**Application Form:**

* All applications to be submitted by **5pm on Friday 3rd May**
* Before submitting your application, please read the Background Information & Guidance Notes document carefully.
* Applications should be between **£100 and £1000**.

**Ward/s where your project activity will take place:**

|  |  |  |  |
| --- | --- | --- | --- |
| Alexandra | Bounds Green | Bruce Grove | Crouch End |
| Fortis Green | Harringay | Highgate | Hornsey |
| Muswell Hill | Noel Park | Northumberland Park | Seven Sisters |
| St Ann’s | Stroud Green | Tottenham Green | Tottenham Hale |
| West Green | White Hart Lane | Woodside |  |

**Applicant Details:**

|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Address:** |  |
| **Website:**  |  |
| **Organisation Type:****Please tick one that applies** | Local community organisation |  | An individual |  |
| Charity |  | Other, please state: |  |
| **Contact** **Name:** |  |
| **Contact****Email:** |  |
| **Contact Telephone No:** |  |
| **Payee Details:**(if different from applicant)\* |  |

**Project Details:**

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| --- | --- | --- |
| **What is the total amount you are requesting?** Application amounts can be between £100 and £1,000 | **£** |  |

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| **Title of your project:**  |

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| **Dates that your project will take place:** |

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| --- |
| **Location/s of your projects:** (Please provide venue name and postcode if different from your organisation’s address) |

**How does your project meet the aims of Haringey Windrush Day Community Fund?**

(see Guidance Notes for further details)

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**Project Proposal**

**Please explain what you are proposing to do:**

(max. 200 words)

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**Please detail how the money will be spent:**

A full breakdown of proposed spending is necessary, including VAT.

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**Is your project aimed at specific age or community groups?**

If so, how will you ensure your project reaches your intended audiences?

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**Briefly outline any previous experience you have in delivering similar projects:**

(no more than 150 words)

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**List any attached documents you are supplying in support of your project:**

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**Certification by applicant**

(please complete all sections)

|  |  |  |
| --- | --- | --- |
| Are all necessary consents/insurance or permissions in place? | Yes | No |
| If not, please provide reasons and when it will be in place: |
|  |
| Please confirm that your project meets the HWDCF criteria: (refer to Guidance Notes)  | Yes  | No |
| Please confirm that you are happy for your project to be included in associated promotion, publicity and evaluation reports by Haringey Council and MHCLG.  | Yes  | No  |
| Please confirm that you will be evaluating your project throughout its delivery and are happy to provide updates as an when requested  | Yes  | No  |

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| **Please read before signing - Important Information for Applicants*** Successful applicants will be notified during the week commencing 6th May 2019.
* Please allow at least 6 weeks processing time from our receipt of your invoice, to when you can expect to receive funds. This is important when planning events for a fixed date.
* Payment may be delayed, if further information is required on your application.
* If your application is approved, you will be asked to provide bank account details and proof, for the grant to be paid.
* All copies of bank details must be clear and legible;
* **If Payee details differ from Applicant details, then written, corroborated evidence must be supplied or the payment will be rejected. For example, a letter from the Chair of an organisation, authorising an individual to be paid.**
* The preferred method of payment is by bank transfer (BACS)
 |

I certify that to the best of my knowledge and belief, the information on this application form is true, accurate and complete.

I confirm that I am authorised to sign this application form on behalf of the organisation or group named within this application form.

|  |
| --- |
| **Applicant Signature or E-Signature:** |
| **Date:** |