutional document (or Trust Deeds, Rules, Memos/Articles of Association &amp; Membership structure)</i>	<input type="checkbox"/>
	<i>A copy of the minutes of the meeting during which this application was approved</i>	<input type="checkbox"/>
	<i>Latest Accounts</i>	<input type="checkbox"/>
	<i>Annual Report</i>	<input type="checkbox"/>
<i>A sample of existing data collection if you have one (refer to Question 4.4)</i>	<input type="checkbox"/>	

DECLARATION

We accept that, should grant aid be offered and accepted, we will hold Public Liability Insurance at a limit not less than £5million in respect of any one claim or series of claims attributable to one incident resulting from the project or activity grant aided. This will include an Indemnity to Principals Clause and will be taken out with a reputable insurer.

**We confirm that we have the authority to confirm that the information provided in this application, to our knowledge, is true and accurate. We recognise that, under the Data Protection Act 1998 and the Freedom of Information Act 2000, the contents of this form may have to be disclosed in response to a request. Any personal data provided will be used to administer your grant application. Access to personal data will be restricted. Nottinghamshire County Council will not provide your information to any other organisation without first asking your permission and will not use your personal information for any other reason.**

Please note this form must be signed by two of the following – Chair, Vice Chair or Treasurer - who were present at the meeting at which it was approved, and not a paid staff member of the organisation.

I certify that this application form has been approved by the Management Committee/Board of Directors meeting held on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date) Minutes must be included

Signature (1) : \_\_\_\_\_

Name in Capitals: \_\_\_\_\_

Designation: \_\_\_\_\_ Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature (2) : \_\_\_\_\_

Name in Capitals: \_\_\_\_\_

Designation: \_\_\_\_\_ Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

	<b><u>Section 1</u> Organisation Details</b>	
<p><i>Please provide the address you want us to use for correspondence.</i></p>	<b>1.2 Address (of organisation, including postcode)</b>	
<p><i>Your main contact must be someone from your organisation who can give more information on the application if needed. They should not be the same person as the signatory to this application (see Declaration section) and should preferably be the person who will manage the project.</i></p>	<b>1.3 Main Contact</b>	
	Name:	
	Position:	
	Telephone:	
	Mobile:	
	Email:	
<p><i>Your second contact must be a management committee / governing body member who can be directly contacted e.g., at home or at work. This address will only be used when we need to clarify information urgently with a person directly responsible for your organisation, and cannot make contact through the usual address.</i></p>	<b>1.4 Second Contact</b>	
	Name:	
	Position:	
	Address:	
	Telephone:	
	Email:	



	<b>1.7 Management</b>		Yes/No
<i>We need to know that your Organisation is managed appropriately and working within the terms of your governing document.</i>	Does your organisation have a management committee/ board?		<input type="checkbox"/> <input type="checkbox"/>
	How many people are involved in managing your organisation?		<input type="checkbox"/> <input type="checkbox"/>
	How often do they meet?	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi Monthly <input type="checkbox"/> Other <input type="checkbox"/>	
<i>Please indicate if your Organisation already has these documents, or if you are currently working towards implementing these policies. If your application is recommended for approval, we will contact you again to discuss these requirements in more detail.</i>	<b>1.8 Policy Documents / Statements</b>		Yes/ No/ Working towards
	Equal opportunities		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Safeguarding children (if applicable)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Safeguarding vulnerable adults (if applicable)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Financial policy/ or procedures statement including a reserves policy		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>We need to know that your Organisation is aware of its obligations and has appropriate policies in place. Professional Indemnity Insurance is generally only required for groups providing advice.</i>	<b>1.9 Insurance Policies</b>		
	Does your organisation have insurance policies covering the following:		
		Amount of Cover £	Name of Insurance Company
	Staff		
	Volunteers		
	Public Liability		
	Buildings		
	Contents		
Professional Indemnity			

<p>We require you to keep proper financial records. Please attach a copy of your latest accounts, unless already supplied. If your organisation does not have an annual report and accounts, please supply a financial statement with 3 most recent bank statements.</p>	<p><b>1.10 Annual report and accounts</b></p> <table border="1" data-bbox="375 280 1508 436"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Attached</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Already supplied</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not available ( please provide details)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Attached	<input type="checkbox"/>	<input type="checkbox"/>	Already supplied	<input type="checkbox"/>	<input type="checkbox"/>	Not available ( please provide details)	<input type="checkbox"/>	<input type="checkbox"/>								
	Yes	No																			
Attached	<input type="checkbox"/>	<input type="checkbox"/>																			
Already supplied	<input type="checkbox"/>	<input type="checkbox"/>																			
Not available ( please provide details)	<input type="checkbox"/>	<input type="checkbox"/>																			
<p>Tell us about any financial reserves held by your organisation. Give details of the amounts and what you intend to spend the money on.</p>	<p><b>1.11 Is your organisation holding any financial reserves? Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> <p>If yes, please indicate type, amount and for what purpose.</p>																				
<p><b>Nottinghamshire County Council Support</b></p>																					
<p>It is helpful for us to know about non-financial support or services your organisation receives or expects to receive from the County Council e.g., technical advice, payroll support, secondees etc.</p>	<p><b>1.12 If you currently receive a grant from Nottinghamshire County Council towards the running of your organisation or for any projects please state below.</b></p> <table border="1" data-bbox="375 1366 1508 1523"> <thead> <tr> <th>Name of Link Officer</th> <th>Department</th> <th>Amount £</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p><b>Does your organisation receive, or expect to receive, any <u>non-financial support or service</u> from Nottinghamshire County Council?</b></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes, please give details and the name of any contact you currently have:</b></p> <table border="1" data-bbox="375 1848 1508 2004"> <thead> <tr> <th>Name</th> <th>Department</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Link Officer	Department	Amount £										Name	Department						
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	<p>Please provide the names of any County Councillors and / or Officers who are on, or attend your Management Committee and in what capacity:</p> <table border="1" data-bbox="375 302 1508 459"> <thead> <tr> <th data-bbox="375 302 933 347">Name</th> <th data-bbox="933 302 1508 347">Capacity</th> </tr> </thead> <tbody> <tr> <td data-bbox="375 347 933 380"></td> <td data-bbox="933 347 1508 380"></td> </tr> <tr> <td data-bbox="375 380 933 414"></td> <td data-bbox="933 380 1508 414"></td> </tr> <tr> <td data-bbox="375 414 933 459"></td> <td data-bbox="933 414 1508 459"></td> </tr> </tbody> </table>	Name	Capacity						
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	<p><b><u>Section 2</u> Your Project</b></p>								
	<p><b>Project Name:</b></p>								
<p><i>Please indicate both where the project will be based and the target area it will cover. If your group serves people in the City of Nottingham, indicate the current number and percentage of users from the City of Nottingham.</i></p>	<p><b>2.1 Location</b></p>								
	<p>Where will the project/ service be based?</p>								
	<p>What geographical area will the project/ service cover?</p>								
	<p>What is the number and percentage of service users from the City of Nottingham?</p>								
	<p><b>2.2 What is the timescale for your project / event?</b></p>								
<p>Start: <span style="float: right;">End:</span></p>									
<p><i>Tell us about any research or surveys you have done to find out about the needs of those you intend to benefit from your project or event.</i></p>	<p><b>2.3 How did you identify the need for your project / event?</b></p>								
<p><i>Please include the following details: When will activities take place, how often? Who will benefit?</i></p>	<p><b>2.4 What activities will the grant pay for?</b></p>								

	<b>2.5 Please itemise the total costs relating to this project:</b>		
<p><i>A project may be funded from one to three years, subject to the results of annual monitoring and review. Revenue costs include on-going expenditure for the delivery of services. For example, salaries, travel expenses, rent. Capital costs include purchase of equipment. Expenses already incurred or committed are not eligible.</i></p>	<b>Revenue Cost Items (Year 1)</b>		<b>Total £</b>
	Salaries		
	Rent		
	Stationery		
	Travel		
	Training		
	Publicity		
	Insurance		
	Others (please specify)		
	<b>Total Revenue Costs</b>		
	<b>Capital Cost Items</b>		<b>Total £</b>
<b>Total Capital Costs</b>			
<p><i>Other funders may include Big Lottery, Health Authorities (PCT's), District Councils, Trusts and specific funding programmes, and your own activities (e.g. fund raising and charges made for activities or services or sales).</i></p>	<b>2.6 Please give details of any income you receive or have applied for, from other funders, which relates to this application:</b>		
	<b>a) Grants/Contracts/Service Level Agreements</b>		
	<b>Organisation</b>	<b>What for</b>	<b>£</b>

*Please include any funding you have applied for relating to this project and indicate whether the funding is confirmed. If your application is for running costs we need details of how the remaining running costs will be funded, please indicate whether the funding is confirmed.*

*If your application is for more than one year, only state the amount required in the first year.*

**b) Other Income**

	<b>£</b>
<b>Subscriptions</b>	
<b>Fundraising</b>	
<b>Fees</b>	
<b>Sales</b>	
<b>Other (please specify)</b>	
<b>Amount of grant requested</b>	<b>£</b>
<b>Revenue amount requested (in first year)</b>	<b>£</b>
<b>Capital amount requested</b>	<b>£</b>
<b>Total amount requested</b>	<b>£</b>

	<b><u>Section 3</u> Core Activities</b>
<p><i>Please indicate both where the project will be based and the target area it will cover. If your group serves people in the City of Nottingham, indicate the current number and percentage of users from the City of Nottingham.</i></p>	<b>3.1 Location</b>
	Where will the service be based?
	What geographical area will the service cover?
	What is the number and percentage of service users from the City of Nottingham?
<p><i>Tell us about any research or surveys you have done to find out about the needs of those you intend to benefit from your project or event.</i></p>	<b>3.2 How did you identify the need for your service?</b>
<p><i>Please include the following details:</i></p> <p><i>When will activities take place, and how often?</i></p> <p><i>Who will benefit?</i></p>	<b>3.3 What activities will the grant pay for?</b>

<p><i>Core costs will be funded from one to three years, subject to the results of annual monitoring and review. Revenue costs include on-going expenditure for the delivery of services. For example, salaries, travel expenses, rent.</i></p>	<b>3.4 Please itemise the total costs relating to this service:</b>	
	<b>Revenue Cost Items (Year 1)</b>	
	<b>Total £</b>	
	Salaries	
	Rent	
	Stationery	
	Travel	
	Training	
	Publicity	
	Insurance	
	Others (please specify)	
<b>Total Revenue Costs</b>		
<p><i>Capital costs include purchase of equipment. Expenses already incurred or committed are not eligible.</i></p>	<b>Capital Cost Items</b>	
	<b>Total £</b>	
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<b>Section 4 Monitoring</b>						
<p><i>Please complete this question <b>only</b> if you are applying for a grant of <b>under</b> £5,000. You should provide details of how you intend to monitor success if your grant application is successful.</i></p>	<p><b>4.1 What measurable benefits do you expect to achieve if this application is successful, and how will you evidence this?</b></p>					
<p>Please complete questions 4.2 – 4.4 <b>only</b> if you are applying for a grant of <b>£5,000 or more</b>. If your application is successful, this information will form part of the monitoring agreement for this grant.</p>						
	<p><b>4.2 Please list below the measurable outcomes that you expect to achieve if this application is successful:</b></p>					
<p><i>Tell us who will benefit from your services and how.</i></p>	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
	<p><b>4.3 How do you intend to measure the outputs and outcomes</b></p>					
<p><i>Please describe <b>how</b> you intend to collect information on who is benefiting from your service or project. You should tell us how you will receive feedback from those beneficiaries (e.g. questionnaires, case studies etc.).</i></p>						

<p><i>Please bear in mind we expect organisations awarded a grant of £5,000 and above to have a system in place to monitor the services which the grant will contribute to e.g., number of people/ community groups supported, referrals received/made, number of support sessions, training sessions held etc.</i></p>	<p><b>4.4 Data Collection</b></p> <p><b>A sample of our existing data collection system is enclosed.</b></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>We do not currently have a data collection system in place.</b></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Working towards</b></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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**End of application**

**Please return your completed form to:**

**Grant Aid  
 Cultural Services (ARTS)  
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 NG2 5FT**

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