



ISLINGTON



**ARSENAL REGENERATION SCHEME – SMALL GRANTS PROGRAMME
APPLICATION FORM -**

Please return your completed form to:
**Newlon Fusion
Newlon Housing Trust,
204 Hoxton Street,
London N1 5LH**

Section One – About your organisation/group

1. Name:	
2. Briefly describe what your organisation does and its achievements to date:	
3. Which geographical area does your group cover? (Highbury East, Highbury West and or Holloway Wards)	
4. Name and position of contact person for this application:	
5. Contact Details:	
Telephone	
Fax	
Mobile	
Email	
6. Do you have Public Liability Insurance? If so, please state how much the cover is for?	<input type="checkbox"/> Yes <input type="checkbox"/> No £

	<p>Signed.....</p> <p>Name</p> <p>Position.....</p> <p>Address:</p> <p>.....</p> <p>.....</p>
<p>Declaration from your external referee</p> <p>I declare that I have read this application and confirm that it is submitted in good faith. I am willing to provide a full reference for the applicant organisation on request.</p>	<p>Signed.....</p> <p>Name</p> <p>Job Title</p> <p>Organisation</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Telephone:</p>

Checklist

Please ensure that you done the following:

Tick relevant

Answered fully all the questions on the application form	
Included a copy of your organisation's constitution	
Included a list of your management committee members	
Included your organisation's Annual Account/income & expenditure statement	
If non-constituted provided a sponsor organisation	
Two authorised representatives have signed the application	
External Referee has signed the Application	
Photocopied the completed application form for your own file	