|  |
| --- |
| **DETAILS OF APPLICANT** |
| **Name** |  |
| **Email Address** |  |
| **Contact Number** |  |

|  |
| --- |
| **DETAILS OF ORGANISATION** |
| **Name of Organisation** |  |
| **Organisation Address** |  |
| **Organisation Contact Details** |  |
| **Organisation website/social media** |  |
| **Organisation Type** | Registered CharityCommunity GroupSocial Enterprise |
| **Fund area/theme**  | Health and wellbeingCommunity & Cohesion/Combatting LonelinessLearning & Development  |
| **Is your organisation based in Camden?** | Yes | No |
| **Is your organisation based on the Chalcots Estate/Blashford Tower?** | Yes | No |
| **CIC status or Registered Charity No. (If applicable)** |  |

|  |
| --- |
| **What is the aim of your organisation? (150 words)** |
|  |
| **Could you please give a brief description of the specific programme/initiative you are requesting funding for (including delivery dates)? (150 words)** |
|  |
| * **Who will benefit from this programme/initiative and how and when will they benefit?**
* **Can you demonstrate any evidence of demand for this programme/initiative?**

 **(250 words)** |
|   |
| **What is the overall cost of delivery for this programme/initiative including the amount you are requesting? (150 words)** |
|  |
| **As a percentage, what proportion of the overall cost does the amount you are requesting represent?** *e.g., the overall project cost is £1000 and you are requesting £500, so 50%*  |
|  |

|  |  |
| --- | --- |
| **SIGNED:** | **DATE:** |

**Please return completed application form to** **localopps@graham.co.uk** **by 30th April 2025**

**You can also contact the email address with any fund queries**