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| 1. **ABOUT APPLICANT** | | | |
| Name of organisation/group: | | | |
| Name of contact: | | | |
| Address: | | | |
| Contact number: | | | |
| Email address: | | | |
| Please tell us the main aims and objectives of your organisation/group (max1250 characters) | | | |
| 1. **PROPOSED PROJECT** | | | |
| **Project name: Funding requested:** | | | |
| Please provide a brief description of the project (Max 1250) | | | |
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| Please detail any specific activities you will undertake. For example, we will work with local residents for four separate sessions... (Max 1250 characters) | | | |
|  | | | |
| Please explain the need/demand for your project (Max 1250 characters) | | | |
|  | | | |
| Please evidence the demand for the project below. You should use a range of sources e.g. consultations with individuals or groups interested in the project, recent research, official statistics, current service demand (Max 1250 characters) | | | |
|  | | | |
| Estimate the number of people who will benefit from the project below. **Please also include how you will make this project accessible to Origin residents as we are only supporting projects within communities we have our properties. We will require between 40% beneficiaries to be our residents.** | | | |
|  | | | |
| Location of project delivery, is it in one of Origin communities? | | | |
| Camden  Enfield  Barnet  Brent  Islington  Harrow  Hackney  Haringey  Tower Hamlets | Stevenage  Watford  Hertsmere  North Hertfordshire  Welwyn Hatfield  Three Rivers  Other\_\_\_\_\_\_\_\_\_\_\_\_\_(Detail | | |
| We are particularly keen to receive applications that support our investing in communities’ priorities below as part of our Together strategy or tackle the impact of COVID-19. Please tick which of the following themes your project meets   * Supporting families * Activities for young people * Activities for older people * Gardening, growing or environmental projects * Financial management * Tackling digital exclusions * Employment & Training | | | |
| Please detail how your project will meet the above themes (Max 1500 characters) | | | |
|  | | | |
| How long will it take to complete the proposed project? | | | |
| Start date: | | Completion date: | |
| Will you work with others to deliver the project? If so, please detail who and how you will work together. (Max 1250 characters) | | | |
|  | | | |
| Outline the key risks associated with the project and how you will minimise their impact (Max 1250 characters) For example, identify potential hazards, the **risk** of someone being harmed and what you will do to reduce the **risk.** | | | |
|  | | | |
| How will we know if the project has been a success? Use this space to outline how you will measure the impact of the project, e.g. feedback forms, interviews or online surveys (Max 1250) | | | |
|  | | | |
| **3. PROJECT COSTS** | | | |
| How much will the project cost? Estimate based on quotes is allowed (please submit quote with the application form) | | | **£** |
| Project expenditure (please provide a breakdown of costs for delivering the project below) | | | |
| **Description of expenditure** | | | **Cost £** |
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| Total raised through other sources of finance. List of funding organisations: -  -  - | | | Value (£) |
| Funding in kind (non-cash contribution to your project that is provided free of charge) Please list below:  -  -  - | | | Value (£) |
| REFERENCE | | | |
| Please provide details of areferee thatwe can contact to support your application. (Please ensure this person is an independent third party) | | | |
| Name:  Name of Organisation they work for (organisations only):  Contact number:  Email:  Relation to you/ organisation: | | | |
| Please use the checklist below to check that you have all the supporting evidence required for your project?   * Reference details completed (All) * Public liability insurance (if required) * Statement evidencing that all staff and practitioners are DBS checked to the required standards for the project being undertaken (if you plan to work with children & other vulnerable groups). * Risk Assessment (in line with government guidelines) * Quotation to support listed expenditures on the application (All) | | | |
| 1. **DECLARATION** | | | |
| I confirm that the information given on this form and any supporting papers is to the best of my knowledge and belief true and accurate. I understand that if I have given misleading information this will be sufficient grounds for cancelling this application.  By submitting this form, you indicate your consent Origin Housing Ltd using material contained in this application, or in any accompanying documentation, for publicity purposes.  Origin Housing take your privacy and security seriously and will only process your personal data for the purposes stated in this form and in line with the General Data Protection Regulation (GDPR**).**  If your application for funding is unsuccessful, the data included in this application form will be retained for one year.  If your application for funding is successful, the data included in this application form will be retained for three years with the exception of your name, email address and the name of the organisation for whom you have made this application which will be retained permanently so we may contact you regarding progress of the funded project.  Signature:  Date: | | | |