**CORONAVIRUS GRANT APPLICATION FORM - INDIVIDUAL**

|  |  |
| --- | --- |
| **NAME** |  |
| Address *(Box expands as you type)* |
|  |
| How many years have you been a Felixstowe Resident?  |  |
| Daytime telephone number |  |
| Email address  |  |
| **GRANT REQUEST** |  |
| Description *(What will the funding be used for and how will you evaluate the benefit? Box expands as you type)* |
|  |
| Total Grant requested from Felixstowe Relief Charity | **£** |
| Please list any other sources of funding you have for this aim *(also include the name of any other grant funding organisations to which you may be applying)* | **Amount** |
|  | **£** |
|  | **£** |
|  | **£** |
| Total Cost | **£** |
| **DECLARATION** |
| As part of the application procedure applicants should provide any applicable quotes for equipment being purchased.All successful applicants may be required to: * Account for how the grant money has been spent

• Provide copies of all relevant invoices, receipts and purchase orders. • Submit, within 12 months of the grant being awarded, a brief report detailing how the Grant was used.• Acknowledge the support of Felixstowe Relief Charity in any relevant promotional material. This helps let people know where the Charity’s grant aid is being spent and to encourage others to apply. Felixstowe Relief Charity reserves the right to attach additional conditions to your grant. Any such conditions will be explained in your notification of grant letter. Felixstowe Relief Charity reserves the right to reclaim any award not spent for the purposes it was granted and/or not spent during the financial year it was awarded.**All decisions regarding applications are final and non-negotiable.**  |
| *I confirm that I am the named individual completing this grant application.**If completing the form on behalf of someone else please detail:* |
| Name of Person completing this form: |  |
| Daytime telephone number |  |
| Email address  |  |
| *I confirm my application meets the conditions of the Felixstowe Relief Charity Grants Policy (requiring* relief to beneficiaries who are in need, by reason of youth, age, ill-health, disability, financial or other disadvantage; or to promote education) *and the information provided herein is, to the best of my knowledge, complete and accurate. I understand and accept the conditions as may be attached to any funding awarded.* Signed: (Enter digital signature or name in BLOCK CAPS if completing electronically)Name: Date: |
| We may use the information you submit to check the accuracy of information, prevent fraud or detect crime in order to protect charity funds. Where this is necessary, we will comply with all aspects of the Data Protection Act (DPA).  |

Once completed, submit this application form and any supporting documentation via email to margaret.morris@felixstowe.gov.uk

**We aim to notify you of the outcome within a week of completed applications being received. Felixstowe Relief Charity reserves the right to request additional information before consideration of this application.**

**FOR OFFICE USE**

|  |  |
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| **Date Application received:** | **Grant Amount agreed:** |
| **Date applicant informed:** | **Authorised by:** |
| **Date payment made:** |  |