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.

| Date: Name of your organisation or group (if applicable): |
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| |
| |
| Contact details |
| Name of main contact person: |
| Position in organisation/group (if applicable): |
| Address: |
| |
| |
| Daytime telephone Number: |
| Mobile Number: |
| Email Address: |
| |
| About your examination/group (if applicable) |
| About your organisation/group (if applicable) |
| Please describe the overall aims of your organisation/group: |
| |
| |
| |

| 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 Sat if the project/activity involves working wi speak with a member of the Aylesbury C | th unsupe | rvised vulnerable people. Please | | |

| 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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| | | | | |
| | | | | |
| | | | | |
| Total amount | | | | |
| | | | | |
| To whom should the cheque be made payable to if your application is successful? Name: | | | | |
| | | | | |
| If another organisation is accepting money on your behalf, ple agreement below (please enclose a copy of their bank state | | em to sign the | | |
| 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:

London SE17 2UQ

• 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 |
| By post: |
| Aylesbury Community Grants programme Notting Hill Housing Trust 2 nd Floor Taplow Thurlow Street |

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR REFERENCE