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| [www.southendemergencyfund.org.uk](http://www.southendemergencyfund.org.uk) | **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.** *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.*

**Please tick here if this application supports the Clinically Extremely Vulnerable (CEV) in Southend.** Each of these people will have received an official letter saying they are on the CEV list.  
Info here: [**Guidance on the CEV during COVID-19 (www.gov.uk)**](about:blank%22%20%5Cl%20%22cev%22%20%5Ct%20%22_blank) **🞏**

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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,
* all information provided is true and accurate,
* we consent to Southend Association of Voluntary Services retaining all information in connection with this application.

If successful we agree by accepting a grant from Southend Emergency Fund:

* it will be spent in line with our application,
* we will provide written confirmation that we have spent all the grant 2 months after receipt or when the grant is spent out, whichever is the sooner.
* we will return any unspent monies 2 months after receipt,
* the grant 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 needs,
* we will retain copies of receipts for all purchases and spending against any monies granted by Southend Association of Voluntary Services and upon request, provide them within 1 week of being asked.
* no money will be retained for administration or management unless agreed in writing,
* we will distribute according to greatest need.

Signed on behalf of (organisation):

Position:

Name: Signature:

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

**Please email completed applications with any attachments to:** [sef@savs-southend.co.uk](mailto:sef@savs-southend.co.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.

