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 **APPLICATION FOR A GRANT**

Name of Charity / Organisation:

Address of organisation:

 Postcode:

Charity Registration No (if applicable):

Is your organisation based in the Borough of Southend? YES 🞏 | NO 🞏

Main contact name: Email:

Telephone: Address:

 Postcode:

Is your organisation still able to contact clients
and deliver help in the current crisis? YES 🞏 | NO 🞏

Please provide details of your organisation’s UK bank account below.
Do you require 2 people to authorise expenditure? YES 🞏 | NO 🞏

Bank name: Account name:

Sort code: Account number:

**1. About your organisation**

*In no more than 100 words, give a brief description of your organisation & the work you do*

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**2. Please tell us what your clients need and how you would help, using a grant**

***a.*** *Write a brief summary of why this funding is needed, who it helps and what difference it would make.* **b.** *Please tell us how many people will benefit.* ***c.*** *How much are you applying for?*

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| a.b.c. £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3. Costs and Funding**

***a.*** *Give a breakdown of how a grant will be spent.*  ***b.*** *Tell us about any contribution from yourselves.* ***c.*** *How do you know your costs are good value for money?* ***d.*** *Please tell us the level of unrestricted reserves that your organisation currently holds.*

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| a.b.c.d. |

**4. Timeline**

*Please tell us how quickly these funds will be used. ALL grants must be disbursed for the benefit of end users within 2 months of the grant being made or returned to the Fund.*

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**5. Referee**

*Please give contact details for someone* ***independent of your organisation*** *who would be willing to tell us about your work*

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**6. Declaration**

We confirm that we are authorised by our organisation to apply for this grant and that all information provided is true and accurate. We agree by accepting a grant from Southend Emergency Fund it will be used entirely for the support of individuals / families living in the Borough of Southend-on-Sea as emergency funding, to meet their current financial needs. No money will be retained for administration or management. No single donation will exceed £\_\_\_\_\_\_\_\_\_\_\_\_ and we will distribute according to greatest need. We consent to you retaining our information in connection with this application.

Signed on behalf of (organisation):

Position:

Name: Signature:

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

**Please email completed applications with any attachments to:** help@southendemergencyfund.org.uk

****Applications will be considered on a rolling basis, in the order in which they are received and as fund balances allow. An application does not guarantee a grant.