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 Informa	tion:	
First Name:		
Surname:		
Role:		
Organisation: (if applicable)		
Address:		
Postcode:		
Telephone:		
Email Address		
Project Details:		
Please use this so to achieve throug	ection to describe your project, and the outputs and c h your activity.	outcomes you are likely
Beneficiaries:		
How many peop	le will benefit from the grant through the project?	
What age group	will benefit from the project?	
What proportion	(%) of beneficiaries will be disabled people?	

Project/Activity:

Minority Ethnic communities?

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

What proportion (%) of beneficiaries will be from Black, Asian or

- **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?

Harrow TB Awareness Grant Scheme Email: contact@voluntaryactionharrow.org.uk

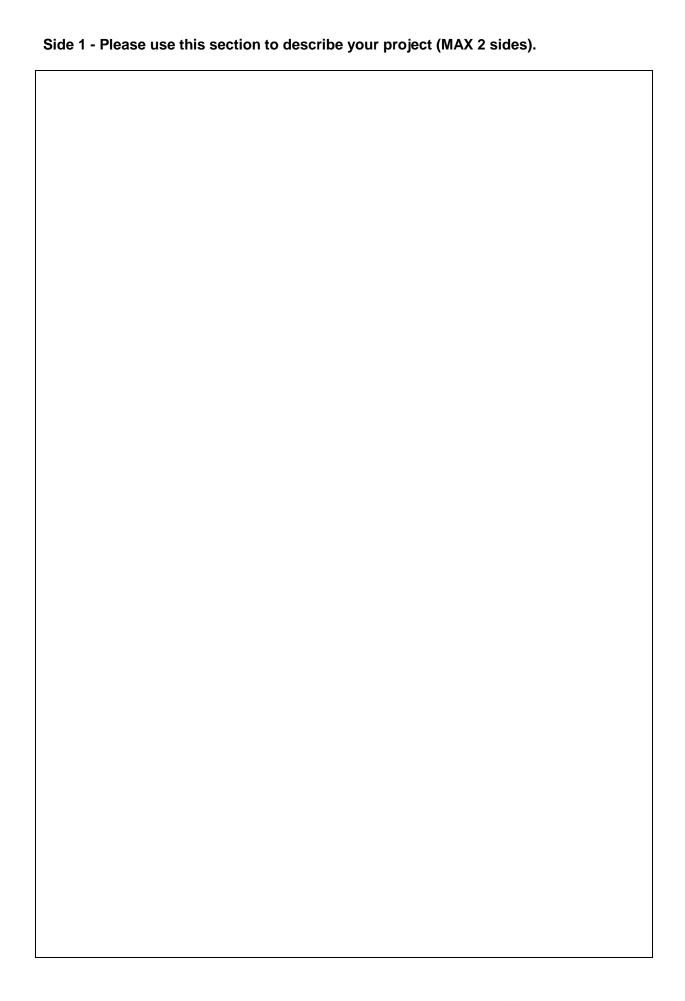
Telephone: 020 8861 5894







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



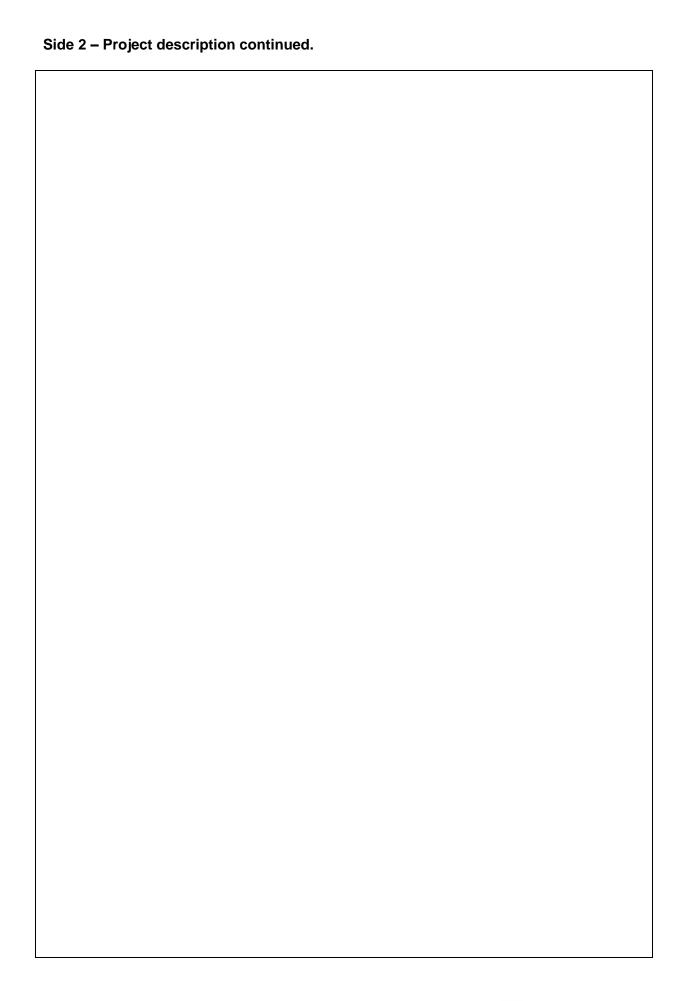
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Project Budget:

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):	
	information that I have provided in this tonditions and the monitoring requires (TB) Awareness Grants Scheme'.	
Signature (can be electronic):		
Date:		
Return the completed form to:		
Email (preferred): contact@voluntary	vactionharrow.org.uk	
Address: Voluntary Action Harrow Co-operativ 64 Pinner Road Harrow HA1 4HZ	ve – TB Awareness	
Deadline:		

Harrow TB Awareness Grant Scheme Email: contact@voluntaryactionharrow.org.uk Telephone: 020 8861 5894

5pm, 28th September 2015 (Monday)

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