**Harrow Community Fund [Grant Ref: HCF052022]**

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 |
| Does your organisation object to receiving funding that has been raised through a lottery? | Yes / No |
| Annual organisational income |  |
| What is the number of Harrow residents your organisation already has contact with? |  |

**Your Project**

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| --- |
| Please provide a summary describing your project. [Max 50 words] |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| When will your project start? Please tell us when your project will start and finish. At this point, these dates can of course be estimations. | | | | | |
| Starts |  | Finishes |  | Duration |  |

|  |
| --- |
| Please write some information here about:   * Describe what your organisation does? * What’s your track record with Harrow residents? * What will you use the money for? * What difference do you want to achieve? * Explain why you want to do this? * Who will benefit from the project? * How long do you expect it to run for? * What will happen once the funding runs out?   Maximum 500 words, anything more than 500 words will be deleted and will not be reviewed by the panel. |
|  |

**Budget**

Please outline all your expected expenditure specifically for this project/ including staff costs directly related to the project, volunteering costs, resources such as equipment, promotion etc

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

**Grant Support**

|  |
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| Support your organisation needs - What support do you need? |
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**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](mailto:grants@harrowgiving.org.uk)