**Before completing this form please read the Tendring Community Fund Guidance Notes**

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| Your organisation’s name: |  |
| Your organisation’s full address including postcode: |  |
| Website: |  |
| Social Media: |  |
| Name of main point of contact: |  |
| Job Title / Role: |  |
| Main contact email address: |  |
| Main contact telephone no: |  |

| **What type of organisation are you? Please tick one** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Registered Charity | Company Limited by Guarantee | Unincorporated Club or Association | Community Interest Company | Charitable Incorporated Organisation | Parish or Town Council | Other: please specify |
|  |  |  |  |  |  |  |
| **Charity and/or Company number if applicable:** | | | | | | |
| **Governance:**  **Please tick the relevant boxes below:**  **Please note that final approval for funding may require evidence to confirm the below are in place and up to date.** | | | | | | |

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| Does your organisation have a governing document, articles of association or a constitution which includes a dissolution clause? | | **Yes** | **No** |
| Does your organisation have a structured Committee or Board? | |  |  |
| Does your organisation have a bank account with at least 2 unrelated signatories? | |  |  |
| Can you provide a copy of your annual accounts or a budget forecast for the coming year? | |  |  |
| Do you have an equal opportunities/diversity policy in place? | |  |  |
| Do you have a safeguarding policy in place? | |  |  |
| Can you confirm that your project delivery will be completed, and the funds awarded will be spent within the time scale for this fund? | |  |  |
| If ‘No’ has been ticked for any of the above, please provide additional information so that the reason for the answer can be understood. |  | | |

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| Please provide a brief summary (up to 500 words) about your organisation’s purpose and core activities: | | | |
|  | | | |
| **Does your project address any of the following?**  **Please tick the relevant boxes below:** | | | |
| Social Isolation | | |  |
| Stigma or discrimination | | |  |
| Unemployment | | |  |
| Education | | |  |
| Health or health inequalities | | |  |
| The environment | | |  |
| Project Summary (up to 750 words)  Please provide a brief explanation of why you are applying for grant funding. Include why the project is needed and provide evidence of how you know it is needed. For example, details of surveys conducted, consultations or feedback gathered from partners.  Background information can be provided as an appendix. | | | |
|  | | | |
| If known, which Wards will benefit? | |  | |
| Who will benefit from this funding? | |  | |
| How many people do you anticipate will benefit from this funding? | |  | |
| Who will be involved in delivering this project? | |  | |
| Are any partners working with you on this project? If so, who? | |  | |
| Using the TDC Corporate Plan and Priorities along with the Tendring Community Grant Fund Criteria please state:   * Who will benefit from the project and how they will be engaged? * How the project will make a difference to its beneficiaries? * How the project will benefit the wider local community? | | | |
|  | | | |
| Project Milestones  Please explain the timetable for the delivery of this project and detail key milestones: | | | |
|  | | | |
| How will your project be evaluated? Please provide details of an initial evaluation plan. |  | | |

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| Financial Details:  How did you hear about this fund? |  | |
| Please provide details of all match funding. This should include match funding that has been offered, is currently applied for or that will be requested. |  | |
| Have you previously received or applied for support from this fund? If yes, please give details. |  | |
| How will you spend the grant? *Will you be buying items, or hiring venues/products, or paying someone to undertake a task or provide a service? Please list the items and the cost.*  *(provide quotes if appropriate)* | | |
| **Description** | | **Cost** |
|  | |  |
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|  | |  |
| Total Project cost: | | £ |
| How much has been raised so far? | | £ |
| How much money are you applying to this fund for? | | £ |
| **Have you applied to any other bodies for financial support for this project? If yes, please provide details including who you have applied to, the amount requested and when you expect to hear.** |  | |
| **If you have been unsuccessful in an application for funding for this project please give details including the reason the application was unsuccessful.** |  | |

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| Declaration of Interest:  Are you, your organisation or any members of your Board/Trustees or senior managers, associated with any Tendring District Council Councillors? If yes, please give details. |  |

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| **Bank account details**: Please provide your organisation’s bank details | |
| **Name on Bank Account:** |  |
| **Sort Code:** |  |
| **Account Number:** |  |

*By signing this document, you are confirming that you have the authority to commit to the proposed project (including any required approvals from your Committee, Board or Partners). You are also agreeing to co-operate with ongoing evaluation and monitoring of the funding use.*

Print Name ………………………………………… Position ……………………………………

Signed:……………………………………………… Date: ………………………………………

**Please return the signed Community Fund Application Form and any supporting documents to** [**TCFRound2@tendringdc.gov.uk**](mailto:TCFRound2@tendringdc.gov.uk)