

W12 TOGETHER COVID-19 SMALL GRANTS SCHEME – APPLICATION FORM

W12Together have agreed to support local non-profit organisations to run projects and initiatives that facilitate a community response to the Covid-19 crisis. We want to fund those who are supporting local groups who are responding to the needs of the W12 community, particularly vulnerable and isolated people.

Grants from £1000-£5000 will be available to local groups and organisations, within Hammersmith & Fulham, that are supporting vulnerable and isolated people. The criteria for the grants programme is below. Please make sure you address the criteria when completing your application:

- the delivery of food and essential supplies
- social interaction/befriending schemes
- increasing the capacity and reach of your volunteers
- expanding and enhancing the practical and emotional support to improve people's wellbeing.

Support must be targeted at residents within the the Wormholt and White City ward and delivered from May – July 2020. Please return completed application forms to grants@w12together.org by **5pm on Thursday 30 April 2020.**

Please make sure you have read our guidance notes before completing this application. If you have any queries – please contact us at grants@w12together.org or on 020 8364 8400.

PROJECT NAME
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WHICH CRITERIA(S) DOES YOUR PROJECT MEET?
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Provide the aims and objectives and a brief description of your proposal, with the key activities, outputs, dates and 'who will do what'.
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State the number of people, and different communities where applicable, that will benefit from the project.					
If there are any key communities, that you would like to engage please tell us which and how many people					
(for example, the number of young people).					
HOW WILL THEY BENEFIT?					
Describe the outcomes (changes or benefits) you intend to achieve					
WHAT CHILLS (EVDEDIENCE DO VOLLHAVE TO CARRY OUT THE PROJECT)					
WHAT SKILLS/EXPERIENCE DO YOU HAVE TO CARRY OUT THE PROJECT?					
Please provide evidence on the people and communities you currently work with and support e.g links to					
your website, reports, testimonials.					
HOW WILL YOU MEASURE THE SUCCESS OF THIS PROJECT?					
Specify how will you track your work and report to us and what information you will collect.					
SPECIFY HOW THE INFORMATION YOU COLLECT CAN BE USED BY W12TOGETHER					
E.g. Learning or evaluation information from your project. Information of groups and communities					
supported that will help us prioritise our work in the area.					

ABOUT YOUR ORGANISATION







Name of organisation/group:				
Type of group/organisation	 □ Resident Association □ Community group □ Charity Registered Charity number □ Other (please state): 			
What does your group / organisation do?				
Your name and position within the group/organisation:				
Organisations address including postcode:				
Contact phone number:				
Email:				
Project Budget				
Please list below what the costs will be to carry out this activity / project. Remember we will fund projects				

Please list below what the costs will be to carry out this activity / project. Remember we will fund projects from £1000-£5000 but you don't need to apply for the full amount. When looking at applications the panel will appreciate accurate and detailed costings.

Items needed	Cost	
e.g. venue hire, materials, equipment, refreshments, tutor/instructor, admin costs such as TEN's licence, any additional insurance, printing for posters.	Please list as accurately as possible.	
	£	



If the total project cost is over the limit, please le						
you will fund the rest, e.g. your group's own fund	ds, donations,					
participant contributions etc.						
Checklist						
Please make sure that you have the following item			n. If you do not			
have these and need guidance, please call us. Please type yes/no for each item.						
Constitution or Terms of Reference		No				
Organisation bank account	Yes	No				
Public Liability Insurance	Yes	No				
Safeguarding policy	Yes	No				
Staff and volunteers DBS checked	Yes	No				
Social distancing measures	Yes	No				
Risk assessment for your project	Yes	No				
Declaration						
This application is submitted on behalf of the gro	up or organisation	who I am duly autho	rised to represent.			
The information given is correct to the best of my	knowledge. I have	read the Guidance	Notes and I			
understand that if the information I have given is	found to be incorr	ect, my application r	nay be rendered			
invalid and the grant may have to be returned.			,			
Signed:						
Date:						
Print name:						
Position held in group/organisation						

