# 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. [ ]  NOIf 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 |

## 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

|  |  |
| --- | --- |
| 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\*
 |       |