**Hertfordshire Children’s Fund Application Form**

Before completing this application form, please tick this box to confirm you have read and understood the Hertfordshire Children’s Fund Guidelines and the Terms and Conditions

**PLEASE COMPLETE THE FULL FORM AND ENSURE IT IS SIGNED BY BOTH REFERRER AND APPLICANT. IF SECTIONS ARE LEFT BLANK THE APPLICATION MAY BE REJECTED.**

All information submitted will be kept in the strictest confidence.

Once complete please submit by email to [grants@hertscf.org.uk](mailto:grants@hertscf.org.uk) or by post to Hertfordshire Children’s Fund, Hertfordshire Community Foundation, Foundation House, 2-4 Forum Place, Fiddlebridge Lane, Hatfield, AL10 0RN

**THIS PAGE MUST BE SIGNED BY BOTH THE REFERRER AND APPLICANT**

By signing below, the **referring worker** confirms the following:

* I have read, understood and accept the Hertfordshire Children’s Fund Guidelines and Terms and Conditions
* The information provided is accurate to the best of my knowledge and belief
* My organisation is able to receive the payment, purchase items on behalf of the applicant, and provide evidence of how the money has been spent e.g. copy of receipt/invoice
* All information submitted can be stored on Hertfordshire Community Foundation’s database in line with their data protection and confidential information policies
* I confirm that I have submitted proof of purchase for any previous grants I have received on behalf of applicants from the Hertfordshire Community Foundation

Name: …………………………………………………………………………………………..

Position/Organisation: …………………………………………………………………………………………..

Signature: …………………………………………………………………………………………..

Date: …………………………………………………………………………………………..

By signing below, **the applicant** confirms the following:

* I have read, understood and accept the Hertfordshire Children’s Fund Terms and Conditions
* The information provided is accurate to the best of my knowledge and belief
* All information submitted can be stored on Hertfordshire Community Foundation’s database in line with their data protection and confidential information policies

Name: ...............................................................................................

Signature: …………………………………………………………………………………………..

**Date: ………………………………………………………………………………………..**

**Section 1 – Referring Organisation and Referrer Contact Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organisation |  | | | | | | | |
| Address |  | | | | | | | |
|  | | | | | | | |
| Town |  | | | Postcode | |  | | |
| Website address: |  | | | | | | | |
| Charity No (if applicable) |  | | | | | | | |
| Contact Title |  | First Name |  | | Surname | |  | |
| Position |  | | | | Staff or volunteer | |  | |
| Team Name (if appropriate) |  | | | | | | | |
| Office telephone |  | | Mobile | |  | | | |
| Email |  | | | | | | | |
| Name of Line Manager |  | | Line Manager Contact No | |  | | | |
| Have you made an application to the Hertfordshire Children’s Fund before | | | | | | | | YES/NO |
| If not, how did you hear about the Hertfordshire Children’s Fund? | | | | | | | | |
|  | | | | | | | | |

**Section 2 – Applicant Details**

|  |  |  |
| --- | --- | --- |
| Name of applicant(s) |  | |
| Home Address |  | |
| Post Code: |  | |
| Details of children: | Name | Date of Birth |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Is there anyone else living in the household? If so, please give details below: | | |
|  | | |

|  |  |
| --- | --- |
| Have any of the family ever been in care | Yes/No |
| If yes, please give more information below | |
|  | |

**Section 3 – Item(s) Requested**

Hertfordshire Children’s Fund grants are up to a maximum of £300. Wherever possible, we prefer to fund the total cost of an item(s) but will consider making a contribution to a larger item if required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Make and model** | **Supplier** | **Price** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Delivery Costs |  |  |  |
| Installation Costs |  |  |  |
|  |  | **Total cost** |  |
|  |  | **Amount needed from HCF** |  |

|  |
| --- |
| **If requesting a contribution towards a larger item, please give details of where the remaining funding will come from and if it has been secured at the time of application** |
|  |

|  |  |
| --- | --- |
| **If this application is successful, how would you like the monies paid:** | |
| Argos Vouchers (sent via email to the referrer) | Yes/No |
| Cheque (please specify payee organisation and confirm address) | Yes/No |

**Section 4 – Financial Information**

Please complete the below Income and Expenditure Chart, including income from all members of the household and being as accurate as you can.

**PLEASE ENSURE ALL FIGURES ARE WEEKLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Income** | **£/week** | **Expenditure** | **£/week** |
| **Earned Income:** |  | **Housing Costs:** |  |
| Wages |  | Mortgage |  |
| Maintenance/CSA |  | Rent (after any housing benefit) |  |
|  |  | Council tax (after any Council Tax benefit) |  |
| **Benefits:** |  | Gas |  |
| Child Benefit |  | Electricity |  |
| DLA Care - Adult |  | Water rates |  |
| DLA Care - Child |  | Building/Contents insurance |  |
| DLA Mobility - Adult |  | TV Licence |  |
| DLA Mobility - Child |  |  |  |
| Employment Support Allowance |  | **Living costs:** |  |
| Incapacity Benefit |  | Food |  |
| Income Support |  | Clothing/Nappies |  |
| Jobseekers Allowance |  | Satellite/cable charges |  |
| Pension |  | Mobile phone |  |
| Pensions Credit |  | Broadband |  |
| PIP - Child |  | Prescriptions / health costs |  |
| PIP - Adult |  | Recreation/Leisure Costs |  |
| Universal Credit |  | Pets (insurance/food etc) |  |
| Working Family Tax Credit |  |  |  |
|  |  | **Travel:** |  |
| **Any other income** *(please specify):* |  | Car payments |  |
|  |  | Car Tax |  |
|  |  | Car insurance |  |
|  |  | Petrol |  |
|  |  | Bus fares |  |
|  |  | Train fares |  |
|  |  | Taxi fares |  |
|  |  |  |  |
|  |  | **Debts:** |  |
|  |  | Loan repayments |  |
|  |  | Rent Arrears |  |
|  |  | Credit / store cards / catalogues |  |
|  |  | Fines |  |
|  |  |  |  |
|  |  | **Any other expenditure** *(please specify)* |  |
|  |  |  |  |
|  |  |  |  |
| **Total income** |  | **Total expenditure** |  |

**Section 5 – Supporting Information**

This is an essential part of the application. Grants are made primarily for the benefit of the children/young person so please give full details about them and the issues they are facing.

|  |
| --- |
| **Which child/children is the grant for and what social issues or recent crisis are they currently facing?** |
| **How long have you been supporting the applicant, who referred them to your service and why?** |
| **What other support is being provided/accessed (e.g. from other agencies, family, friends etc.)?** |
| **How is the applicant currently managing without the item requested and how is this impacting on the well-being of the child/young person?** |
| **Please explain their current financial situation and why they cannot fund the item themselves.** |
| **Have any other funding sources been approached? If so, please give details of who you applied to and any known outcomes.** |

**Section 6 - Demographic Information**

This section is voluntary, but completing it helps us to monitor the effectiveness of our work.

Please can you tell us which ethnic community the child(ren) or young person who needs help belong to?

|  |  |  |  |
| --- | --- | --- | --- |
| **White** | | | |
| British |  | Eastern European |  |
| Irish |  | Gypsy/Roma |  |
| Other White |  | Traveller of Irish Heritage |  |
| **Mixed** | | | |
| Black Caribbean & White |  | Asian & White |  |
| Black African & White |  | Asian & Black |  |
| Other Mixed |  |  |  |
| **Black or Black British** | | | |
| Caribbean |  | African |  |
| Other Black |  |  |  |
| **Asian or British Asian** | | | |
| Indian |  | Bangladeshi |  |
| Pakistani |  | Other Asian |  |
| **Chinese or Other Ethnic Group** | | | |
| Chinese |  |  |  |
| Other (please specify) |  |  |  |

**What happens next?**

Once an application has been submitted, the referrer will receive confirmation of receipt along with an application reference number. Please make a note of this number and use it in any related communications.

Applications to the Hertfordshire Children’s Fund are considered on a rolling basis. The decision on whether to award a grant is at the discretion of HCF and there is no guarantee a grant will be made. Once the application has been considered, the referrer will be notified of the outcome via email.

Please note we will not discuss applications with the applicants directly.

***Please note: We will only discuss the application with that professional and unfortunately are unable to enter into discussions with or provide direct support to the applicant and/or their family during the application process***

**Hertfordshire Children’s Fund Terms and Conditions**

**USE OF FUNDING:**

* Hertfordshire Children’s Fund grants are made for specific items and any funding awarded should be spent on those specific items only.
* Any alterations or requests to change what the grant can be spent on should be submitted in writing to [grants@hertscf.org.uk](mailto:grants@hertscf.org.uk). Only if you receive written confirmation with approval for these changes can you make any variation in spend or duration of the grant.
* Referrers/applicants are to inform Hertfordshire Community Foundation as soon as possible if they receive funding from another source for the same items as the HCF grant.
* HCF cannot fund any items that have already been purchased. The grant should not be used to reimburse families who have already paid for the items requested.
* Any portion of the grant not used for the purposes specified, or unspent by the end of the grant period must be returned to HCF.
* No items funded by the Hertfordshire Children’s Fund should be sold on or disposed of within their working life.

**ADMINISTRATION:**

* By submitting the application, the referrer confirms that their organisation is willing to administer and supervise the grant including **receiving payment, purchasing the goods on behalf of the applicant and providing HCF with proof of purchase.**
* Payments will be made to the referring organisation. We will not make payments to the individual applicants.
* **Referrers must confirm:**
  + **Receipt of funds within two weeks of the payment being made**
  + **Proof of purchase (e.g. copy of receipts/invoices) as soon as the items have been purchased and within two months of the payment being made at the latest.**
* Referrers can only have one active application at any one time. Further grant requests will not be processed until proof of purchase for previous grants have been submitted.
* Failure to submit sufficient monitoring without a satisfactory explanation will affect the success of future applications.

**DISCLAIMER:**

* The items funded by this grant are chosen and sourced by the referrer/applicant. As such, Hertfordshire Community Foundation will, under no circumstances, be liable for damage, injury or loss of any kind whatsoever to any property or persons occurring as a result of items purchased with Hertfordshire Community Foundation funding.

**DATA PROTECTION STATEMENT:** Hertfordshire Community Foundation (HCF) will use the information given in this form and any supporting documents to review, assess and process this application and any subsequent grant that may be approved. The data provided in this application will be held until such time when you request it is removed or HCF chooses to remove it. To view HCF's full data policy statement, please visit [www.hertscf.org.uk](http://www.hertscf.org.uk).