**CORONAVIRUS GRANT APPLICATION FORM**

**FOR COMMUNITY ORGANISATIONS/CHARITIES**

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| --- | --- | --- | --- | --- | --- | --- |
| **Organisation NAME** | |  | | | | |
| Official / Registered Address of the Organisation *(Box expands as you type)* | | | | | | |
|  | | | | | | |
| Correspondence address *(Box expands as you type)* | | | | | | |
|  | | | | | | |
| Name of person completing this form | | |  | | | |
| Position held | | |  | | | |
| Daytime telephone number | | |  | | | |
| Email address | | |  | | | |
| If an organisation-what is the legal status of your organisation? Please tick one of the following: | | | | | | |
| 1. unregistered voluntary or community organisation 2. registered Charity in England or Wales 3. waiting to be registered as a Charity 4. charity recognised by HMRC in Scotland or Northern Ireland 5. exempt / excepted Charity registered in England and Wales | | | | |  |  |
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| Registered Charity No. (If applicable) | | |  | | | |
| Purpose of Organisation*(Briefly describe the aims and objectives and who primarily benefits from your organisation. Please also indicate the number of paid staff and volunteers. Box expands as you type.)* | | | | | | |
|  | | | | | | |
| **PROJECT TITLE** |  | | | | | |
| Project Description *(What will the funding be used for and how will you evaluate the benefit to residents of Felixstowe? Box expands as you type)* | | | | | | |
|  | | | | | | |
| Anticipated Start Date |  | | | | | |
| Estimated Finish Date |  | | | | | |
| Total Grant requested from Felixstowe Relief Charity | | | | **£** | | |
| Please list any other sources of funding you have for this project *(also include the name of any other grant funding organisations to which you may be applying)* | | | | **Amount** | | |
|  | | | | **£** | | |
|  | | | | **£** | | |
|  | | | | **£** | | |
| Total Project Cost | | | | **£** | | |
| **DECLARATION** | | | | | | |
| As part of the application procedure applicants may be asked to provide:  • Submit a copy of their organisation’s constitution, rules of statement of purpose   * Approved year-end accounts statements for the latest two financial years. In the case of a new organisation, please provide a business plan showing your projected costs and expected income for at least one year.   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 authorised to make this grant application on behalf of this organisation or as an individual that 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](mailto: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**

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