**Make It Happen Application Form**

**Please read the accompanying guidance carefully before you apply.**

If you have any questions before you apply, you don’t have internet access, would like to discuss your idea before making an application or are interested in submitting your application in an alternative format, for example a video or audio file, then please contact Islington Giving on **020 7288 6948** or email us at Sarah Page: sarah.page@islingtongiving.org.uk

**About You**

Please fill in either section **A or B**.

**If you are a group of residents who have an idea, but you are not part of a constituted group such as a local charity, please complete SECTION A before going on to tell us about your idea.**

**If you are applying from an existing organisation with a written constitution, such as a local charity or Tenants and Residents Association please complete SECTION B before going on to tell us about your idea.**

**SECTION A** - **for Islington residents who are NOT part of an organised group**

|  |
| --- |
| **Your details** |
| **Your name (lead applicant)** |   |
| **Your group name (if applicable)** |   |
| **Your address, including postcode****(please indicate if you are a resident of any of the following housing associations)** |   |
| □Peabody □Southern □Hyde □Clarion |
| **Telephone number** |   |
| **Email address** |   |
| **Names of at least two other applicants****(a minimum of three residents – all of whom should be unrelated – need to be included otherwise we will not be able to progress your application)** |   |
| **We cannot give grants directly to individuals so if you are applying as a group of residents, you will need a supporting organisation to hold the grant for you. This may be a community group you already know. If you do not know any local organisation that could help support your application, we may be able to help you with this.****Please continue with your application (leaving the following section blank) and we will try to help find a support organisation if your application is successful.** |
| **The name of your supporting organisation (leave blank if not identified)** |   |
| **Charity Number (if known)** |   |
| **Supporting organisation’s address** |   |
| **Supporting organisation’s contact name** |   |
| **Supporting organisation’s telephone number** |   |
| **Supporting organisation’s email address** |   |

**PART B** **- for constituted organisations only. Do not complete if you are a group of residents.**

|  |
| --- |
| **Your details** |
| **Your name (lead applicant)** |    |
| **Telephone number** |   |
| **Email address** |    |
| **Your organisation** |
| **The name of your organisation** |   |
| **Charity Number (if applicable)** |   |
| **Company Number (if applicable)** |   |
| **Organisation’s address** |     |
| **Please confirm your organisation has a management committee or Board of Directors with a minimum of 3 people, all of whom should be unrelated** |  |

**For all applications, please tell us about your idea**

Please write up to 450 words outlining your idea and how it will benefit your community. (For example, “we want to buy some gardening equipment to improve a communal space”; “we would like to take a group of residents to the seaside or out into the countryside to walk”.)

Please include details of:

* **Why** you want to do this project. **What** is the local need for this? **How** do you know?
* **Who** it will benefit, and how. Is the project targeted towards any particular group (e.g. women, young people, Black and Minority Ethnic groups, older, people with disabilities)? Will the project benefit a particular neighbourhood or another type of community (for example, people who share a common interest such as playing music, going on walks together)?

**Your Project Plan**

Please share as much information here as you can (up to 300 words) telling us how you will put your idea into practice.

Please tell us:

* **When** will the project take place.A short timeline – the project should be completed with all funds spent within six months of the funding
* **Where** will it take place?
* **What** will be needed to make your project happen.

**What are the top three things you hope your project will achieve?** (remember – we are looking for projects that help residents live happier, healthier and more connected lives. For example, this could be about bringing local people together or improving a local outdoor space)

**How will you know if your project has been successful?** For example, think about recording how many people and what they got out of being involved, share pictures of the project and at the end ask participants what they enjoyed and why.

**Have you completed a risk assessment for this project? (we can help you with this)**

****Yes

No

**If your project is accepted for funding, we will need to talk to you about safeguarding, insurance and your risk assessment.** If possible, please look into costs for covering any insurance that might be needed and add this to your budget. Insurance companies that cover community activities include Zurich, Simply Business, and Policy Bee.

**Your Budget**

|  |  |
| --- | --- |
| **What is the total cost of your project?** |   |

Please provide a breakdown of the costs of your project in the table below (for example, room hire, volunteer expenses, food, or equipment costs). If you do not know exact costs please provide realistic quotes and show how you have calculated the costs for each item e.g. Room Hire, £100/week x 2 weeks = £200.

|  |  |
| --- | --- |
| **Item (e.g. refreshments; room hire)** | **Amount** |
|   | £  |
|   | £  |
|   | £  |
|   | £  |
|   | £  |
|   | £  |
|   | £  |
|   | £  |
|   | £  |
|   | £  |
|   | £  |
|   | £  |
| **Total Requested from the Make It Happen Fund** | £  |

|  |  |
| --- | --- |
| **Do you have any other funding that will go towards this project?** |   |
| **If so, how much?** |   |
| **What is the source of this?** |   |

**Please be aware that we may work with you to adjust your application and budget, if needed.**

|  |  |
| --- | --- |
| **Have you had funding from the Make It Happen Fund before?** |  Y/N |

**Supporting documents – for constituted groups only**

**If you are a group of individual residents, please skip this section**

If you are a community group and have a set of recent accounts, please submit them with this application. For us, a community group might be a charity, or another constituted group that has regular meetings, a management committee and keeps financial records. If you are not sure, please don’t worry. You can submit without this information.

|  |  |
| --- | --- |
|  | **Please tick to indicate you have up-to-date documents** |
| **Constitution** | ☐  |
| **Annual Accounts signed by Chair or Treasurer** | ☐  |
| **Most recent Bank Statement** | ☐  |
| **Safeguarding Policy (if applicable)** | ☐  |

**How we will handle your Data and Application**

Islington Giving is the data controller for the scheme and will use the information you provide for the sole purpose of assessing your grant application.

Following the close of applications on **Monday 21 October, 2024, 10am,** applications will be initially assessed and those meeting the grant criteria will be shared with the assessing panel.

Awards will be decided by a panel made up of a mix of local residents and contributing funders at the end of May. All successful and unsuccessful applicants will be notified following the panel meeting.

The information for non-successful applications will be retained for a period not exceeding a year. Successful applications and associated payments will be retained for a period of 6 years.

**Declaration**

In submitting this Application Form, the named contact is agreeing to the following statement on behalf of your organisation:

***“The information I have provided is accurate as far as I know. If I discover that the information is inaccurate. I will notify Islington Giving immediately and will provide the accurate information as soon as possible.”***

**If you have any questions, please contact Sarah Page:** sarah.page@islingtongiving.org.uk