Thank you for applying for an organisational grant. We're excited to learn more about your proposal and how we can support your efforts in our community. To ensure we can best assist you, please take the time to complete all sections and questions of this form.

Please note that this application form is valid until **1 October 2025**. Should you need to apply after this date, please visit our website for the most up-to-date version of the form.

We're here to help make your application process as smooth as possible. If you have any questions or require assistance, don't hesitate to email us at grants@hwct.org.uk.

|  |
| --- |
| **Section A: Organisation Details***In this section, we aim to gather information about your organisation to better understand its structure, operations, and the context within which it operates.*  |
| **A1** | **Organisation Name** |  |
| **A2** | **Full Address** |  |
| **A3** | **Website**  |  |
| **A4** | **Registration number***If applicable* | **Charity Commission:** |  |
| **Office of the Regulator of CIC’s** |  |
| **Companies House:** |  |
| **A5** | **Your Name** |  |
| **A6** | **Job Title** |  |
| **A7** | **Telephone***Direct line if possible* |  |
| **A8** | **Email address***Please provide the best email address to contact you on.* |  |
| **A9** | **Organisation description: Please provide details of your organisation's purpose or mission, current strategic aims, objectives and outcomes and the main activities carried out.** |
|  |
| **A10** | **Organisation geographical area of operations: Could you please provide us with details regarding the scope of your operations? This could include whether your organisation operates on a national or local level, as well as any specific London boroughs where your activities are carried out.** **If you are currently providing services/activities within HWCT’s area of benefit (**[**link to area of benefit**](https://www.google.com/maps/d/edit?mid=1wmFpXcbDi2LD315BQ8ki6Q7DZ4kalkY&usp=sharing)**) please provide details.***Understanding the geographical context of your work helps us appreciate the breadth and depth of your impact within our community.* |
|  |

|  |
| --- |
| **Section B: Proposal Details***In this section, we aim to understand your proposal and how it aligns with our* [*mission and v*alues](https://hwct.org.uk/)*. We wish to understand the broader context of your proposal in relation to HWCT’s geographic scope, target demographic and priority groups.* |
| **B1** | **Proposal Title.** |
|  |
| **B2** | **Please provide a detailed description of your proposal.**(up to 250 words) |
|  |
| **B3** | **Please supply a clear, concise and jargon free summary of your proposal that sets out clearly what you will offer to local residents, communities and service users.** (up to 100 words)*This will help us communicate the essence of your proposal effectively to a wide audience, fostering greater understanding and engagement with your important work.* |
|  |
| **B4** | **What date is the proposal expected to cover?** |
| **Start Date:** |  | **End Date:** |  |
| **B5** | **HWCT's main purpose is to alleviate poverty and promote physical and mental well-being. In recent years, we've particularly emphasized areas such as debt advice, homelessness support, and mental health initiatives. Please share how your proposal aligns with and addresses our mission and values?**(up to 250 words) |
|  |
| **B6** | **Please provide details about the specific locations where your proposal will be carried out within HWCT’s area of benefit (**[**link to area of benefit**](https://www.google.com/maps/d/edit?mid=1wmFpXcbDi2LD315BQ8ki6Q7DZ4kalkY&usp=sharing)**). Additionally, if your proposal supports individuals who reside outside of HWCT's area, we'd appreciate details on where these individuals live.** (up to 250 words)*Understanding the geographic scope of your proposal helps us ensure that our support reaches those who need it most within our community* |
|  |
| **B7** | **Please provide details on the number of people the proposal is estimated to support.** |
| Total people supportedby the proposal | Number of people within HWCT’s area of benefit |
|  |  |

|  |  |
| --- | --- |
| **B8** | **Please study the list of communities below and place a ‘x’ against the communities your project will be working with.***Please add any communities that are not listed in the box below.* |
| Communities experiencing racial inequalities(sometimes called Black, Asian and Minority Ethnic communities |  |
| Migrants (including refugees and asylum seekers) |  |
| Deaf and Disabled people |  |
| Older people |  |
| Children and young people |  |
| LGBT+ people |  |
| Communities experiencing poverty |  |
| Other (please describe. E.g. care experienced young people, people recovering from addiction) |
|  |

|  |
| --- |
| **Section C: Proposal Costs** |
| **C1** | **How much funding are you applying for from HWCT?** |
|  |
| **C2** | **Please provide a breakdown of the funding required using the format below.** |
| Item | Cost £ | notes |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL |  |
| **C3** | **If you are applying for part of the funding, have the remaining funds been raised?If so, please provide the sources of this funding.** |
|  |

|  |
| --- |
| **Section D: Monitoring and evaluation** |
| **D1** | **What are the outputs and outcomes that you expect from your proposal?**Such as, the number of activities carried out, the number of sessions provided, the number of people supported, and any resources produced. |
|  |
| **D2** | **How will you monitor the above?**Such as, record of people attending sessions, questionnaires to service users, feedback forms etc. |
|  |

|  |
| --- |
| **Section E: Policies***In this section, we inquire about your organisation's stance on specific policies. By understanding the presence or absence of these policies, we gain insight into your organisational values and commitments to ethical and responsible practices.*  |
| **E1** | **Does your organisation have an equality, diversity, and inclusion policy in place?**If yes, please include the policy with your application.If no, we would appreciate information on the reasons why such a policy has not yet been established. |
|  |
| **E2** | **Could you please confirm if your organisation has a safeguarding policy in place and conducts DBS checks as needed?**If yes, please include the policy with your application.If no, we would appreciate information on the reasons why such a policy has not yet been established. |
|  |
| **E3** | **Does your organisation maintain a risk register?**If no, we would appreciate information on the reasons why such a policy has not yet been established. |
|  |

|  |
| --- |
| **Section F: Payment Details** |
| **F1** | **Bank Name:** |  |
| **F2** | **Payee Bank Account Name:** |  |
| **F3** | **Account Number:** |  |
| **F4** | **Sort Code:** |  |
| **F5** | Please include a copy of your organisation bank statement (recent 3-months) for confirmation of bank details. |

|  |
| --- |
| **Section G: Signature of applicant** |
| HWCT will use the personal information about any individual contacts/referrers provided in this form and elsewhere to review and consider the application and monitor any grant which may be awarded. By signing this form you agree and confirm on behalf of your organisation that:1. You have the authority from your organisation to make this application; and
2. You have read and understood the data and privacy information on the HWCT website and
3. HWCT may so use such information and retain it in its files without further reference and
4. HWCT may take up references or make other enquiries as it sees fit in relation to this application.
 |
| **G1** | **Name** |  |
| **G2** | **Job Title** |  |
| **G3** | **Telephone Number** |  |
| **G4** | **Signature** *(e-signature or type name)* |  |
| **G5** | **Date signed** |  |

|  |
| --- |
| **Section H: Checklist***Please check that you have included the following items with your application.* |
| **H1** | A brief covering letter on your organisation’s letterhead | [ ]  |
| **H2** | Your latest annual accounts. (explain if none in place) | [ ]  |
| **H3** | Your most recent set of budget/income & expenditure (quarterly management accounts) | [ ]  |
| **H4** | A copy of your organisation's bank statement for confirmation of bank details. | [ ]  |

To submit your completed application form, please send it to grants@hwct.org.uk. We do not accept applications via post. Please ensure that your application is complete, including all supporting documents listed in section H. Incomplete applications will not be accepted.