

VISIONS FOR NORTHOLT

Floating Community Room, Activity grants

Application Form, August 2023

Contact Details	
Lead contact name:	
Name of group: <i>(If applicable)</i>	
Description of group: <i>(If applicable – max. 150 words)</i>	
Type of applicant: <i>(Please tick)</i>	<input type="checkbox"/> Voluntary and community organisation <input type="checkbox"/> Constituted group or club <input type="checkbox"/> Unconstituted group or club <input type="checkbox"/> Registered charity <input type="checkbox"/> Charitable incorporated organisation <input type="checkbox"/> Not-for-profit company <input type="checkbox"/> Community interest company <input type="checkbox"/> School <input type="checkbox"/> Community benefit society <input type="checkbox"/> Individual resident of the Racecourse Estate <input type="checkbox"/> Other <i>(please describe)</i>
Address:	
Telephone/mobile number:	
Email:	
Describe your connection to the Racecourse Estate.	<input type="checkbox"/> Individual / Group members live on the estate <input type="checkbox"/> Organisation serves residents on the estate <input type="checkbox"/> Other <i>(please describe)</i>

Please provide copies of three months bank statements and a set of your latest audited accounts.	<input type="checkbox"/> I have attached this information to my application <input type="checkbox"/> I am an individual <input type="checkbox"/> We are a new organisation
Provide copies of your organisations governing document or constitution if applicable.	<input type="checkbox"/> I have attached this information to my application <input type="checkbox"/> I am an individual <input type="checkbox"/> We are a new organisation

Event proposal	
Event name:	
Event description: <i>(Max 150 words)</i>	
Are you applying to run a single event or series of multiple events over the 12-month period?	<input type="checkbox"/> Single event <input type="checkbox"/> Series of multiple events Please specify number of events
Which of the fund objectives will your event address? <i>(Tick as many as applicable)</i>	<input type="checkbox"/> Encourage and increase community involvement on the Racecourse Estate <input type="checkbox"/> Bring together volunteers, including opportunities to learn new skills <input type="checkbox"/> Address issues felt by local people living on the estate <input type="checkbox"/> Involve an underserved group or those with protected characteristics <input type="checkbox"/> Support the local economy, by sourcing materials locally
Describe how your event will address these objectives: <i>(Max 300 words)</i>	
Describe how you will ensure your event is inclusive and accessible? <i>(Max 100 words)</i>	

Venue			
Do you have a venue selected?	<input type="checkbox"/> Yes. I have confirmed my idea with the venue operator. <input type="checkbox"/> Yes. I have not confirmed my idea with the venue operator. <input type="checkbox"/> No		
If yes, provide the venue name and address. You may include more than one option:			
If no, describe the type of venue you are looking for, including capacity requirements: <i>(Max 100 words)</i>			
When do you anticipate holding your event? <i>(Tick as many as applicable)</i>	<input type="checkbox"/> Autumn 2023 <input type="checkbox"/> Winter 2023 <input type="checkbox"/> Spring 2024 <input type="checkbox"/> Summer 2024	<input type="checkbox"/> Weekday <input type="checkbox"/> Weekend	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening (after 6pm)

Audience	
How many people do you anticipate will attend your event?	
Who is your event aimed at and will you involve those with protected characteristics? <i>(Max 100 words)</i>	

Costs	
Item	Amount (£)
Staff costs	
Volunteer costs	
Venue hire	
Equipment	
Promotion (e.g. printing costs)	
Other (please specify)	
Total	

Funding	
Item	Amount (£)
Floating Community Room Activity Grant (amount applied for)	
Other grant funding	
Fundraising	
In-kind contributions	
Crowdfunding	
Other (please specify)	
Total	

Risk Assessment			
Tell us 3 key risks related to your event and how these will be mitigated.			
Risk description	Potential impact (tick as applicable)	Likelihood (tick as applicable)	Mitigation
	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

<p>Is there anything else you want to tell us?</p> <p><i>Use this space to tell us more about you and why this funding is important to you. This is an optional question. (Max 300 words)</i></p>	
---	--

Terms and Conditions

1. All organisations receiving a grant from Ealing Council must have a UK-based bank or building society account in the name of their organisation as shown on their governing document.
2. The grant applied for must be used by the end of the financial year in which the allocation was made unless otherwise agreed.
3. The funding must be used only for the purpose specified in the application. The applicant will be responsible for the expenditure of the monies allocated. Organisations are expected to retain all records/receipts of any expenditure as these may be requested by the council.
4. If for any reason the project cannot be delivered, or the organisation ceases to exist, you must notify the Council and if so requested, return any unspent grant.
5. Ealing Council accepts no liability whatsoever in respect of any complaints, claims or actions arising from or associated with any funded project.
6. People who work with children or other vulnerable members of society, whether they are volunteers or paid staff, must receive the appropriate Disclosure and Barring Service (DBS) clearance to ensure they are suitable to do so.
7. Organisations receiving funding awards will be required provide a short monitoring form to report back on delivery of their project/activity and outcomes achieved.
8. Contact details of organisations receiving funding will be added to the Ealing Council database as appropriate.
9. Successful organisations must acknowledge our funding support in any promotional activities and publicity material.

Declaration

By signing the box below, I agree to the following:

- I am authorised to make the application on behalf of the above organisation.
- I give permission for Ealing Council to record the details of my organisation and to correspond with the key contact as detailed in the application.
- I certify that the information contained in this application is correct and that any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or knowingly withholding any information, could make my application invalid.
- I will inform Ealing Council if the information in the application changes in any way.
- I have read, understood and will comply with the Small Grants Terms and Conditions.
- I will be responsible for meeting all statutory regulations. This includes but is not limited to health and safety; protecting children, young people and vulnerable adults; securing statutory approval; and maintaining relevant licenses and insurances.

Organisation/group name:	
Signed:	
Name:	
Position:	
Date:	