
Organisational Grant Application Form

Please ensure that **ALL** parts of the form are completed even if the answer is NO or N/A otherwise it may be returned.

Please either print this form and fill it in clearly by hand or use a pdf filling application such as Adobe Acrobat.

Please return the completed by:

Email: grants@williamhobbaynecharity.co.uk

Post:

Mrs Charlotte Carotenuto,
The Charity of William Hobbayne
The William Hobbayne Centre
St Dunstan's Road
Hanwell W7 2HB

Date of submission

Organisation and project details

Name of the project

Contact name

First name

Last name

Phone Number

Email

Name of the organisation

Type of group

Is there a constitution in place?

☐ Yes

☐ No

Date of previous application, if applicable.

Day

Month

Year

Address of the project location

Street Address

Street address line 2

City/Town

Post Code

Are there any landowner/other permissions needed to complete the project?

☐ Yes

☐ No

If yes, list any permissions needed.

Have you obtained any of the landowner/other permissions needed, if applicable

☐ Yes

☐ Not yet

What is the project idea?

Why do you want to carry out this project and what kind of transformation will it bring to the area?

How many Hanwell residents will it effect? Please note, we do not cover Acton or Southall

How will you make your project happen?

Will the project provide any volunteering opportunities?

- ☐ Yes
- ☐ No

How will you ensure the project is open to all sections of the community?

Tell us about the publicity of the event?

Do you have any plans of how you will manage the project in the future? If so, will you access future funding?

Will there be a collaboration with other groups to sustain the project?

How will you demonstrate the success of the project? Please note, you will be asked to complete a grant evaluation form and/or be requested to invite the charity to view the project.

Partnerships and In Kind support - please list any organisations that you will be working with. Give details of the name of the organisation and the services/time/equipment they will be contributing.

Finance Details

Total grant requested (£)

Do you have any funding in place? If so how much and who has provided it? *

Date that the grant is needed by

Day

Month

Year

Bank Details

Please provide the details of the account to which the grant monies should be paid if the application is successful.

Account Name

Sort Code

Account Number

Extra space.

Please note the question to which any extra information corresponds.