

Please read the accompanying notes before completing this form



(Trust use only)

Reference:

Date Received:

Charity Registration Number 1098235

Application for a Main Grant - Stage 2 form

Section A: Summary

1. About your Organisation

Name of Organisation applying for grant:	
If this Organisation is part of a larger or national organisation, what is its name:	
Address for correspondence:	Your Home Address Is this address?
Postcode:	
Contact Person	Position
Tel (Day):	Tel (Eve):
E-mail:	Fax:
Web site: www.	Mobile:
Legal status of organisation:	
If a registered charity, number:	Year Organisation established:

2. Request for funds

Under which of the Trust's priorities are you applying? Please select one from menu box: (please select)
Purpose for which funds are requested: (20 words maximum)
How many years' funding is requested? Grant Requested Year 1: £ Year 2: £ Year 3: £ Total Grant Requested = £

Section B: Details of the organisation applying for a grant

3. Aims of organisation

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4. Main activities of organisation

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5. Number of staff / volunteers

Full time (paid)	Part time (paid)	Management Committee	Active volunteers

6. Property occupied by organisation

Is the property owned, leased, rented?	If leased, how long is the outstanding lease?
(please select)	

7. Finance

Please attach copies of your organisation's audited accounts for the last two years.

From your organisation's most recent annual accounts, complete the following:					
Financial year ended		Month: Please click and select		Year: Please click and select	
Total Income		Total Expenditure		Total Reserves	

8. Material changes

Describe any material changes to the organisation's activities, structure or financial position since the date of the most recent accounts:

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9. Previous funding received

Please list all funding received by your organisation following sources during the last **THREE** years:

- | | |
|---|---|
| (i) London Borough of Hillingdon -Paradigm | (ii) Hillingdon Primary Care Trust |
| (iii) Central government departments | (iv) London Councils Grant Scheme |
| (v) Lottery | (vi) Any other funding |

Source	Year (eg 05/06)			Total Received
Total				

Section C: Details of grant request

10. Purpose / explanation (please describe)

The purpose of the project.

Why the project is required (please include any available supporting evidence, and details of current situation)

Why you are the most appropriate organisation to deliver the project?

How, where and when the project will be delivered?

Describe the impact the project will have on the communities in the six wards.

11. Beneficiaries

Where is your Organisation based?				
Where will the project /activity be located?				
How many people are expected to benefit over twelve months?				
How many of these people come are resident in the six wards covered by the trust.				
From which wards will the local beneficiaries come?				
<input type="checkbox"/> Botwell	<input type="checkbox"/> Townfield	<input type="checkbox"/> Pinkwell		
<input type="checkbox"/> West Drayton	<input type="checkbox"/> Yiewsley	<input type="checkbox"/> Heathrow Villages		
What age group will benefit?				
<input type="checkbox"/> Children	<input type="checkbox"/> Young people	<input type="checkbox"/> Adults		
<input type="checkbox"/> Seniors	<input type="checkbox"/> All	<input type="checkbox"/> Not known		
What will the ethnic grouping of the beneficiaries be? please tick relevant box(es) and give % where appropriate				
Asian or Asian British <input type="checkbox"/>	%	Black or Black British <input type="checkbox"/>	%	
European <input type="checkbox"/>	%	Mixed Heritage <input type="checkbox"/>	%	
White <input type="checkbox"/>	%	Chinese or Chinese British <input type="checkbox"/>	%	
Any other group <input type="checkbox"/>	%	Not known <input type="checkbox"/>	%	
How will the project cater for people with disabilities?				
What proportion of the beneficiaries will be people with disabilities?				%

12. Project Costs

Please list all of the project costs. Please indicate which costs are to be funded 100% by HCT, which part funded by HCT and which costs are to be met from other sources.	Funding Source	Year 1 £	Year 2 £	Year 3 £	Total £
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
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	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
Total Project Cost					

13. Sources of Project Funding

Please list your sources of funding	Is this source confirmed	Year 1 £	Year 2 £	Year 3 £	Total £
Hillingdon Community Trust					
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
Total funding all sources					

For each funding source which is not confirmed, please give the dates when you expect to hear if your application has been successful.

Proposed start date for project	Date when Trust funding will be required
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14. Risk and other factors which may affect your ability to deliver the project

What are the risks/ potential problems that may affect your ability to deliver the project?

Do you require any permissions or other statutory consents before the project can proceed? (e.g. Ofsted registration, landowner agreement, planning permission etc). If so please give details, including the anticipated timescale;

How will the benefits achieved by the project be sustained after Trust funding is complete?
(e.g., Who will meet maintenance and other revenue costs in the future? Are these arrangements agreed in writing?) If so please give details and attach copies.

15. Monitoring and Review

How will you review and measure the success of this project?

How will the success of the project be publicised?

