Kensington and Chelsea Safer Neighbourhood Board Grant Application 2025/26

Please complete the following reference for the organisation applying for the Safer Neighbourhood Board (SNB) grant. Your input will help the panel assess the organisation’s suitability for funding.

# 1. Referee’s Details:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2. Relationship with the Organisation:

How long have you known the organisation? (Please tick one)

* Less than 6 months
* 6 months to 1 year
* 1-2 years
* Over 2 years

Please briefly describe the nature of your relationship with the organisation:

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# 3. Impact of the Organisation:

How would you describe the impact of the organisation within the community? (Please tick all that apply)

* Benefits local residents
* Addresses local community needs
* Provides valuable services or support
* Increases awareness or understanding of key issues
* Supports vulnerable individuals or groups
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 4. Organisation’s Credibility and Capacity:

Based on your experience, how would you rate the organisation’s ability to successfully manage and deliver a funded project? (Please tick one)

* Excellent
* Good
* Fair
* Poor

Please provide an explanation for your rating:

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# 5. Benefit from the Grant:

In your opinion, how will this organisation benefit from the grant funding? (Please tick all that apply)

* Funding will enable them to expand services
* Funding will improve their existing services
* Funding will support a new initiative or project
* Funding will enhance their capacity for impact
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 6. Additional Comments:

Is there anything else you would like to add that may support this application? For example, any particular strengths, challenges, or achievements of the organisation:

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Referrer Signature and Date

I hereby confirm that the information provided in this reference is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for providing this reference.