

# Newham Autism Small Grants Funding Application

Please complete and return this form by email to [Autism.Commissioning@newham.gov.uk](mailto:Autism.Commissioning@newham.gov.uk) by **Sunday 7 September 2025**.

**If funds are not fully allocated during this application process, the grant will remain open until all remaining funds are distributed. Notification of this will be via the ARAG and Autism Newsletters.**

## Please read the following information carefully:

The information that you supply in this form will be used to evaluate your application. Please carefully read the 'Newham Autism Small Grants Guidance pack before completing this form and answer questions as fully as you can.

The maximum grant available per group is **£1,000**. Any applications requesting more than this amount will **NOT** be assessed.

Please do not send any other documentation with this form, only the information supplied on this form will be evaluated.

## Section A – Applicant information

### Main contact for project

note that this person will also be responsible for managing the grant and completing the necessary monitoring returns

Contact name:	
Occupation:	
Telephone:	
Email:	

### About your organisation

Organisation legal name (if registered):	
Registered address (or main contact home address if not registered):	
Postcode:	
Telephone:	
Email:	
Website (if applicable):	

# Newham Autism Small Grants Funding Application

## Section B – About your project

### What will you use the funding for?

We'd like to know:

- What activity you are planning
- Who will be delivering them
- How often they will take place (and when)
- Where they will take place

**Maximum 200 word limit** (any applications above the 200-word limit will not be assessed)

## Section C The difference your project will make

### Who do you expect to participate in/benefit from your project and how will you reach them?

We'd like to know:

- Why you think your project will benefit autistic people
- How many autistic people you anticipate will benefit from this project;
- Is there a particular autistic community or age group you will be targeting
- How you will maximise the number of autistic persons involved

**Maximum 500 word limit** (any applications above the 500-word limit will not be assessed)

### Please tell us how you will evidence that your project will either;

1. Enable, empower and support Newham Autistic Residents to continue meeting, supporting and growing within the local community, and/or;
2. Increase the wellbeing of Newham Autistic Residents through your activity

**Maximum 500 word limit** (any applications above the 500-word limit will not be assessed)

## Section D – Budget

### Costs

Complete the following table to outline how much your project will cost and what you plan to spend your grant on. Please be as detailed as you can. Please add and use as many rows as needed.

## Income & other funding sources

Item (i.e. income generated from other projects or funding streams etc. If none please state NONE )	Total (£)
<b>TOTAL</b>	

# Newham Autism Small Grants Funding Application

## Signed Undertaking

When you have completed this form, please read and sign the section below. If you are applying as an organisation, the undertaking should be signed by an authorised representative of your organisation.

**Failure to sign this section will invalidate your application.**

I/We certify that the information supplied is accurate to the best of my/our knowledge and that I/we accept the conditions outlined in the final page of this application form.

**Name:** ..... **Date:**.....

**Signature:** .....(electronic/typed signature accepted)

## Conditions

1. The funding is provided for the activity described in your application and may not be used to support any other item or project without prior consultation.
2. The funding can only be used to cover eligible costs as set out above.
3. Should, for whatever reason, circumstances change, and funding is no longer required for the project, you will notify us without delay.
4. The Council reserves the right to request repayment if funding is not used as set out in your project description.
5. You understand that, in accordance with its responsibilities Newham Council is subject to scrutiny and you undertake to ensure that delivery of your project will not bring into disrepute, or serve to harm the reputation of Newham Council in any way.
6. You are committed to equality of opportunity in all areas of your work. All individuals will be treated in a fair and equal manner and in accordance with the law regardless of gender, marital status, race, religion, colour, age, disability or sexual orientation.
7. You will comply with health and safety measures and ensure you have relevant documentation in place before delivering your project. This includes insurance and safeguarding checks which will be requested as proof should you be awarded funding.
8. In accordance with data protection legislation, your personal information will only be used for the purposes of processing your grant and will not be shared with third parties.
9. Your project name and the amount awarded may be published as the Council demonstrates its openness and transparency.
10. You will comply with GDPR and ensure any information that you collect from your project participants is held in accordance with the regulations.