**Harrow Covid-19 Awareness Fund**

**[Grant Ref: CAF1221**]

**Application Form**

Please read the guidance which is available to download prior to completing the application form.

**Organisation Details**

|  |  |
| --- | --- |
| Organisation Name |  |
| Registered Charity Number (where relevant) |  |
| Company Number (where relevant) |  |
| Main Contact Name  |  |
| Telephone Number |  |
| Email |  |
| We are:* a constituted not for profit organisation
* with a minimum of 2 unrelated directors
* and a bank account in the organisations name
 | Yes / No |
| What is the number of Harrow residents your organisation has contact with? |  |
| Please give details (where relevant) of the languages your group can communicate in |  |
| Please give details (where relevant) of the forms of communication you use to ensure people with a disability / long term condition can access the information.  |  |

**Your Project**

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| --- |
| Who does your organisation work with and what communities do you plan to target through this fund? Please specify how you will reach the eligible unvaccinated.  |
|  |

**Activity Plan**

All activity must focus on raising awareness of the Covid-19 vaccination and promoting behaviour that will reduce the transmission of the virus.

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| --- |
| Please provide a summary describing your event / project / activity. (max 50 words) |
|  |

|  |  |  |
| --- | --- | --- |
| **Activity** | **Frequency** | **Intended no. of people reached** |
| *Example: Vaccine Health Information Webinar* | *One per month* | *300 Harrow Residents*  |
| *Example: Use Whatsapp group/s to post encouraging messages to take the vaccine and links to vaccine facts* | *Weekly messages* | *50 Harrow Residents* |
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**Budget**

There are 2 options, if your organisations costs are up to £500 you can tick option 1 and if successful the organisation will be paid this amount. If your organisations costs are expected to be higher please complete the budget.

**Option 1:** Contributing towards costs.

|  |  |
| --- | --- |
| My organisation is requesting a contribution of £500 towards their costs | Yes / No |

**Option 2:** Budget

|  |  |
| --- | --- |
| **Item** | **£** |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**Declaration**

I confirm that the organisation/group named in this form has authorised me to sign this application on their behalf. The information contained in this application is correct, to the best of my knowledge, and I confirm that any grant aid received will be used solely for the purposes specified in the application.

I agree to my name and my organisation’s details being shared with grant partners (Harrow Council, Voluntary Action Harrow, Young Harrow Foundation and Harrow Clinical Commissioning Group) and fellow grantees. Harrow Giving and partners will only use your information in accordance with General Data Protection Legislation and for the purposes of the grant.

I will monitor the success of the project and submit the necessary monitoring forms.

|  |  |
| --- | --- |
| **Signed (Electronic)** |  |
| **Name** |  |
| **Date** |  |

Please send the completed application to: grants@harrowgiving.org.uk