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| **APPLICANT & CONTACT INFORMATION** | | | | | | | |
| **1** | Name of Contact Person |  | | | | | |
| **2** | Name of organisation |  | | | | | |
| **3** | Your organisation’s registered address and postcode |  | | | | | |
| Contact Email address |  | | | | | |
| Daytime contact phone number |  | | | | | |
| Organisation website address |  | | | | | |
| **4** | What is the Legal Status of your organization? | Registered Charity | | | Registered Charity No. | | |
| Company Limited by Guarantee | | | Company No. | | |
| Residents Association | | | Faith Group | | |
| CIC | | | Other | | |
|  | | |  | | |
| Has your organisation been established & operating for more than 12 months? | Yes  No | | Does your organisation have a bank account which requires at least 2 people, who are unrelated and do not live at the same address, to be signatories? | | | Yes  No |
| **6** | Briefly tell us what does your organisation do? (100 words max.) |  | | | | | |
| **7** | Briefly tell us what experience and success you have, to deliver this project? (150 words max.) |  | | | | | |
| **ABOUT YOUR PROJECT** | | | | | | | |
| **10** | Name of your project / activity |  | | | | | |
|  | Amount requested | £1000 Grant  £2000 Grant | | | | | |
| **11** | Period of activity | Start date |  | | | | |
| Finish date |  | | | | |
| **12** | Which of the Grant Fund themes does your application meet? | PrEP  HIV and STI Testing  Contraception (inc LARC, Oral and emergency )  All of the above | | | | | |
| **13** | **Project outline**  (1000 words max.) | 1. Describe your project and how it will be delivered over the planned timescale. In your answer please can you reference the flowing  * Who is your target audience and how many City and Hackney residents will benefit * Why did you choose this approach – what evidence of local need have you identified * How will you involve your community in the development of the project * What is the project outline and 2 key outcomes you want to achieve. * How will you recruit local residents to the project * What are the key milestones/ deliverables /targets * How will you know it is successful (evaluate the project) and what data will you capture * How will you share this learning from the project * What risks have you identified in delivering the project | | | | | |
|  |  |  | | | | | |
| **14** | How will you ensure that the project will be environmentally friendly ( 150 words max) |  | | | | | |
| **15 Finance section:** | | | | | | | |
| How much is your project going to cost ?  Please provide a breakdown of costs in the table below. | | | | | | | |  | |
| **Item description** | | | | | | **Total (£)** | |
| Example: Hire of room for 2x 2hrs/week for 3 weeks @ £15/hr | | | | | |  | |
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| **Section b) What other costs are there which will be paid for from match funding**  **If not applicable, please put N/A** | | | | | | | |  |
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| **Total** | | | | | | **£** | |
|  | | | | | | | |
| **16. DECLARATION AND DATA PROTECTION** | | | | | | | |
| **Declarations:**   1. I confirm that I am the main contact in relation to the request for grant funding and that I am authorised to sign and represent this application on behalf of the applicant/organisation. 2. I confirm that the information given in the application is correct and that the project/service is not, in any way, established or conducted for profit or individual gain. 3. I undertake to inform Positive East of any changes to the project/service, management or organisational circumstances that would affect this application post submission.   You may be contacted by Positive East once your application has been received if additional information is required to complete the assessment of your application. | | | | | | | |
| **Print full name** | |  | | | | | |
| **Position** | |  | | | | | |
| **Authorised**  **Signature:** | |  | | | | Date: | |
| **Supporting documents to be provided with application** | | | | | | | |
| Please confirm if you have the following documents : (Tick all that apply) We may ask for copies from successful applicants   1. A copy of organisation’s Constitution/ Memorandum or set of rules 2. A copy of organisation’s most recent audited accounts (no more than 12 months old) 3. Safeguarding Children & Vulnerable Adults Policy 4. Current Certificate of Public Liability Insurance 5. Health and Safety Policy 6. Data protection and confidentiality policy 7. Equality Policy | | | | | | | |

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| **17. Data protection statement** |
| The contents of this application are protected under the UK Data Protection Act 2018.  Should your application be successful your details will be used for publicity purposes, future mailings and correspondence and monitoring reports for City and Hackney Public Health |
| **Please indicate all below statements which you agree to**:  I agree to permit these details to be kept and shared for the above purposes.  I agree for my details to be held afterwards for future mailings and correspondence  Please confirm your acceptance of this statement:  I (Print name) ………………………………………………………………………………………………. confirm acceptance of the above statement on behalf of the applicant organisation:  Signature………………………………………………………………. Date ………………………… |

Please email your application form to [hackneycommunitygrant@positiveeast.org.uk](mailto:hackneycommunitygrant@positiveeast.org.uk)