<u>Fast Track Small Grants – Silver Sunday 2017</u> Application Form

Please confirm you have attached the supporting documents:



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 on 020 8753 5009 and we will provide you with a suitable application form.

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) Details of your Management Committee/T	rustees (inc	uding home addres	ses) *	
4) A completed Conditions of Grant Aid docu				
	*If you have submitted your budget, Management Committee membership or governance document to the			
• • • • • • • • • • • • • • • • • • • •	council during the last 2 years (as part of a grant funding application), you do not need to attach it with this			
application.	application.			
OFOTION 4 ADOLIT VOLID ODGANI	OATION			
SECTION 1: ABOUT YOUR ORGAN	SATION			
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				
be made publicly available to promote the service or activity to local residents.				
6. What is the overall purpose of your o	organisation	1?		
When did your organisation start?	Month:		Year:	
7. What services or activities FOR OLD	7. What services or activities FOR OLDER PEOPLE does your organisation currently			itly
provide? Maximum 300 words				

SECTION 2: ABOUT YOUR SILVER SUNDAY EVENT/ACTIVITY

- 8. Please provide a summary of the Silver Sunday event/activity you would like us to fund. Priority will be given to activities that promote, launch or stimulate ongoing, regular activities for older people and which are likely to address loneliness and isolation.
- 9. What difference do you think the event/activity will make to older Hammersmith & Fulham residents? How will you know whether this difference will be achieved?

10. Date(s), Venue, bookings, and charges:							
When will the event/activity take place?							
Date(s), day(s) and time(s):							
Where will it take place	ce? Name	of venue:					
Address of venue:							
Does the venue have wheelchair access:			Yes/No				
Nearest bus/tube:							
Number of spaces av	ailable:						
Do people need to bo	ok?		Yes/No				
How to book:							
	Co	ontact name:					
	Teleph	one number:					
	•	Email:					
		Website					
Is the event/activity a	lso availah			stminste	er and	Yes/No)
Kensington & Chelse						. 55/. 10	
Is the event/activity o	pen to car	ers (includii	ng those age	d under	65?)	Yes/No)
Will there be a charge	for the ac	ctivity? If ye	s, how much	า?		£	
SECTION 3: WHO				41.1	1 111 44	10	
11. How many Ham		& Fulnam r		-			
Number of men likely to					n likely to at		
How many people atter current or former users						•	
current or former users	or <u>arry</u> or t	ile services y	rour organisa	lion prov	iues)		
12. How many older r	esidents d	lo you exped	ct to attend,	by age g	group:		
65-74		75-84		3	35+		
42 Places setimet	a 4la a maranal	an af aldan	110 F	anta bu	-4h-mi-ai4		
13. Please estimate White British	e the numi		н&г рагисір ack - Caribbe		ethnicity:		
White Irish			ack - Canbbe ack - African				
			ner Black or Black British				
,		inese					
		ther					
Bangladeshi			uici				
Darigiadesiii							
14. Please tell us h	ow many	of the peopl	e attending a	are likely	y to be disa	abled:	
Physical disability				npairment			
Mental health need Long term health condition				No disabili	ty		
15 Diagon actimate	o whore re	rtioinanta ··	ill live:				
In the North of the bord		irticipants w		re of the	horough		
In the North of the borough In the South of the borough Outside of Hammersm				lham			
	. 9				3		
16. Will your event						olease estin	nate
the number of volunts	ers and tr	IH SOLLS OF L	oies they wil	LUNGEIT	ake		

SECTION 4: PLANNING YOUR SILVER SUNDAY EVENT/ACTIVITY: YOU ONLY NEED TO COMPLETE THIS SECTION IF YOU ARE REQUESTING MORE THAN £1,000. If you are requesting less than £1,000, please go to section 5

17. Please briefly set out what you will do, by when, in order to plan and deliver your Silver Sunday event/activity. 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 dates, days, times etc.)

Use the tab key to enter more rows if needed

SECTION 5: THE COST OF YOUR SILVER SUNDAY EVENT/ACTIVITY			
18a.	Total cost of the Silver Sunday event/activity	£	
18b.	Amount of Fast Track small grant you are requesting	£	

19. 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

SECTION 6: DECLARATION

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):	
Position:	
Signature: (If submitting via	
email please type name)	
Date:	

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. Application 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 020 8753 2482 or Katharina.Herrmann@lbhf.gov.uk