

Fast Track Small Grants Application Form

Your application form will be used to assess how well you meet the funding criteria. Please read the guidance notes before you complete all sections of the application form and include all the supporting documents when you return it.

Please complete your application form electronically if possible. Boxes will automatically expand as you type. If you need to complete your application by hand, please contact Community Investment and we will provide you with a suitable application form.

Please confirm you have attached the supporting documents:	✓
1) Your organisation's budget for the year, including anticipated income and expenditure	
2) A copy of your organisation's constitution or statement of aims and objectives	
3) Any supporting evidence of need for your service or activity	
4) A completed Conditions of Grant Aid document	

1. Name of Organisation: (and Charity or Company number, if applicable):	
2. Contact person:	
3. Address:	
4. Phone number:	
5. Email and website:	

Please note that if your application is successful, contact information for the service or activity will need to be provided and will be made publicly available to promote the service or activity to local residents where appropriate.

6. What is the overall purpose of your organisation?			
When did your organisation start?	Month:		Year:

7a. If you are a supplementary school (or are seeking funding to provide a supplementary school or homework club), are you a member of the H&F Supplementary School Network?	Yes / no
7b. If you are a sport club, do you have Clubmark? (if no, go to question 7c, if yes, go to question 8)	Yes / no
7c. If you are a sports club, are you working towards gaining Clubmark?	Yes / no

8. What services or activities does your organisation currently provide? Maximum 300 words

9. Please tell us about the service or activity you wish to fund with a Fast Track grant. (Be specific about what you want to do with the funding, how you will do it and the start and end dates.) Please note: The service or activity must fit with the Council's key targets (see guidance notes). Maximum 750 words
9b. Please tell us where the service/activity will take place, on which days and at what time This information will be used to promote your service/activity to local residents. Please

include a full address with postcode.

10. Please complete questions 10a and 10b ONLY if you are applying for between £5,000 and £10,000

10a: Describe the partnership that will deliver the service. Who are the partners? What roles and activities will each of the partners undertake to deliver the service?

10b: What makes your service unique or special? Describe the additional benefits your partnership service will deliver:

11. What is the need for your service or activity and how have you identified that need? (please explain how you know H&F residents need this service, what evidence have you to support this?)

12. Outcomes: Please outline what difference your service or activity will make to local residents (see guidance notes for information on outcomes - the differences or changes it will deliver)

13. How will you measure the difference made to residents? (how will you know if you have achieved what you set out to do – how will you collect feedback?)

14. Who will benefit from the service or activity?

14 a. Total number of beneficiaries who will be H&F residents

14b. Of these, please estimate the number of H&F beneficiaries by ethnicity:

White		Black or Black British	
British		Caribbean	
Irish		African	
Any other white background		Other Black or Black British	
Asian or British Asian		Other ethnic background	
Indian		Chinese	
Pakistani		Other	
Bangladeshi			

14c. Please estimate the number of H&F beneficiaries by gender

Male		Female	

14d. Please estimate the number of H&F beneficiaries by age group

0-4 yrs		5-13 yrs		14-18 yrs	
18-24 yrs		25-49 yrs		50+	
65+		75+			

14e. Please estimate the number of H&F beneficiaries by disability:

Physical disability		Learning disability		Sensory impairment	
Mental health need		Long term health		No disability	

14f. Is your service directed at, of particular relevant to, or more likely to be used by people of a particular faith or sexual orientation? If yes, please provide details.

14g. Please estimate the number of H&F beneficiaries by the part of the borough they are from:

North of the borough		Centre of the borough		South of the borough	
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15. How will you make sure that as wide a range of people as possible can benefit from your service or activity? (How will you make it accessible to disabled people, or attract H&F residents from different areas, backgrounds and cultures?)

16. Will your service or activity provide added benefits? (Such as better use of local halls, opportunities for volunteering, increase your ability to secure additional funding, bring different organisations or communities together?)

17. How will users be involved in making your service or activity happen? (Think about their involvement in planning, delivering and evaluating your service.

18. How do you know your service or activity offers good value? (Have you checked out prices and compared costs? Have you tried to work out a unit cost?)

19. Project or Service Plan – please use this section to tell us how you plan to run the service or activity: This information will be used for monitoring purposes.

Brief summary of what you will do, where will activities take place (including planning, service delivery and monitoring and evaluation activities)	Timescale (please include

Use the tab key to enter more rows if needed

20. Service cost

20a. Total cost of the service or activity	
20b. Amount of Fast Track small grant you are requesting	

21. Service/activity cost details

- List all the items you will have to spend money on to deliver the service, and how much they cost.
- Be clear how much Fast Track funding you are requesting for each item and how much you will fund from other sources, including from charges or ticket sales etc, or from your own reserves/resources.
- If applying to other funders, please give the name of the funder and whether the funding has been confirmed

Item or activity	Cost	Amount from Fast Track	Amount from other sources	Name of other funding source	Has other funding been confirmed?
	£	£	£		
	£	£	£		
	£	£	£		
	£	£	£		
	£	£	£		
	£	£	£		
	£	£	£		
Total Amount	£	£	£		

Use the tab key to enter more rows if needed

22. Management Committee Profile			
Please identify cheque signatories and any family relationships			
Position	Name	HOME address including postcode	H&F resident?
Chair			
Treasurer			
Secretary			
Trustee			
Trustee			
Trustee			
Trustee			
Trustee			
Trustee			

Use the tab key to enter more rows if needed

23. Bank Account Details	
Account name:	
Bank/Building society:	
Account Number:	
Sort code:	

DECLARATION

Please confirm on behalf of your organisation that:

- a) The information provided is correct to the best of my knowledge.
- b) Any funding secured will only be used for services or purposes described in this application.
- c) Our organisation will keep records of all expenditure, and will provide a service report to council officers.
- d) Our organisation fully complies with UK Equalities and Human Rights Legislation and promotes equality and diversity in everything we do - we follow anti discriminatory practices and encourage people from different backgrounds and with different abilities to participate in our activities.
- e) Our organisation complies with the relevant child or vulnerable adults protection requirements (e.g. Criminal Records Bureaux checks), if applicable.

Name of organisation's representative (this must be the Chair, Treasurer or Secretary):	
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Position:	
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Signature: (If submitting via email please type name)	
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Date:	
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Submission of application and supporting documentation – Please read carefully

You are encouraged to submit your application form and supporting documentation via email to cit@lbhf.gov.uk

If all or part of your application/supporting documentation is not available in an electronic format you may submit a clearly labelled hard copy by posting/delivering to:

Community Investment Team, Room 39, Hammersmith Town Hall, King Street, London W6 9JU

Please ensure that you have completed the correct section of the Conditions of Grant Aid document and have either scanned the document and submitted it via email or posted/delivered it to the above address. If you do not submit a signed Conditions of Grant Aid document your application will be ineligible and therefore not assessed. Applications are expected to be assessed within two months, although this might take a bit longer should there be a large volume of applications arriving at the same time.

If you have any questions, please contact Katharina Herrmann on 0777 667 2421 or Katharina.Herrmann@lbhf.gov.uk

THE BUDGET FOR FAST TRACK SMALL GRANTS IS LIMITED AND IT MAY NOT BE POSSIBLE TO ALLOCATE FUNDING TO ALL APPLICANTS. IN MANY CASES, ONLY PART OF THE REQUESTED SUM WILL BE AWARDED. THE COUNCIL RESERVES THE RIGHT NOT TO ALLOCATE THE FULL FAST TRACK SMALL GRANTS BUDGET IF INSUFFICIENT GOOD QUALITY APPLICATIONS ARE RECEIVED.