## AYLESBURYNOW



## **Notting Hill Housing Trust**

Aylesbury Community Grants Application Form – Level 2 (up to £1500)

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

<del>_</del>	
Date:	
Name of your organisation:	
Contact Details	
Name of main contact person:	
Position in organisation:	
Organisation address:	
Daytime telephone number:	
Mobile number:	
Email address:	
Website address (if applicable)	
About your organisation	
Please describe the overall aims of	your organisation:

Does your organisation have a management committee? **Yes/No** (please circle)

If yes, ho	ow many members are there?
What ged	ographical area(s) do you cover?
If you co	ver the whole of the Southwark or a particular ward or area, please state:
About yo	our project
Project ti	tle:
Please d	escribe the project for which you are applying for a grant:
When are	e you planning your project to start and to finish?
Start:	Finish:
How do y	you know that there is a local need or interest in this project?
How mar	ny people to you expect to benefit from your project or activity?
What pro	oportion of participants do you expect to be Aylesbury residents*?
	note that we will not fund projects unless 75% of participants are ry residents
of the fol	escribe whether any of the people who will benefit from the project include any lowing groups (tick the boxes that apply and give approximate /percentages).
	BME
□ Y	oung people
	Children
	Older people
	one 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? (i.e. recording the number of people involved, evaluation forms, outcomes achieved, tangible benefits to the local area)

If you are working with children, young people and vulnerable adults; does your group/organisation have an up to date Safeguarding Vulnerable Adults and Child Protection Policy?

Yes/No (please circle)

If yes, please attach with your application.

If not, you may be able to adopt Notting Hill Housing's related polyour organisation is wiling to do so Yes No	olicies. Please indicate if		
Do you staff/volunteers have a current DBS check*:			
Yes/No (please circle)			
*Please note that for any organisations working with children and young people under the age of 18 and/or vulnerable adults, all staff working with these groups must have a current and satisfactory DBS check in place.			
Project finances			
How much will your project cost in total?			
How much do you require from Notting Hill Housing?			
How do you expect to cover the remaining costs not covered by applicable)?	this application (if		
If this is a longer term project; how do you plan to fund this after the community grant has finished?			
Please list your main items of expenditure below:			
ITEM	COST		
Total amount			
Total amount			
To whom should the cheque be made payable to if your applicat	tion 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.		
documents will be returned to the applicant and will not be considered for		
documents will be returned to the applicant and will not be considered for funding.		
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, as well as the monitoring and		
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, as well as the monitoring and evaluation form on the completed project		
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, as well as the monitoring and evaluation form on the completed project  Name:		
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, as well as the monitoring and evaluation form on the completed project  Name:  Signature:		
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, as well as the monitoring and evaluation form on the completed project  Name:  Signature:  Position in organisation:		
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, as well as the monitoring and evaluation form on the completed project  Name:  Signature:  Position in organisation:		

	Most recent bank statements (for the last three months) Audited or most up-to-date accounts Photos Copy of child protection and/Safeguarding vulnerable adults policy (if applicable)		
Consent			
	use photos you send from your project for publication. Please tick if you agree material to be used in any of Notting Hill Housing's publications.		
	Yes □ No □		
PLEASE	RETURN SIGNED FORM TO:		
By e-mai	l:		
aylesbur	y@nhhg.org.uk		
By post:			
Notting F 2 <sup>nd</sup> Floor Thurlow			

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR REFERENCE