

Derwent London plc Fitzrovia Community Investment Programme

PROJECT FUNDING APPLICATION FORM

Prior to completing the application form please read the fund guidelines which set out the criteria for the application and explain who is eligible to apply.

Please ensure that you fill in ALL sections of this form as we cannot assess incomplete applications.

The application will need to be submitted by 5pm on FRIDAY 20 MARCH 2015 to Soundings. This can be emailed to fitzrovia@soundingsoffice.com or posted to:

FITZROVIA TEAM SOUNDINGS FIRST FLOOR 148 CURTAIN ROAD LONDON, EC2A 3AT

We would recommend posting applications via recorded delivery.

| Part A: Funding bracket This application is for an amount betw £50 - £9,999 | een: (Please tick the relevant box) |
|---|---|
| £10,000 - £30,000 \square | |
| Part B: information about the applic | cant |
| Name of group/individual: | |
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| Address line 3: | |
| Postcode: | |
| Contact details Please provide contact details for two contacted if we require clarification or | representatives of the project. These individuals may be more information on the project. |
| Main contact: | |
| First name: | Second name: |
| Tel: | Mobile: |
| Email: | |
| Secondary contact: | |
| First name: | Second name: |
| Tel: | Mobile: |
| Email: | |



Part C: Information about the project

| 1. | Name of project |
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| 2. | Provide a brief summary of your project describing what you are applying for. (Approximately 100 words) |
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| 3. | What are the key objectives of the project? (Approximately 50 words) |
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| 4. | What are the main activities involved? (Approximately 70 words) |
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| 5. | What outcomes will the project deliver? (Approximately 50 words) |
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| 6. Who will the main beneficiaries of the project be and how will they benefit? (Approximately 50 words) |
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| 7. Tell us how you think the project will benefit the local area? (Approximately 60 words) |
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| 8. Please identify any key issues that need to be resolved for the successful delivery of the project, such as obtaining permissions, need for licenses or recruiting key team members. (Approximately 60 words) |
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| 9. When will the project start and finish? (Approximately 20 words) |
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| 10. Where will the project activities take place? (Approximately 30 words) |
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| 11. If applicable, please itemise any existing and/or proposed funders of the project, together with fund values and deliverables/conditions. Please enclose copies of any funding agreements if available. Please ensure that your project funding value is distinct from your core funding. You will be required to verify the core funding your organisation receives if your application is successful. (Approximately 60 words) |
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| | f you would like to provide any additional information, please do so here. (If you do not wish to add anything er you can leave this question blank) |
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| Part | D: Budget breakdown |
| | se provide a breakdown of the project costs, listing ALL the costs you will be using the funding for. To help us ss your application accurately please include as much detail as possible. |
| Pleas | oject fees se attach a table/spreadsheet including the following information: on and role/Task/ Day rate/ Days required/Total |
| Pleas | oject expenses se attach a table/spreadsheet including the following information: cription of item/ Quantity/ Best price per unit /Total |
| 3. Gr | rand total: |
| Part | E: Additional information |
| Whe | re applicable, please enclose the following with your application: |
| | stered group: |
| 1. | A governing document for the group |
| 2. | A safeguarding policy where applicable |
| 3. | Most recent annual accounts for the group |
| Non- | -registered group or individual applicant: |
| 1. | Proof of residential or business address e.g. utility bill or council tax bill |
| 2. | A short note on relevant experience - approx. 60 words |
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| 3. | Contact details for a professional referee |
| | Name: |
| | Profession:Tel: |
| | Email: |
| | Professional relationship to applicant: |
| | |



Part F: Data Protection

| The content of this application will only be used under the strict controls of the Data Protection Act 1998. Information gathered on this form will be shared with the funder, Derwent London, and where necessary with external assessors to help us assess the projects. We will only share your groups' contact details with Derwent London. |
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| Please indicate whether you are happy for us to share the information as described above: Yes \Boxedown No \Boxedown |
| Part G: Declaration |
| On behalf of the applicant I confirm that the information given on this application form is accurate. |
| Signature: |
| Name: |
| Position in group: |

Date: