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| **Hands on Help – Housing Legacy Scheme****Application Form**The deadline for all application is Friday 28 April 2023.Please return your application to:Email: info@nuplace.co.uk Or by post to: Nuplace Ltd, Wellington Civic Offices, Wellington, Telford, TF2 2FH |
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| **1. ABOUT YOUR GROUP/ORGANISATION** |
| **a) Applicant** | **b) Group/Organisation** |
| **Name:** | **Name** |
| **Address:** | **Address:** |
| **Tel:** | **Tel:** |
| **Email:** | **Email:** |
| **Position within organisation:** | **Website** |
| **2. Please give a brief description of your group/organisation? *(max 150* words)** |
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| **3. What is the status of your group/organisation? Please explain if you are a branch of, or related to, a larger group or organisation** |
| Voluntary/Community Group Tenant Association School Faith Organisation Other, please specify…………………………………………………. |
| **4. Please describe the work that you would like to have carried out.  *(max 100 words)*** Remember, we provide labour and materials for a range of construction related improvement works. |
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| **5. Please tell us why there is need for this work to be carried out?  *(max 75 words)*** Explain how the work will improve the lives of people in the community and what you have already done. |
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| **6. Who will be the main beneficiaries of this work?  *(max 75 words)*** Include details of disadvantaged groups and how you engage with different sections of the community so they can access your group/organisation |
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| **7. Will the work be carried out at the address given in Q.1b?** |  Yes No | **If no, where is the work required?** |   |
| **78. Have you received a quote for this work?** |  Yes No | **If yes how much were you quoted?** |   |
|  **9. If a council officer or a local councillor is involved in the management or running of your organisation or project (in a paid or voluntary capacity), please tell us here:** **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role in organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **10. Declaration: I am authorised to make this application of behalf of the group/organisation and I certify that the information contained in this application is correct.** **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_** |