Rural H	Halls Fund			
* indicate	es a required field			
Applica	nt Details			
	nt organisation r tion Name	name *		
	the current stat ity group)	us of your orgar	isation? (Trust, Inco	rporated Society,
<b>Primary</b> Title	<b>contact person</b> First Name	* Last Name		
This is the	person we will corre	espond with about tl	nis grant	
Position	held in organisa	ation *		
e.g. Manag	ger, Board Member,	Fundraising Coordin	ator	
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 De	tails			
Name of	· hall *			
Hall add	ress			
Who is t	he owner of the	building?		
Who is t	he landowner of	the land the bu	ilding is on?	

Council, private landowner, Community Trust
If the building or land is owned by another organisation (other than yours), is there a lease arrangement in place?
there a lease arrangement in place:
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 *
ricuse outiline the rees and enarges related to your nam
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?
Hall Condition
Does your hall or group have a long-term or strategic plan for the future of the
hall? *  O Yes
○ No
Please upload your long-term or strategic plan here. Attach a file:
Does your hall have an asset management plan or maintenance plan? *
<ul><li>Yes</li><li>No</li></ul>
Please upload your asset management plan or maintenance plan here. Attach a file:
What are your maintenance priorities for the next 12 months?

Future Training and Support
What training or support would your hall committee like from Hastings District Council? *
Financial Information
How does your group plan to meet the operational costs of your hall building ove the next 12 months? *
How does your group plan to meet the cost of maintaining the equipment within your hall? (if appropriate) *
i.e., booking fees, other external funding, community donations.
Is your hall currently insured? *
Please provide information about your hall insurance.
Please upload your most recent Annual Statement of Accounts for the hall Attach a file:
(or other appropriate financial statements)
(a. date. appropriate infancial statements)

### Certification

\* indicates a required field

#### Declaration

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 a entity set up for the purpose of 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.

l agree *	○ Yes		○ No	
Name of authorised person *		First Name senior staff member	Last Name , board member or ap	opropriately
Position *	Position he	eld in applicant organ	nisation (e.g. CEO, Tre	easurer)
Contact phone number *		ontact you to verify t olicant organisation	hat this application is	authorised
Contact Email *	Must be a	n email address.		
Date *	Must be a	date		