



**LEEDS CITY COUNCIL
DEVELOPMENT DEPARTMENT
PARKS & COUNTRYSIDE**

**GRANTS TO VOLUNTARY ORGANISATIONS 2010/2011
KEY SUPPLIER APPLICATION FOR GRANT AID**

Section A BACKGROUND INFORMATION

1 Name of organisation:

2 Name and address of correspondent (please note that all correspondence will be sent to this address unless you specify otherwise)

NAME:

POSITION IN GROUP:

ADDRESS:

POSTCODE:

E – MAIL:

TELEPHONE NO:

COUNCIL WARD:

LEEDS CITY COUNCIL DEPARTMENT AND CONTACT WHO
AWARDED YOUR KEY SUPPLIER STATUS

3 Please explain the main aims of your organisation.

4 Please attach a list of your current trustees or management committee members.

5 Please supply the name and address of your auditors.

- 6 Please provide an example of a typical weekly programme of the activities, which you currently offer. Please attach a separate sheet.

Section B FUNDING REQUIREMENTS

- 7 Please describe briefly what the grant is needed for and the Ward areas in which funded activities will take place. **Please give details of where the potential beneficiaries reside (by Council Ward).**

- 8 Please show the total projected revenue expenditure for the financial year 1 April 2004 to 31 March 2005. Please specify which items are to be funded through the **Parks and Countryside grant**. Or you may attach your own budget ensuring a similar breakdown.

ITEM	TOTAL (£)	GRANT (£)
Staff Full Time		
Staff Part Time		
Cost of Venue		
Fees to Artists		
Materials		
Electricity		
Water		
Gas		
Telephone		
Rent		
Rates		
Building Insurance		
Building Contents Insurance		
Audit Fees		
Stationery		
Publicity/printing		
Equipment, Specify		
IT costs, Specify		
(Building) Maintenance		
Transport Details		
Volunteer Expenses		
Training		
Other, Specify		
Total		

- 9 If the Department grant will be used to pay for staff, please list the employees and attach a job description for each post. Please note that organisations receiving grants to employ staff should use nationally and locally agreed pay and conditions where possible and must provide adequate support, supervision and training.

	JOB TITLE	GRADE HOURS PER WEEK	ANNUAL SALARY/ WAGES
A			
B			
C			
D			

- 10 Please provide details of your estimated annual income for the two years requested. If sources are extensive and you need more space, please run onto or attach an additional sheet.

	2003/2004	2004/2005
Leeds City Council (other than this grant application) Please specify department.		
Other (please specify)		
TOTAL		

Section C ANTICIPATED OUTCOMES

11 Quantitative Measures

The City Council is required to monitor all grant aid projects. The “anticipated outcomes” table below should demonstrate that your project has clear objectives, and provides quantitative (measured in figures) target output against which performance can regularly be assessed and monitored. If you anticipate more outcomes than this table allows, please run them over to a separate sheet or to Q12).

	MEASURE	FORECAST
Example	Providing educational opportunities	Run 10 public environmental events for people from Leeds.
A		
B		
C		
D		
E		

12 What qualitative benefits are expected from the project, i.e. outcomes that cannot be measured in figures but are identifiable from, for instance, a monitoring visit. Try and address the following:

A Access and participation.

B Development of new audiences.

C Quality and Innovation.

D Cultural and environmental diversity.

E Fostering local environmental initiatives.

F Support of local environmental groups.

G Green space development in areas of social and economic deprivation.



DECLARATION

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I AM AUTHORISED TO MAKE THIS GRANT APPLICATION.

NAME: (BLOCK CAPITALS).....

ON BEHALF OF: (ORGANISATION).....

POSITION IN ORGANISATION:.....

SIGNED:

DATE:

PLEASE RETURN THIS FORM TO

**DOUGLAS LOUIS
TECHNICAL MANAGER
PARKS & COUNTRYSIDE
FARNLEY HALL
FARNLEY PARK
LEEDS
LS12 5HA**