**Before completing this form please read the Community Champions 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:  |  |

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| **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 | Other: please specify |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Charity and/or Company number if applicable:** |
| **Please tick the relevant boxes below:** |

|  |  |  |
| --- | --- | --- |
| 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? | [ ]  | [ ]  |

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| Please provide a brief summary about your organisations purpose and core activities: |
|  |
| Please provide details about the project you would like to gain funding for: |
| Project Title: |  |
| Project Start and End dates: |  |
| Where will your project take place? Which geographical area will it cover? |  |
| Who 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? |  |
| Project Summary 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. |
|  |
| Using the Community Champions 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 MilestonesPlease explain the timetable for the delivery of this project and detail key milestones: |
|  |

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| Financial 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** |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Project cost: | £ |
| How much has been raised so far?  | £ |
| How much money are you applying to this fund for? | £ |

*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 Champions Fund Application Form and any supporting documents to Marcia Fuller at mfuller@tendringdc.gov.uk**

**APPLICATION DEADLINE IS 5PM MONDAY 29TH MARCH 2021**