

# HEREFORDSHIRE RURAL SERVICES DELIVERY GRANT SCHEME APPLICATION FORM

Please read guidance notes before completing this form

FOR HCC  
REFERENCE  
ONLY

Date Received:

HCC Reference:

Panel Date:

## Section 1 – Contact Details

1.1 Organisation Name

1.2 Primary Contact's details

Title

Name

Position

Address

Postcode

Daytime telephone

Mobile telephone

E-mail address

Type of Organisation

Charity No.  
(If applicable)

1.3 Briefly describe your organisation's main purpose.

1.4 What ward area(s) in Herefordshire do you cover?

Bromyard

Leominster

Hereford City

Ross-on-Wye

Kington

Weobley

Mortimer

Golden Valley

Ledbury

**Section 2 –Grant Details**

**Please complete a separate Excel spreadsheet to explain your costs. Please provide a summary of total costs below:**

<b>2.1 Amount of Grant you wish to apply for</b>	£
<b>2.2 Amount of own funding (if required)</b>	£
<b>2.3 Please explain, in 500 words or less, what you wish to use the grant for and how it was identified as a need?</b>	

**2.4 Proposed location of item(s) or premises including postcode**

Postcode:

**2.5 Please detail how any associated ongoing revenue costs will be met (in no more than 250 words)**

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**2.6 Please explain, in no more than 500 words how you will:**

- **Link with key services/ partners to ensure your target beneficiaries are adequately catered for**
- **Link with other organisations in your community to make the most of the skills available to you**
- **Increase community involvement**

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**2.7 Please explain, below which objectives you will meet and describe how you feel you will meet them. (Please note you are not required to meet all of them)**

<b>Objective</b>	<b>Describe how your project will meet the objective</b>
Address an identified need relating to rural accessibility specifically amongst the following group	

Add value to existing supported transport services	
Reduce costs for other public sector services such as adult social care	
Minimize environmental impacts	
Once, established will be viable without ongoing council contribution	
Demonstrate partnership working	
Will provide learning outputs to enable the council to share best practice and lessons learnt with other groups and communities	

### Section 3 – Management, Monitoring and Evaluation

3.1 How many people are involved in running your group / organisation?

Management Committee		Volunteers		Other		
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3.2 Who will have overall responsibility for making this project/ activity happen and how will they do this?

3.3 Who will be responsible for keeping an account of project finance and keeping details of the users and other beneficiaries/objectives of the project or proposed activity?

3.4 What records will you keep to be able to provide the information necessary for monitoring this project? This needs to include details of how you will include feedback from beneficiaries in your evaluation. We will also expect you to provide case studies to show the impact of your work.

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3.5 What are the milestones of the project? <b>(Please add additional lines if needed)</b>	Date to be achieved by:
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1		
2		
3		

3.6 How do you intend to keep the community involved and informed regarding your project?

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3.7 Please list any insurances, permissions or licences required for this project. Please give details and state whether they have been obtained, if not when you expect to hear.

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3.8 Please describe, what success looks like for this project and how you will measure that success.

**Section 4 – Your signature**

Signature of applicant

..... Position .....

Please note that you are signing on behalf of your organisation – we may require copies of minutes or other evidence to show that your organisation has agreed to undertake this project/activity

Date .....

Checklist	Tick
Have you completed all of the sections?	
Have you enclosed your evidence of need?	
Have you included a minimum of 2 quotes for each item?	

Have you enclosed the Excel spreadsheet showing your breakdown of costs?

If your application is approved you will need to provide the following documents before an offer is made:

A copy of your organisation's constitution

A copy of your equality policy (if in existence)

Copies of any relevant licences/permissions or insurances

In order to help us improve our service, please comment on how easy you found this form to complete. What would make it easier?

**Important notice - Data protection**

Herefordshire Council is the data controller for the purposes of the Data Protection Act 1998 and can be contacted at: data Protection Officer, Herefordshire Council, Plough Lane, Hereford HR4 0LE. The information provided will be retained for the purpose of administering your grant application and to account for public monies. Any further use of this information would be strictly within the terms of the Data Protection Act. We may also advise you of other council services, which may benefit you. Please tick here  if you do not consent to your details being kept on a database for this purpose.

**Once completed, please return this form to  
Delegated Grants and Programmes,  
Herefordshire Council,  
Plough Lane Offices,  
Hereford,  
HR4 0LE  
Or email: [delegatedgrants@herefordshire.gov.uk](mailto:delegatedgrants@herefordshire.gov.uk)**