

**Love Where You Live Fund (LWYLF)**

**Small Grants (<£1,500)**

**Please note**: This form is for grant applications under £1,500 and can be applied to directly by registered community groups (including recognised Tenant and Resident Associations), self-employed service providers and community investment groups who will provide services to and for Notting Hill Genesis residents.

We strongly recommend you also review the **LWYLF Application Guidance for Partners** to get an understanding of the types of projects we fund, and the **Idea Brief Guidance** for help on putting together a project idea.

Please email the form and/or any questions to [lwylf@nhg.org.uk](mailto:lwylf@nhg.org.uk).

Date last updated: April 2025.

**Name of organisation:**

**Legal status:**

* + Registered Charity
  + Company Limited by Guarantee
  + Company Limited by Shares
  + Community Interest Company
  + Co-operative
  + Trust
  + Unincorporated Association
  + Other Community or Voluntary Organisation

**Organisation activities:**

**Organisation address:**

**Organisation website:**

**Date the organisation was established:**

Project contact details

**Name**

**Role title**

**Email**

**Telephone**

**Are you a Notting Hill Genesis Housing Association Resident or tenant?**

**Yes No**

**Are you an employee of Notting Hill Genesis Housing Association?**

**Yes No**

**Funding theme** – please select the most appropriate funding theme for your project.

* + Financial resilience
  + Health and Wellbeing
  + Safety/reduce ASB and increase community cohesion.
  + Enhancing our places

**Priority group** – All NHG residents will be able to access projects however please indicate if the project will be specifically delivering to any of the following groups (tick all that apply):

* + Lone parents
  + Long term unemployed (12+ months)
  + Residents with a limiting illness/disability
  + Residents over 50
  + Children and young families
  + Youth (10-18 years)
  + Women
  + Residents belonging to a BAME Community
  + A specific ethnic group or background (please specify)

## **Project Finances Summary**

|  |  |
| --- | --- |
| **Total cost of project** |  |
| **List all the estimated costs** |  |
| **In-kind social value support**  **(i.e. venue, equipment, food…etc associated at no cost)** |  |
| **Own contribution (if applicable)** |  |
| **Total funding requested from LWYL** |  |

## **Checkbox Checked with solid fillTo consider your application, we will also need evidence that your organisation is registered or recognised. This could be a company registration number or a constitution.**

## Evidence of need or desire for project

## Description of the project/event aims or goals. How will it contribute to the celebration of diversity and communities of different backgrounds and experiences if application?

## How will you deliver this project?

## Stakeholders and roles – please list everyone involved in delivering this project including any trade companies.

## How will you measure the project’s success?

## Describe your planned timeline for the project.

## Describe the key risks of delivering the project and how you propose to ease them.

1. Are you happy for a member of the Resident Involvement/Engagement team to attend your project/event?

**Yes**

**No** 

1. Are you happy for your event to be featured in our internal and external publications?

**Yes **

**No** 