**Inspiring Communities Fund**

**Application Form**

**Return by email to** [**community.partnerships@thh.org.uk**](mailto:community.partnerships@thh.org.uk)

**Or post to the Financial Health Centre, Raynham House, Massingham Street, E1 4EB**

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| ***Please read the Inspiring Communities Fund guidance notes and each application question carefully before you begin. In answering each question, be as clear and concise as possible as it will help us make an informed decision about your project.*** |

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| **SECTION 1: About the Applicant** |

1. Are you applying for this funding as a **resident** of Tower Hamlets Homes or as a recognised Tower Hamlets Homes **Tenant and Residents’ Associations / Community Group?**

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**2. If you are a community group, do we have a copy or your constitution?**

YES NO *If not, please provide a copy of your constitution with your application.*

2a) If you are a **registered charity**, please supply your charity number

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**3.** **Contact details** (of the person we should contact regarding the project).

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant Group: | | | |  | | | |
| Full name of contact person: | | | |  | | | |
| Full postal address: | | |  | | | | |
| Phone : |  | | | | | Post code: |  |
| E mail address: | |  | | | | | |
| What will be your involvement in this project? | | | | |  | | |
| If you are applying as a community group, How long has your group been running? | | | | |  | | |

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| **SECTION 2: About the Project** |

**4.** **What is the name of your project?**

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**5. What is your project?**

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**6. How do you know it is needed?**

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**7. What will it achieve?**

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**8. How many THH residents will benefit?**

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**9.** **Please state when you plan to run the project.**

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| --- | --- | --- | --- |
| Start Date of Project: |  | End Date of Project: |  |

**10.** **To assess, monitor and evaluate the success of the project, THH has a specific form to be completed. You will need to provide evidence of how you publicised the project, those attending/ benefiting (e.g. attendance register); receipts; a case study and photographs. See the Inspiring Communities Fund guidance notes for more information.**

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| If you think you will have any problem supplying these , please state why: |

**11. Who will benefit directly from the project?** *Tick all that apply*.

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| --- | --- |
| Under 5’s |  |
| 5-12 year olds |  |
| 13-19 year olds |  |
| 19-25 year olds |  |
| Parents |  |
| Children with learning and or physical disabilities |  |
| Young people with learning and/or physical disabilities |  |
| Adults / older people with learning and/or physical disabilities |  |
| Carers (for people with learning and/or physical disabilities) |  |
| Gay, Lesbian, Bi-sexual, Transgender groups |  |
| Older people |  |
| Women |  |
| Young men |  |
| Young women |  |
| Domestic Violence survivors |  |
| Reduction in crime and/or fear of crime |  |
| Faith groups |  |
| Black and other Ethnic Minority groups |  |
| Other (give details below) |  |

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| **SECTION 3: About the Funding** |

**12.** **Outline the project budget**:

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| **Description of costs:** | **Amount (£):** |
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| **Total cost to deliver the project:** |  |
| **Total funding requested from THH:** |  |
| **13. Match funding** |  |
| Do you have match funding for this project? | Yes / No |
| If yes, please give details: | |
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| **SECTION 4: Additional Information and Declaration** |

**14.** **Please use the space below to provide any further information if required.**

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**15.** **Confirmation of Resident Support.** Please provide details of at least 3 residents of Tower Hamlets Homes confirming their support of the proposed project outlined in this application from. These supporters must not be relatives and will need to be actively involved in this project.

***Resident 1***:

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**FULL NAME:**

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**ADDRESS**

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**SIGNED**

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**DATE**

***Resident 2:***

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**FULL NAME:**

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**ADDRESS**

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**SIGNED**

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**DATE**

***Resident 3:***

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**FULL NAME:**

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**ADDRESS**

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**SIGNED**

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**DATE**

**16.** **Bank Account Details.**

Please provide details of the bank account to which the payment of the grant will be made. This should be an account of a formally constituted community group.

*If you are an individual resident applying for this funding, then you will need to provide the details of a recognised Tower Hamlets Homes Tenant and Residents’ Associations / Community group who will support your application (****you will need to ask them to complete questions 19, 20 and 21****) and provide their account details below. They will receive any funding on your behalf and help you to spend and account for the money*.

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Name of account holder:

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Bank/building Society Name:

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Billing address:

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Account Number:

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Sort Code:

**Only complete this page if you are applying as an individual resident or community group without a bank account.**

**17.** **Contact details of the community group supporting an individual resident’s application.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Community Group: | | | |  | | | |
| Full name of contact person: | | | |  | | | |
| Full postal address: | | |  | | | | |
| Phone : |  | | | | | Post code: |  |
| E mail address: | |  | | | | | |
| What will be your involvement in this project? | | | | |  | | |
| How long has your group been running? | | | | |  | | |

**18.** **Does the above group have a Constitution? If yes, please provide a copy.**

YES NO

**19.** **Declaration of sponsor organisation.**

I confirm that the community group outlined in *question 17* above will act as sponsor organisation to the applicant named in *question 3* above. We agree to receive the funding on behalf of the applicant named in *question 3* above and help them spend and account for the money. This will be done in using our own financial and monitoring systems whilst adhering to the financial protocols and procedures of Tower Hamlets Homes.

**Signature:** (This should be the person named in *question 17* of this document)

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**FULL NAME**

|  |
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**On behalf of ORGANISATION**

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**SIGNED**

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**DATE**

**20.** **Declaration of applicant.**

The details on this form are accurate and by signing it I / we agree to:

* deliver the project to the best of our ability for the benefit of all local residents.
* be liable for recording and providing receipts for any and all expenditure arising from the delivery of this project.
* ensure the project is delivered in a way that encourages all local residents to participate.
* provide evidence of participation to the Community Partnerships Team (via a register of attendance, photographs and a case study).

**Signature:** (This should be the person named in *question 3* of this document)

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**FULL NAME**

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**SIGNED**

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**DATE**

**DATE** …………………………………………………………………………..



**21.** **Checklist.**

Please make sure you provide:

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| --- | --- |
| Latest available audited accounts |  |
| Constitution, Terms of reference, Memorandum of Association (or charity registration number) |  |
| A signed declaration form |  |
| A risk assessment for your project |  |
| A signed application declaration and bank details |  |