

COMMUNITY GRANT FUNDING COMPLETION FORM 2019 - 2020

NAME OF ORGANISATION
TITLE OF PROJECT
GRANT AWARDED
DATE GRANT WAS AWARDED

Please return this form, duly completed including all supporting documentation, to:

Tracy Morriss, Deputy Town Clerk, Hereford City Council, Town Clerk's Office, Town Hall, HEREFORD, HR1 2PJ

Information about the organisation

Title of Project		
Name of Organisation		
Contact Name		
Position in Organisation		
Address of organisation		
Correspondence address (If different from above)		
Telecommunication Details	Telephone e-mail	
Digital communication Details	Website Address Facebook Page Twitter Other	
How many members are there in the group?		
What geographical area does the organisation cover		
How long has the organisation been in	Less than one year	O
existence? (please ✓)	Between one and five years	
	More than five years	0

SUMMARY OF THE PROJECT/EVENT	
BENEFITS OF THE PROJECT/EVENT TO THE RESIDENTS OF THE CITY	
APPROXIMATELY HOW MANY RESIDENTS FROM WITHIN THE CITY OF	
APPROXIMATELY HOW MANY RESIDENTS FROM WITHIN THE CITY OF HEREFORD BENEFITED FROM THE PROJECT	
APPROXIMATELY HOW MANY RESIDENTS FROM WITHIN THE CITY OF HEREFORD BENEFITED FROM THE PROJECT	

FUNDING AWARDED	£
lease identify and provide evidence of how the funding by Hereford City vas spent in accordance with the award.	Council
Capital Costs	£
Acquisition of Land	
Acquisition of buildings	
Construction/adaptation costs	
Fees, eg surveyor, planning (please attach breakdown)	
Equipment and fittings (please attach breakdown)	
Other (Please specify)	
Total of capital cos	sts
	-
Revenue Costs	£
Terefile Costs	~
Total of revenue cos	sts
Total of levelide cos	,,,,

, if applicable		
	Date	Amount
e organisation	were awarded for	this project, if
Amount		
eived from oth	ner organisations, i	f applicable.
Help in kind	d	
y, other than th	he members of the	group were
No.	What was their in	nvolvement
	e organisation Amount Help in kind	eived from other organisations, i Help in kind y, other than the members of the

PROJECT FUNDING

	accounts for this p	OF FINANCIA roject/event includ	AL COST OF T ling invoices/receip	THE PROJECT ts, profit and loss	/EVENT
OW DID YO	U MONITOR CHIEVEMEN	PROGRESS ONTS AND OUT	OF THIS EVEN	NT/PROJECT A	AND WHAT

EVIDENCE OF COMPLETED PROJECT/EVENT
Please enclose leaflets, newsletters, photographs and/or any other material applicable
EVIDENCE OF PUBLIC RECOGNITION THAT THIS PROJECT WAS
SUPPORTED/FUNDED BY THE CITY COUNCIL
Please enclose leaflets, newsletters, photographs, newspaper article and/or any other material applicable
r lease enclose learnets, newsletters, photographs, newspaper article and/or any other material applicable
PLEASE ATTACH/SEND A SELECTION OF PHOTOGRAPHS COVERING PROJECT
COMMENCEMENT TO END.

DECLARATION
I confirm that the information supplied in this completion form and any accompanying papers is correct in all respects.
I confirm that the grant has been used only for the purposes set out in the application and any supporting papers.
I understand that any grant awarded by Hereford City Council not used in compliance with the terms set out in the letter of the grant award must be returned to the City Council and a cheque to that value should be included with this completion form.
I understand that any surplus from the amount awarded must be repaid to Hereford City Council and a cheque to that value should be included with this completion form.
SIGNATURE
FULL NAME
POSITION
DATE

The City Council would like to include your project on its website, Facebook page and Twitter for community information.

Please email some photographs of the project/event that you wish to be placed on the website, Facebook etc and a few words relating to the project/event to accompany the photos to:

tracy@herefordcitycouncil.gov.uk