

# AYLESBURYNOW



## Notting Hill Housing Trust

### Aylesbury Community Grants Application Form – Level 1 (up to £500)

Please write in capitals or type in black ink.  
Use additional sheets if necessary.

|  |  |
|--|--|
| <b>Date:</b>   |  |
| <b>Name of your organisation or group (if applicable):</b> |  |

| Contact details                                       |
|---|
| Name of main contact person: .....                    |
| Position in organisation/group (if applicable): ..... |
| Address:<br>.....<br>.....                            |
| Daytime telephone Number: .....                       |
| Mobile Number: .....                                  |
| Email Address: .....                                  |

| About your organisation/group (if applicable)                |
|--|
| Please describe the overall aims of your organisation/group: |

**About your project/activity**

Project title: .....

Please describe the project/activity for which you are applying for a grant:

When are you planning your project to start and to finish?

Start: ..... Finish: .....

How do you know that there is a local need or interest for this project/activity?

How many people do you expect to benefit from your project or activity? .....

What proportion of participants do you expect to be Aylesbury residents\*? .....

***\*Please note that we will not fund projects unless 75% of participants are Aylesbury residents***

Please describe whether any of the people who will benefit from the project include any of the following groups (Tick the boxes that apply and give approximate numbers/percentages).

- BME
- Young people
- Children
- Older people
- Lone parents/carers
- People with disabilities
- Other (please give details): .....

**Grant criteria**

Please tell us how your project will meet the criteria by completing the boxes below that relate to your project/activity.

| Criteria  | Yes/No | How? |
|---|--------|------|
| Increase in the number of residents who feel that their local area is a place where people can get on well together; through your community project (i.e. environmental projects, intergenerational schemes, bringing existing and new residents together etc.) |        |      |
| Increase in the number of contacts with hard to reach community groups through community activities and projects (i.e. adult literacy classes, ESOL, etc.)  |        |      |
| Increase in opportunities for resident involvement in your local neighbourhood (i.e. youth involvement and volunteering)  |        |      |
| Capturing Aylesbury's history (i.e. oral history projects, visual arts, etc.)   |        |      |
| Trialling a local social enterprise to benefit Aylesbury residents  |        |      |

How will you measure the success of your project/activity? (i.e. recording the number of people involved, other)

Will your project/activity involve working with children/young people under 18 years old or vulnerable adults unsupervised? Yes  No

\*Please note you will need to have a Safeguarding and/or child protection policy in place if the project/activity involves working with unsupervised vulnerable people. Please speak with a member of the Aylesbury Community Grant Panel for more information.

| Project Finances                                   |  |
|--|--|
| How much will your project cost in total?          |  |
| How much do you require from Notting Hill Housing? |  |

| Please list the main items of expenditure below: |      |
|--|------|
| Item   | Cost |
|  |      |
|  |      |
|  |      |
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|  |      |
|  |      |
|  |      |
| <b>Total amount</b>                              |      |

To whom should the cheque be made payable to if your application is successful?  
 Name: .....

If another organisation is accepting money on your behalf, please ask them to sign the agreement below **(please enclose a copy of their bank statement)**

I am authorised to accept a grant on behalf of:

Organisation: .....

Print Name: .....

Position in organisation: .....

Address: .....

.....

Telephone Number: .....

Email address: .....

Signature: .....

Date: .....

## Agreement & Signatures

**It is vital that this section is completed. Any forms without signatures and relevant documents will be returned to the applicant and will not be considered for funding.**

### If awarded a grant:

- I will ensure that the grant is used for the purpose outlined in this application
- I will ensure that the grant is spent within 12 months of receiving the grant payment
- I will provide receipts as proof of expenditure
- I will provide photographs and other documentation on the completed project

Name: .....

Signature: .....

Position in organisation/group (if applicable): .....

Date: .....

## Consent

We may use photos you send from your project for publication. Please tick if you agree for your material to be used in any of Notting Hill Housing's publications.

Yes

No

PLEASE RETURN YOUR SIGNED FORM TO:

By e-mail:

[aylesbury@nhhg.org.uk](mailto:aylesbury@nhhg.org.uk)

By post:

Aylesbury Community Grants programme  
Notting Hill Housing Trust  
2<sup>nd</sup> Floor Taplow  
Thurlow Street  
London SE17 2UQ

**PLEASE KEEP A COPY OF YOUR APPLICATION  
FOR YOUR REFERENCE**