|  |  |
| --- | --- |
| **Reference Number:** |  |

|  |
| --- |
| **Section 1: Application Detail** |
| ELFT Charitable fund is providing an opportunity for services to consider applying for grants to support Service users in the following priority areas:   * Improving Social Networks * Improving Employment Prospects * Improving Digital Accessibility |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Name:** |  |  | **Amount Requested:** |  |

|  |
| --- |
| **Please check which theme you are applying funding for:** |

|  |  |
| --- | --- |
| Improving social networks |  |
|  |  |
| Improving employment prospects |  |
|  |  |
| Improving digital accessibility |  |

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| **Section 2: Grant Summary** |
| Please provide a summary on what the grant is going to be used for. **Maximum 300 words** |
|  |
|  |

**Section 3: Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Full Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** |  | **Telephone Number:** |  |

|  |  |
| --- | --- |
| **Office Address:** |  |

|  |  |
| --- | --- |
| **Email Address:** |  |

**Section 3: Equalities**

Please specify which groups your cause will be helping.

**Age Group**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Under 18 |  | 18-25 |  | 26-35 |  |
|  |  |  |  |  |  |
| 36-45 |  | 46-55 |  | 56-65 |  |
|  |  |  |  |  |  |
| 66-75 |  | 76-85 |  | 86-95 |  |

**Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| Asian or Asian British - Indian |  | Asian or Asian British - Pakistani |  |
|  |  |  |  |
| Asian or Asian British - other Asian |  | Black or Black British - African |  |
|  |  |  |  |
| Black or Black British - Caribbean |  | Black or Black British - Any other black background |  |
|  |  |  |  |
| Mixed - British |  | Mixed - White & Asian |  |
|  |  |  |  |
| Mixed - White & Black Caribbean |  | Mixed - other |  |
|  |  |  |  |
| White British |  | White Irish |  |
|  |  |  |  |
| White - Any other white background |  | Any other background |  |

**Borough**

|  |  |  |  |
| --- | --- | --- | --- |
| Tower Hamlets |  | Newham |  |
|  |  |  |  |
| City & Hackney |  | Bedford |  |
|  |  |  |  |
| Central Bedfordshire |  | Luton |  |
|  |  |  |  |
| Richmond |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Any other group (please specify):** |  |

**Section 4: Declaration**

Please note that personal data of applicants and co-applicants will be held in ELFT Charity’s database and processed in accordance with its Privacy Policy.

**I confirm that the information given on the application form is true and my group has formally agreed that I can act on their behalf. I confirm that I have attached all necessary supporting documents.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Print Name:** |  |
|  |  |  |  |
| **Date:** |  |  |  |

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| --- |
| **FOR OFFICE USE ONLY** |
|  |
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