

**Love Where You Live Fund (LWYLF)**

**large Grants (£1,500 - £20,000)**

**Please note**: This form is for grant applications between £1,500 and £20,000 can be applied to directly by registered charities, companies, self-employed service providers and community investment groups who will provide services to and for Notting Hill Genesis residents and **must** have support of a NHG sponsor.

We strongly recommend you also review the **LWYLF Application Guidance for Partners** to get an understanding of the types of projects we fund.

Please email your completed application (or any questions) to [lwylf@nhg.org.uk](mailto:lwylf@nhg.org.uk).

Date last updated: 31/07/2024

Before completing this application please read the accompanying guidance documents. All information is required to complete the form

Guidance

**NHG application sponsor and role title:**

**Name of organisation:**

**Organisation Activities:**

**Organisation Address:**

**CONTACT DETAILS:**

**Title and name: Job title:**

Please provide the name and email contact of the Notting Hill Genesis Housing Association staff colleague that is sponsoring your application.

Summarise in two or

three sentences, what your organisation does and who are the beneficiaries.

Please enter the primary contact for delivering this project

**Email address:**

**Telephone:**

**Organisation website:**

**Legal status:**

* Registered Charity
* Company Limited by Guarantee Company Limited by Shares
* Community Interest Company
* Cooperative Trust
* Unincorporated Association
* Other Community or Voluntary Organisation

If you don’t have a website just enter N/A

Please **bold** to select one option

By registered charity we mean registered with the Charity Commission

**Date the organisation was established:**

All information is required to complete the form Guidance

**Organisation Finances:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR** | **INCOME** | **EXPENDITURE** | **TOTAL RESERVES** | **FREE RESERVES** |
|  |  |  |  |  |

**No financial information:**

**Project Name: Project Summary:**

Please provide these figures for the most recent completed financial year. At this stage we do not need your accounts but will ask for them at the second stage.

If you are not able to provide this information please explain why:

Please provide a brief description of the project, a maximum 200 words, please do not write in capitals

# Funding Request Period in Months:

Start End

Write start and end month/year

# Project Finances Summary:

**LWYL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Fund sought** | **Other funding sought** | **Other funding secured** | **TOTAL** |
| Total cost |  |  |  |  |
| Project funding |  |  |  |  |
| Own contribution |  |  |  |  |

Total cost is for all costs that are required to deliver the project.

Funding from the LWYL Fund is what you are applying for from Notting Hill Genesis.

If you are making a contribution

please complete this section.

All information is required to complete the form Guidance

# Funding theme:

**Priority group:**

* Financial resilience
* Health and Wellbeing
* Safety/reduce ASB and increase community cohesion.
* Enhancing our places
* Lone parents
* Long term unemployed (12 months+)
* Residents with a limiting illness/disability Residents over 50
* Children and young families
* Youth (10-18 years)
* Women
* Residents belonging to a BAME community.
* A specific ethnic group or background please specify:

Please **bold** the **most appropriate** funding theme for your project

All Notting Hill Genesis residents will be able to access projects however please indicate (**by bolding the relevant lines**) if the project will be specifically delivering to any of the following groups.

All information is required to complete the form Guidance

# Evidence of need or desire for project

1. **Clear description of the project aims and proposed delivery methods.**

*If you need more space please feel free to write your answers on an additional Word document or attached sheet of paper.*

# How will you deliver this project?

All information is required to complete the form Guidance

1. **How will you evidence that the proposed outcomes will be achieved within the timeframe?**
2. **Please outline the key risks of delivering this project and proposed solutions to mitigate:**

|  |  |
| --- | --- |
| **Risk identified** | **How will you mitigate it?** |
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1. **What is your organisation’s relevant experience for the type of work you propose?**

All information is required to complete the form Guidance

# How does your project offer Value for Money?

Please detail how you will deliver Value for Money. If you are new organisation, please talk about how your values and skills will enable you to deliver.

# Please provide a short case study or example of a successful, outcome your organisation has delivered for a similar project.

If you have worked with NHG before, please speak about this for your example and summarise the outcome.

# Do you have a plan or strategy to fund this project longer- term? Please summarise.

**Complete the relevant fields and use the blank lines if you have any other/addtional areas of output.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| All information is required to complete the form.  **Monitoring and evaluating the success of your project** | | | |  | Guidance | | |
|  | | |
| **Love Where You Live Fund outputs** | **Q1** | **Q2** | **Q3** | | | **Q4** | **Total** |
| **Financial resilience** |  |  |  |  | |  |  |
| **Residents accessing financial education and/or budgeting advice** |  |  |  |  | |  |  |
| **Residents receiving debt advice** |  |  |  |  | |  |  |
| **Residents accessing employment or employment related training.** |  |  |  |  | |  |  |
| **Residents receiving budget alleviation** |  |  |  |  | |  |  |
| **Residents referred onto other support services by the funded project** |  |  |  |  | |  |  |
| **Residents or local people into volunteering** |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
| **Health and Wellbeing** |  |  |  |  | |  |  |
| **Residents accessing activities to improve mental wellbeing** |  |  |  |  | |  |  |
| **Residents accessing activities to improve health** |  |  |  |  | |  |  |
| **Residents accessing activities to reduce social isolation** |  |  |  |  | |  |  |
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| **Safety/reduce ASB and increase community cohesion** |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
| **Enhancing our places** |  |  |  |  | |  |  |
|  |  |  |  |  | |  |  |
| **TOTAL** |  |  |  |  | |  |  |
|  | | | |  | | | |

All information is required to complete the form Guidance

|  |  |  |
| --- | --- | --- |
| **Financial Breakdown: Project cost** | | |
| **Itemise Costs** | **Description** | **Cost** |
| **ITEMS** |  |  |
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| **ACTIVITIES** |  |  |
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| **MONITORING & EVALUATION** |  |  |
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| **OTHER COSTS** |  |  |
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| **BENEFICIARY COSTS** |  |  |
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# Total costs = £

This is the cost to Notting Hill Genesis. As this is grant funding, we do not pay VAT

All information is required to complete the form Guidance

**Compliance:** Please confirm the policies, financial statements and

assurances held by your organisation: You will be required to provide these at a later stage if your project is considered for funding.

* + - * + Equalities Policy
        + Health & Safety Policy
        + Safeguarding Safeguarding Policy & Procedure Policy Environmental Policy
        + Two Years audited annual accounts Public liability insurance
        + DBS clearance of staff (if applicable)

# Supporting Sponsor's statement:

Please **bold** the relevant boxes

Please get your sponsor to include a short statement of support of the project.

# Declaration

I confirm that the organisation named on this proposal has given me the authority to submit this proposal on its behalf.



I confirm that I have read and accepted the Terms & Conditions of submitting a proposal to the Love Where You Live Fund.



Name (in capitals):

Position:

Date:

**Once form is complete, please save it and email a copy to**

[**lwylf@nhg.org.uk**](mailto:lwylf@nhg.org.uk)