RETURN ALL COMPLETED FORMS EITHER BY POST TO:

Christine Lawrence, Regeneration & Partnerships Team, RBKC,

Room 248A, The Town Hall, Hornton Street, W8 7NX 0207 361 3336

OR BY E-MAIL TO:

Email:Christine.lawrence@rbkc.gov.uk

EXPRESSION OF INTEREST

Name of Group/Organisation applying:		
2. Name of contact person :		
3. Address for correspondence:		
4. Tel. No (daytime):	Fax:	
	Email:	
5. Please indicate which sector your group/agency is in:		
Statutory/Public Private	Voluntary/Community/Residents □	
If you intend to work with other partners, ple	ease list them here:	
6 What does the project/initiative you are a	pplying for aim to do, in line with the priority you	
have chosen? (You MUST choose one or r		

7. Which geographical area(s) of the borough will benefit most?				
Golborne St.Charles Colville Avondale (Notting Barns) South Stanley (Cremorne)		Other	(please specify)	
8. Why do you think there is a ne	eed for this pro	ject/initia	ative?	
9. Who will benefit, and how? (Remember tha	t you ne	eed to show how your project/initiative	
will benefit disabled people and	реоріе попты	ack and	minority ethnic communities.)	
10. How much money do you w	ant from the N	RF in:	0004/05	
		and/or	2004/05: 2005/06	
			TOTAL:	
Will this fund your project/initiative	/e fully □ partly □			
Who else is contributing?				
Was this project/initiative funded	through NRF	previous	sly? YES 🗆 NO 🗆	

Is the NRF requested to replace other funding? YES □
If YES, please give details below.
11. By the end of the project, what will have changed?

Signed:

Position in Organisation:

Date:

Thank-you for completing this form. Please return it either by post to:

Christine Lawrence
Regeneration & Partnerships Team
Room 248A
Town Hall
Hornton Street
LONDON
W8 7NX

Or by e-mail to: Techsup to advise

By 24th October 2003