Rural Halls Maintenance Fund 2026-2027
Form Preview

Rural Halls Fund

* indicates a required field

Applicant Details

Applicant organisation name *
Organisation Name

Primary contact person *
Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, board member, fundraising coordinator

Primary contact's phone number *

Primary contact's email address *

This is the address we will use to correspond with you about this grant.

Hall Details

Name of hall *

Hall address

Hall Usage

Please outline the community usage of the hall over the last 12 months *

Who uses your hall, i.e. community groups, after-school programmes, art groups?

Please outline the fees and charges related to your hall *

Do you charge community members or groups for hall use?

Is your hall set up and available for the community to use in an emergency?

Is the hall part of the emergency hub network?

Strategic Plan

* indicates a required field

Does your hall have a long-term or strategic plan for the future of the hall? *
- ○ Yes
- ○ No

Please upload your long-term or strategic plan here. *
Attach a file:

Hall Condition

* indicates a required field

Please list the maintenance priorities for your hall over the next 12 months. *

What is the estimated cost of these maintenance priorities? Please provide approximate costs for each item and the total estimated cost, if known. *

If you do not have any to list, please write n/a

Financial Information

* indicates a required field

Financial Information

How does your group plan to meet the operational and maintenance costs of your hall building over the next 12 months? *

Please upload your most recent Annual Statement of Accounts for the hall *
Attach a file:

(or other appropriate financial statements)

Is your hall currently insured? *
- ○ Yes
- ○ No

Who is your current insurer?

Declaration

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

This declaration relates to information in this application that the Hastings District Council may hold about me/us now or in the future.

- I/We hereby declare that I am/we are an entity set up for the purpose of managing the rural hall and benefitting the rural community in which we reside;
- I/We hereby declare that I am/we are authorised to submit this application and that any funding received will be used for the project for which it was approved;
- I/We authorise the Hastings District Council to use this information for the purposes of administration of this application;
- I/We authorise the Hastings District Council to seek such information as they may require to complete the consideration of this application, including inspection of the Hall;
- I/We hereby declare that the information provided is correct.

I agree * ○ Yes ○ No

Name of authorised person *

Title	First Name	Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact email *

Must be an email address.

Date *

Must be a date