

Harrow Tuberculous (TB) Awareness Grant Application Form

To enable us to process your application as efficiently as possible please complete the form below and return to contact@voluntaryactionharrow.org.uk by 5pm, 28th September 2015.

Contact Information:

First Name:	
Surname:	
Role:	
Organisation: (if applicable)	
Address:	
Postcode:	
Telephone:	
Email Address	

Project Details:

Please use this section to describe your project, and the outputs and outcomes you are likely to achieve through your activity.

Beneficiaries:

How many people will benefit from the grant through the project?

What age group will benefit from the project?

What proportion (%) of beneficiaries will be disabled people?

What proportion (%) of beneficiaries will be from Black, Asian or Minority Ethnic communities?

Project/Activity:

Project description should be no more than two sides of A4 and should include the following:

- **About you (10%)** – Please give a brief description about what you do, your aims and mission.
- **The aims of your project (15%)** – Please describe why you would like to run this project. For example, you might have noticed there is a particular need in your community.
- **Main activities of the project (35%)** – What you are applying for? How the funding will be used and what you will be doing.
- **Outcomes of the project (30%)** – What change do you think the project will have on individuals and communities you will be interacting with.
- **Monitoring & evaluation (10%)** – How are you going to monitor and evaluate the project and your outcomes?

*Percentages are the weight given to each category in determining the overall score of your application.

Side 1 - Please use this section to describe your project (MAX 2 sides).

A large empty rectangular box intended for describing the project.

Side 2 – Project description continued.

[Empty box for project description]

Project Budget:

Please complete the table below with the proposed project breakdown cost.

Expenditure/Item Description	Funding Requested (£XX.XX)
Total Funding Requested	

Bank Details:

Name of Bank Account:	
Name of Bank/Building Society:	
Bank Account Number	
Sort Code	

Declaration:

Please sign the following declaration (this can be an electronic signature):

To the best of my knowledge, all the information that I have provided in this application form is correct. I fully understand the grant conditions and the monitoring requirements as described in the '[Harrow Tuberculous \(TB\) Awareness Grants Scheme](#)'.

Signature (can be electronic):	
Date:	

Return the completed form to:

Email (preferred): contact@voluntaryactionharrow.org.uk

Address:
Voluntary Action Harrow Co-operative – TB Awareness
64 Pinner Road
Harrow
HA1 4HZ

Deadline:

5pm, 28th September 2015 (Monday)