### Section 1 - Organisation

#### Organisation Name and Address Details

* Name of your organisation



https://ukcf.secure.force.com/forms/resource/1505379225000/Online_Application_Resources/resource/image/info.png

* Address of your organisation
* Street



https://ukcf.secure.force.com/forms/resource/1505379225000/Online_Application_Resources/resource/image/info.png

* Town/City



* County



* Postcode



* Website



* General/Office Telephone



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* General/Office Email



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#### Main Contact Person

##### **These are the details that will be used for correspondence purposes.**

* Title



Forename(s)



Surname



* Job title



* Work/Office Phone



* Home Phone



* Mobile Phone



* Email



*  Use organisation's address for correspondence

#### Organisation Start Date

* Month



Year



#### What type of organisation are you?

##### **Select as many as appropriate**

*  A registered charity

*  Company limited by guarantee
*  Unincorporated club or association
*  Community interest company
*  Charitable Incorporated Organisation
*  Other

#### Are you part of a larger regional or national organisation?

*  Yes

If yes please state name of organisation........................................................

#### Governance

* Please confirm you have at least 3 unrelated trustees/committee members responsible for your organisation/group and its activities

 Yes

* Organisations Income Over Last Accounting Year

  year ending ??????????????????

* Please briefly describe the overall aims and objectives of your organisation and the activities or services your organisation provides (up to 250 words)



0 word of 250

### Section 2 - Project

#### Project Details

Project Name

* Project / funding start date



Project / funding end date



* Which area will the activity take place in?



* Which area (estate, town, village, borough or wider area) do most of the people who benefit come from



* What are you applying to us for and who will benefit? (up to 400 words)
* What difference do you hope this will make to people’s lives
* If this project does not have a fixed end date, how will you continue to fund the project when the funding ends.

### Section 3 - Impact

#### Beneficiaries

* How many people will benefit from this funding?



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* Estimated number of volunteers involved



* Primary Beneficiary - Select a single option to represent the primary beneficiary group for this grant



#### Ethnicity

* Primary ethnic group - select a single option to represent the primary ethnic group for this grant



#### Issues

* Primary issue - select a single option to represent the primary issue that will be addressed by this grant



**Age Groups**

* Please indicate the primary age group that will benefit from this grant



### Section 4 - Project Budget and Consent

#### Project Budget

* What is the total cost of the project?



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* How much money are you applying to us for?



https://ukcf.secure.force.com/forms/resource/1505379225000/Online_Application_Resources/resource/image/info.png

* Budget breakdown summary (Inc. VAT)
* If the grant does not cover your total project costs, please tell us whether the remaining funds have already been raised, or where they will come from.

#### Supporting Documents

* Please click on the attachments button at the bottom of this page to upload your supporting documents.

(We apprecite that new and emerging groups may not be able to supply supporting documents - alternatives for these groups indicated below)

1. A copy of your governing document (eg constitution, memorandum & articles or set of rules).

2. A copy of your most recent set of annual accounts

3. A copy of a bank statement no more than 3 months old (clearly showing account name, number and sort code)

4. A copy of your safeguarding policy

If you experience difficulties uploading documents please email them to ..........................................when you submit your application.

* [Add document](https://ukcf.secure.force.com/forms/DorsetCF/CoronavirusFund?aid=63496f94-9cf9-e34d-f3be-48cf044941a7#application-toolbar)

#### Alternative support for New & Emerging groups

##### **Groups with less than 6 months direct service delivery experience should provide the details of a organisation/referee who can endorse you AND receive & manage the money on your behalf.**

* Referee forename



* Referee surname



* Referee company name



* Referee position



* Referee email



* Referee phone



#### Declaration

* I confirm that the information given on the application form is true and my organisation has formally agreed that I can act on their behalf. I confirm that I have attached all required supporting documents.

 Yes

* **If funded, I agree to the following (YOU MUST TICK THE BOX UNDERNEATH THE FOLLOWING TERMS AND CONDITIONS TO CONFIRM):**
  1. The organisation and main contact details, and the details of the grant, can be shared with ...........................
  2. We will complete an End of Grant report at the appropriate time – we will report on the number of individuals we support and provide some case studies to illustrate the difference the support made.
  3. The Terms and Conditions printed below:

**Grant Terms and Conditions  - Dorset Coronavirus Community Fund**

1. The grant can only be used for the purpose for which it has been granted.

2.The grant applicants must start the funded activities within ?????? weeks of receipt of funds and complete expenditure of the grant by ???????????????

4. Any funds remaining after the end of the grant period and any agreed extensions, must be returned to Christchurch Charitable Trust

5. The relevant Safeguarding policies are to be adhered to at all times. In the case of New & Emerging groups who do not have a Safeguarding policy, they should not have direct unsupervised contact with children or vulnerable adults and all workers should be aware of how to raise any Safeguarding concerns by referring to Dorset or BCP Council websites as appropriate

6. Grant recipients are required to complete an End of Grant Report, to include the number of individuals they support in relation to the primary beneficiary group, and ideally the numbers funded specifically by this grant (although we appreciate this may not be possible). Case studies will also be required in order to illustrate the difference the funded activities have made.

7. If agreed to be appropriate, the Christchurch Charitable Trust will use the grant for the purposes of publicity.

8. We reserve the right to recover the Grant in whole or in part or to reclaim any equipment purchased under this agreement, should the funded activities not go ahead or the organisation cease to exist.

10. The grant recipient is responsible for insurance against risks which may arise from any activities or property which is grant aided, including loss or personal injury to persons undertaking those activities.  Christchurch Charitable Trust is not liable for any contingency involving property or activities for which they have provided grant aid in whole or in part.

11. The grant recipient should ensure services provided by and through the grant are underpinned by equality and diversity principles.  Ensuring there is no discrimination on the grounds of race, colour, ethnic or national origin, disability, age, gender or gender identity, sexual orientation, marital status, or any religious affiliation. Providing equal access to employment/volunteering opportunities and services for your beneficiary group.

Tick to confirm acceptance of the above terms and conditions