|  |  |  |
| --- | --- | --- |
| [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*

|  |
| --- |
|  |

**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?*

|  |
| --- |
| 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 will support families in receipt of child benefit in Southend with food and fuel costs.** By ticking this box you are confirming that the families who will benefit from this funding are in receipt of child benefit and that the person receiving child benefit is living with the child the benefit is for. Under this funding you can apply for up to £3,000. **🞏**

|  |
| --- |
| 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.*

|  |
| --- |
|  |

**5. Referee**

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

|  |
| --- |
|  |

**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:** [help@southendemergencyfund.org.uk](about:blank)

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.

