



INITIATIVES FUND 2006/2007 GRANT APPLICATION FORM

Please refer to the attached Guidelines for Applicants before completing this form.
Please complete this form as legibly as possible, either by typing your answers or using BLOCK CAPITALS. Make your answers concise but as comprehensive as possible to assist the Authority in assessing your application. When completed return this form to:

Hertfordshire Police Authority, Leahoe House, Pegs Lane, Hertford SG13 8DE

ABOUT YOUR ORGANISATION

NAME OF ORGANISATION/CHARITY

CHARITY No.(if applicable)

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ADDRESS where activities take place

e-mail

Telephone No:

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CONTACT NAME

POSITION HELD IN ORGANISATION

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CORRESPONDENCE ADDRESS if different to above

e-mail:

Telephone No:

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Describe briefly the objectives/aims, geographical area of operation and management structure of your organisation

ABOUT THE PROJECT

What do you seek to achieve from the project and how would that meet the aims of the Fund?

What evidence do you have of the problem and the need for the project?

How many people would benefit if your project were funded and in what way?

How do you plan to evaluate this project?

Does your project involve working with children or vulnerable adults? YES NO

What is the amount requested? State who the cheque should be made payable to

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What is the PROJECT START DATE?

What is the TOTAL PROJECT COST?

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Describe in detail exactly how the grant will be spent. Use a separate sheet if necessary for your answer

ADDITIONAL FUNDING

Indicate the AMOUNT OR RESOURCES RAISED SO FAR and from what sources

How are you going to raise the REMAINING BALANCE OR RESOURCES to complete the project and from what sources. Include, if known, when funding decisions will be made

Please list any FURTHER INFORMATION which may be applicable

DECLARATION

I confirm on behalf of.....that I am duly authorised to sign this application, and that the above information is correct to the best of my knowledge. I understand that any grant awarded may only be used for the purpose specified on this application form, and agree to comply with any conditions that the Authority may attach to it. I understand that if my application is successful, it may be necessary for me and any employee/helper to undergo a Criminal Records Bureau (CRB) check before any award is granted, and the Authority will provide free guidance and support for this procedure.

Signature:

Date: