

NORTH HERTFORDSHIRE PARTNERSHIP 'RURAL COMMUNITY POT'

APPLICATION FORM

2011 - 2012

Please complete all sections of this form and return by 23rd September 2011

1.	Name of Parish/Town Council:
2.	Name of Clerk: Address:
	Telephone No: Email:
3.	Name(s) of other Organisation(s) who have agreed to be part of this project:
4.	Title of Project:
5.	Brief Description of Project:

6.	Timetable:				
	Proposed Start Date:	Proposed End Date:			
7.	7. Target group(s) / residents that the project is intended to benefit:				
,,	raiget group(s) / resident				
8.	What henefits/outcomes	will the project bring, and how will you measure it?			
	Considering the themes of the North Hertfordshire Sustainable Community Strategy please list up to three main benefits/ outcomes of your project and demonstrate how this will help to achieve the priorities set out in the strategy. We need to know how you will achieve these benefits and how you will measure whether you have achieved them.				
a)	Description of benefit 1:				
	How will you achieve this?				
	How will you measure it?				
b)	Description of benefit 2:				
	How will you achieve this?				
	How will you measure it?				
c)	Description of benefit 3:				
	How will you achieve this?				
	How will you measure it?				
	(You may expand the size of the information on a separate sheet	t).			

9. a)	Funding Required Details of total project costs: £
	Details of funding requirements from the Rural Community Pot (please give full details):
	Total amount required from the Rural Community Pot : £
b)	By what date is the funding required?
c)	What other sources of money (if any) are being used or sought to fund the project/activity?
	£
	£
d)	If the project is to be ongoing, how will it be financed in future years?
10.	Please give any further supporting information to assist in the decision making:
	(If you have given any supporting information in a covering letter, please also make reference to this information here.)
ı	reference to this information here.)

11.	Accompanying Documentation Checklist	Enclosed (please tick)
a)	Copy of your Annual Return for the year ended 31 March 2011	
b)	Outline budget for your proposed project	
c)	Equal Opportunities Policy / Equal Opps statement relating to your project	

12.	Attendance at North Herts Parish Networking Meeting – Thursday 6 th October Who will be available at the Parish Networking Meeting to present the project and answer any questions? Name:

If your application is successful, the cheque will be made payable to the parish/town council.

DECLARATION

The information given on this application form is correct to the best of my knowledge.

I give consent for the information given to be stored and held in accordance with the Data Protection Act 1998 and used by North Hertfordshire Partnership and their agents. I understand that, if my application is successful, the name of the project or organisation and the amount awarded may be published by the Partnership in paper and/or electronic form.

Signature:	
Name (please print):	
Date:	

Please return the completed application form by noon on Friday 23 September 2011 to:

Carina Helmn
Herts Association of Parish and Town Councils
c/o Kimpton Parish Council
Parish Room
Kimpton Memorial Hall
Hall Lane
Kimpton
Herts, SG4 8RD

E: countyofficer@herts-aptc.gov.uk