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

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| **DETAILS OF ORGANISATION** | | |
| **Name of Organisation** |  | |
| **Organisation Address** |  | |
| **Organisation Contact Details** |  | |
| **Organisation website/social media** |  | |
| **Organisation Type** | Registered Charity  Community Group  Social Enterprise | |
| **Fund area/theme** | Health and wellbeing  Community & Cohesion/Combatting Loneliness  Learning & 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)** |  | |

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| **What is the aim of your organisation? (150 words)** |
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| **Could you please give a brief description of the specific programme/initiative you are requesting funding for (including delivery dates)? (150 words)** |
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| * **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)** |
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| **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%* |
|  |

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

**Please return completed application form to** [**localopps@graham.co.uk**](mailto:localopps@graham.co.uk) **by 30th April 2025**

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