**HAVA SMALL GRANT COVER SHEET**

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| **TO BE COMPLETED BY HAVA:** | |
| DATE RECEIVED: |  |
| APPROVED DATE: |  |
| REJECTION DATE: |  |
| OTHER INFORMATION: |  |

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| **HAVA SMALL GRANT APPLICATION FORM** | | | | | | | | | | | | | | | |
| Please ensure you have read the HAVA Grant Guidance Notes before completing this form. This application form is for grants up to £500 | | | | | | | | | | | | | | | |
| **SECTION 1** | | | | | | | | | | | | | | | |
| **Name of resident/ community group/ organisation:** | | | | | |  | | | | | | | | | |
| **Address of resident/ community group/ organisation:** | | | | | |  | | | | | | **Tel:** | |  | |
| **Email:** | |  | |
| **Name of Applicant and position (if relevant):** | | |  | | | | | | | | | | | | |
| **Applicant Type (please selection one box):** | | |  | | Resident | | | | |  | Company Ltd by Guarantee | | | | |
|  | | Charity | | | | |  | Council Service | | | | |
|  | | Partnership | | | | |  | Other Public Sector | | | | |
|  | | Education Provider | | | | |  | Other, please state below: | | | | |
|  | | Community / Voluntary Group | | | | |  | | | | | |
| **Charity/ Company Registration No.:** | | |  | | | | | | | | | | | | |
| **SECTION 2** | | | | | | | | | | | | | | | |
| **HAVA Priority Areas (please select which priorities support your application):** | | |  | | Regenerate the local community and keep it cohesive | | | | | | | | | | |
|  | | Assist residents back to work &/ or supporting the set-up of local business | | | | | | | | | | |
|  | | To achieve community well-being & identity | | | | | | | | | | |
|  | | Locally run community activities | | | | | | | | | | |
| **SECTION 3** Briefly describe what the grant application is for. Include information on start date, how and why this if of benefit to the HAVA Community. How long will it take to achieve your objectives. | | | | | | | | | | | | | | | |
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| **SECTION 4** Describe your organisation / project & its objectives. Give details of any staff/ volunteers involved. | | | | | | | | | | | | | | | |
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| **SECTION 5** Financial information. Please provide an itemised breakdown of the anticipated costs related to your application | | | | | | | | | | | | | | | |
| **ITEM** | | | | | | | | | | | | | **COST** | | |
| **GRANT** | | **OTHER** |
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| **TOTAL COSTS** | | | | | | | | | | | | |  | |  |
| **SECTION 6** Alternative funding options: If your organisation has or intends to apply anywhere else for funding e.g your bank | | | | | | | | | | | | | | | |
| **Name of Funding Body** | | **Amount Requested** | | | | | | **Value Approved / Expected Decision Date** | | | | | | | |
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| **SECTION 7** Please include the following documents | | | | | | | | | | | | | | | |
| **Document** | | | | **Attached** delete as appropriate | | | | | **If ‘No’ please explain why** | | | | | | |
| Bank statement dated within the last 3 months. Not required for resident applications unless it is specifically requested. | | | | **YES** | | | **NO** | |  | | | | | | |
| Quotations for activities / materials related to your application. See Guidance notes section 6. | | | | **YES** | | | **NO** | |  | | | | | | |
| **DECLARATION** | | | | | | | | | | | | | | | |
| I can confirm that to the best of my knowledge the information contained in all parts of the application and any supporting information is complete and accurate.  If funding is granted the delivery organisation / group/ individual are aware they will be required to enter into an agreement to adhere to terms and conditions of the funding.  Failure to comply may result in legal action being taken to recover any monies paid. I agree to details about the project being entered on to a computer database, website and other HAVA marketing materials.  I can confirm I have read the Grant Guidance notes and confirm my agreement with the information in the document. I am authorised by the groups/ organisation/ resident to submit this application on their behalf. | | | | | | | | | | | | | | | |
| **This Grant Application has been completed by:** | | | | | | | | | | | | | | | |
| **NAME** |  | | | | | | | | | | | | | | |
| **ORGANISATION** |  | | | | | | | | | | | | | | |
| **DATE** |  | | | | | | | | | | | | | | |
| **SIGNATURE** |  | | | | | | | | | | | | | | |