

**NEIGHBOURHOOD RENEWAL FUND
APPLICATION FORM**

Years 4 and 5 (2004/05 and 2005/06)

	Name of Group/Organisation applying: _____ Reference No: _____ <p align="center"><i>YOU ONLY NEED TO COMPLETE QUESTIONS 1 – 5 IF THERE HAVE BEEN ANY CHANGES SINCE THE EXPRESSION OF INTEREST STAGE. IF NOT, PLEASE GO TO Q 6</i></p>
1.	Name of contact person: _____
2.	Address for correspondence: _____ _____
3.	Tel. No (daytime): _____ Fax: _____ Email: _____
4.	Please indicate which sector your group/agency is in: Statutory/Public <input type="checkbox"/> Private <input type="checkbox"/> Voluntary/Community/Residents <input type="checkbox"/> If you intend to work with other partners, please list them here:
5.	Which geographical area(s) of the borough will benefit most? Golborne <input type="checkbox"/> Other (<i>please specify</i>) _____ St.Charles <input type="checkbox"/> Colville <input type="checkbox"/> Avondale (Notting Barns) <input type="checkbox"/> South Stanley (Cremorne) <input type="checkbox"/>

6.	What are the main aims of this project, and what activities will be undertaken to deliver them?
7.	How do you know there is a need for this project? (Please refer to any data on existing unmet demand, consultation or research material)
8.	Are you aware of other organisations delivering similar services in your area? What links - if any - will your project have with them?
9.	<p>Who will benefit from your project, and how? (Please expand on your original answer from the expression of interest stage, remembering to demonstrate how it will benefit disabled people and those from black and minority ethnic communities. Please include estimates of the <u>number</u> of beneficiaries).</p> <p>How will you measure this? How will users be involved in this process?</p>

10.	Once the NRF funding runs out, what <u>continuing</u> benefits will there be?
11.	<p>Project Plan</p> <p>In this section you need to write down the <u>key steps</u> that will enable you to deliver your project, with the date that each step will be achieved. Please include the project start and end dates. (The earliest your project could start is April 2004, and funding will end in March 2006.)</p>
12.	What skills and experience do you have which will enable this project to be delivered?

13.	How will the local community or project users be involved in developing, managing and delivering the project?		
	FUNDING DETAILS		
14.	How much money do you want from the NRF in:	2004/05 2005/06	TOTAL _____
15.	Please set out below a detailed breakdown of your total project costs. (This should be as accurate as possible, basing figures on actual costs eg. quotes for specific items or known salary grades)		
16.	<div> Do you want the NRF to fund your project <div> FULLY <input type="checkbox"/> PARTLY <input type="checkbox"/> </div> </div> <p>If partly, please detail below how you intend to fund the rest of the costs, indicating whether this funding is confirmed or not.</p> <div> Was this project funded through NRF previously? <div> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> </div>		

Is the NRF funding requested to replace other funding?

YES ☐

NO ☐

If yes, please give details below.

17. Please indicate your NRF funding requirement over the life of the project, quarter by quarter.

First Year

Quarter 1 April – June 2004	Quarter 2 July – Sept 2004	Quarter 3 Oct – Dec 2004	Quarter 4 Jan – March 2004	TOTAL

Second Year

Quarter 1 April – June 2004	Quarter 2 July – Sept 2004	Quarter 3 Oct – Dec 2004	Quarter 4 Jan – March 2004	TOTAL

18. How will you make sure that the project is keeping to its budget

19.	<p>Bank/Building Society Details</p> <p>Name of Bank/Building society:</p> <p>Address of Branch:</p> <p>Account in the name of: Roll number:</p> <p>Sort code: Account number:</p>
20.	<p>Please detail below the process for paying money out of this account. (eg. How many people have to sign cheques? Who has authority over this budget?)</p>
21.	<p>Please give the name and contact details of an independent person who is prepared to support this application, and ask them to sign below.</p> <p>Name:</p> <p>Contact Details:</p> <p>Signature _____</p>

DECLARATION

To the best of my knowledge, all of the information provided in this form is correct.

Signed: _____

on behalf of:
(organisation name) _____

Position in Organisation: _____

Additional Signatory for Voluntary and Statutory Agencies only: (*Voluntary Sector applicants – this MUST be a member of your Management Committee; Statutory Agencies – this should be your line manager or Head of Service*)

I confirm that I am aware of this application, and approve of its submission.

Name: _____

Position in organisation _____

Please return the completed form by 2nd January 2004 to:

Christine Lawrence
The Royal Borough of Kensington and Chelsea
Regeneration and Partnerships Team
Room 248A
Town Hall
Hornton Street
London
W8 7NX

Information on this form may be used for monitoring purposes. Details may also be recorded on a database, which will be used to gather general information that may be made public. However, individual details will not be made public without permission.

Check-list

- Have you answered every question on the form ☐
- Got the necessary signatures on the form ☐
- Enclosed a copy of your most recent accounts ☐
- Enclosed a copy of your constitution or set of rules
(for voluntary/community groups) or a structure diagram,
showing your position within your parent organisation ☐
- Kept a copy of this application for your records ☐