# VE Day Community Grants Programme 2025: Application Form

## Section A: About your organisation

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| 1. Name of your organisation\* |  |
| 1. Name of your project\* |  |
| 1. Full name of lead applicant\* |  |
| 1. Role/position\* |  |
| 1. Organisation address\* |  |
| 1. Postcode\* |  |
| 1. Telephone |  |
| 1. Email |  |
| 1. In which Community Neighbourhood is your organisation located in?\* | Beckton & Royal Docks  Custom House and Canning Town  East Ham  Forest Gate & Maryland  Green Street  Manor Park  Plaistow  Stratford & West Ham |
| 1. Which of the following best describes your organisation?\* | Place of worship  School  Charitable organisation  Voluntary/community organisation  Resident group  Community Interest Company (CIC)  Charitable Incorporated Organisation (CIO)  Other |
| 1. What is your organisation’s charity/registration number? |  |
| 1. Briefly tell us about the main activities your organisation undertakes\* |  |
| 1. How long has you organisation been actively delivering programmes in Newham?\* |  |
| 1. What was your organisation’s total income last year?\* |  |
| 1. Have you received any grants from Newham Council in the last 2 years? | YES.  NO  If yes, please provide details including name of grant, amount received, and detail of the project funded |
| 1. Do you have volunteers supporting your organisation?\* | YES.  NO |
| 1. We can provide support with: | * Supporting your current volunteers * Recruiting new volunteers * Helping your current opportunities and programmes * Accessing the Council’s free Volunteer Management System.   If you would like volunteer support, please contact [volunteers@newham.gov.uk](mailto:volunteers@newham.gov.uk) |

## Section B: About your project idea

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| 1. Highlight the key aspects of your project\* |  |
| 1. Which one of the following themes does your project focus on? | Heritage, history and culture  Education and awareness raising  Intergeneration  Get-together  Art and exhibition  Special talk |
| 1. What are the main activities you will deliver which will help meet your project aim?\* |  |
| 1. How many people will benefit from taking part in this project?\* |  |
| 1. How will your project benefit residents of Newham? |  |
| 1. Please provide a Start and Finish date for your project\* | How many sessions will you deliver? How long is each session? What venue will you use? |
| 1. What venue will you use? |  |

## Section C: Project Finances

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| 1. How much are you applying for?\* |  |
| 1. Please provide a **breakdown** of the total costs for the project you are applying for:\* |  |

## Section D: Monitoring your project

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| 1. How will you monitor your project and include user feedback to make improvements?\* |  |
| 1. How will you ensure that the project is open to all members of the community and that service users can provide feedback?\* |  |

## Section E: Keeping in touch

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| 1. How did you find out about VE Day Grants Programme?\* | Advertisement (magazine, internet)  Social media  Website  Applied for a Council grant previously  Voluntary/Charity organisation  Other |
| 1. Are you happy for Newham Council to keep your details on record to share other funding opportunities and relevant information? \* | YES.  NO |

## Section F: Declaration

This application must be approved by your Trustee, Director or Management Committee

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| 1. **Can you please send us a copy of the following policies and documents with this application:** | * Your organisation's Constitution, Memorandum or Articles of Association * Your organisation's Safeguarding Policy * Your organisation's Insurance Policy Document (Public Liability and/or Employers Liability) |
| 1. Please confirm that your organisation maintains an organisational bank account and not a personal one |  |
| 1. Please confirm that staff and volunteers involved in the project have an appropriate level of DBS check in place |  |
| 1. Signature of authorised person\* |  |
| 1. Name\* |  |
| 1. Role in organisation\* |  |