|  |  |  |  |
| --- | --- | --- | --- |
| To share your expression of interest in a grant, please fill in the form below. If you need help completing this form, please call us on 07714 521567 or email [grants@letchworth.com](mailto:grants@letchworth.com). When we have received the form we will be in touch to discuss in a little more detail to support the final application. | | | |
| **Step 1: Tell us a little about your group.** | | | |
| Name of your group: | | | |
| The main contact of your group (for this application): | | | |
| Position held in the group (if applicable): | | | |
| Contact email address: |  | | |
| Contact phone number: |  | | |
| **Step 2: Tell us more about your group** | | | |
| How would you best describe your group?  Charity Registered Company Club Community Group CIC  Individual | | | |
| Briefly describe the what your group does: | | | |
| **Step 3: Tell us about your proposal** | | | |
| Which one of our Charitable Commitments best describes the aims of your proposal?  To preserve buildings and other environmental features within Letchworth.  To provide recreation facilities and activities.  To advance education and learning.  To provide facilities and services to support a healthier lifestyle. | | | |
| In no more than 100 words, please share with us what your group would like to do and why there is a need to undertake this project, programme or activity : | | | |
| How many people will directly benefit from your proposal? (Number)  How many of these people live in Letchworth Garden City? (Number) | | | |
| **Step 4: Financing your proposal** | | | |
| What is the estimated cost of your proposal? | | £ | |
| How much funding are you looking for from us? | | £ | |
| Could you list any other funding you have applied for sharing who you have applied to, the amount and what it will fund | | | |
|  | | | |
| **Step 5: Data Protection** | | | |
| As part of the expression of interest process we are very aware we are collecting personal information, the purpose of collecting this personal information is to:   * Enable a member of the Grants Team to contact you during the process to gain further information about your request. * Be able to assess your request as thoroughly as possible   The data submitted in this form will be held for a maximum of three years and after the term of the grant, information will only be used for the purpose of evaluating our grant programmes.  The data provided in this form is held securely in line with General Data Protection Legislation and is only used for the purposes of assessing, managing and evaluating the grant. The data will not be shared with other groups or organisations. | | | |
|  | | | |
| **Step 8: Declaration** | | | |
| Tick the boxes and sign below to confirm that:   |  |  |  | | --- | --- | --- | | You have been authorised by the organisation (through the board or committee running your organisation) to submit the application |  | I agree | | All the information you have supplied is accurate and complete and we can contact you for further information if needed. |  | I agree | | You understand and consent to the use the data contained in this application for the purposes explained in Section 7 |  | I agree | | | | |
| When completing and submitting this form electronically, it’s not necessary to print this page and sign manually as an electronic signature is acceptable. | | | |
| **For you to complete** | | | |
| Signed | | | Date |
| Print name | | | Position |

Grants

Letchworth Garden City Heritage Foundation

1 Garden City

Broadway

Letchworth Garden City

Hertfordshire, SG6 3BF