**Gas, Energy and Advice Fund (Centres For Warmth) Application Form [Ref GEACFW0525]**

**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 |

**Equity, Diversity & Inclusion**

| Are you an equity-led organisation: that is an organisation led by and for marginalised communities?‘Led by’ is defined as when more than 75% of an organisation’s Trustees/Directors and more than 50% of staff members (including senior) are people from the communities that you serve/have lived experience of the issues that your organisation is tackling. | Yes / No |
| --- | --- |
| If yes, please provide additional information that demonstrates how you meet the criteria.  |
|  |

**Your Project**

| Give a brief summary of your organisation’s work in Harrow highlighting activities that are similar to those you are applying for. |
| --- |
|  |
| What communities are accessing, or will access your centre? (e.g. Our Centre will be focused towards elderly people from a South Asian demographic located in South Harrow.) The priority for this fund is vulnerable groups within the community (i.e. debt, mental health, low- income, marginalised groups etc.) |
|  |
| What will your centre be providing and how many people will be accessing the centre? (i.e. social/physical activities, meals, wi-fi …)* *For example*
	+ *Over the 3 months, our centre will provide 6 tai-chi classes.*
	+ *Space for 30 people every week*
	+ *40 hot meals per week*
 |
|  |
| What positive changes do you expect to see in the community as a result of your centre? |
|  |
| How will you ensure local residents are aware of your centre? |
|  |
| How will you work with the advice partner, please provide an example of working with an external agency in the past? |
|  |

| When will your centre start? Please tell us when your centre will start and finish. (Your project must start by September 2024 and end in March 2026 and run for the full duration of this period.) |
| --- |
| Starts |  | Finishes |  | Duration |  |
| Location 1: Where will you run your centre from? |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Town/City |  |
| Postcode |  |

**Budget**

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

| All projects should do at least one of the following, please give an estimation of how many individuals will receive the relevant support. Please only include numbers where your organisation will be directly providing the advice (rather than via the advice partner) | **Numbers (Target)** |
| --- | --- |
| Number of conversations to individuals for the purpose of improving awareness on the benefits and route to register to the Priority Services Register (PSR). |  |
| Number of individuals registered onto the PSR when eligible and when the individual has provided consent |  |
| Number of individuals provided with home energy efficiency advice e.g.; hints and tips on how to save energy |  |
| Number of individuals provided with income maximisation advice |  |
| Number of individuals issued with carbon monoxide safety advice |  |
| Number of eligible individuals issued with CO alarms |  |
| Number of individuals referred for a free gas safety checks |  |

| Please indicate which of the following you will be engaging with / requesting.Please provide rough numbers where relevant, this can be changed at a later date. | **Please mark x or provide a number** |
| --- | --- |
| Attend carbon monoxide (CO) training, delivered by Cadent (mandatory) |  |
| Host Cadent at a community event / activity |  |
| Attend National Energy Training |  |
| Provide slow cookers (only if you are running slow cooker courses). Please provide a number needed.  |  |
| Provide Carbon Monoxide Alarms. Please provide a number needed |  |
| A visit / more information from the Green Doctors |  |
| List other support and information services you would be interested in: |
|  |

**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 Integrated Care Board) 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

**Deadline:** 10am, Tue 25th June