|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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](mailto:info@nuplace.co.uk)  Or by post to: Nuplace Ltd, Wellington Civic Offices, Wellington, Telford, TF2 2FH | | | | |
|
|
|
| **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)** | | | | |
|  | | | | |
| **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. | | | | |
|  | | | | |
|
|
|
|
| **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. | | | | |
|  | | | | |
| **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 | | | | |
|  | | | | |
| **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:\_\_\_\_\_\_\_\_\_\_\_** | | | | |