



**Community Grant Application Form – COVID-19 FUND**

**­­IMPORTANT: Please only use this form for an urgent funding need directly related by the COVID-19 crisis**

**SECTION 1: CONTACT DETAILS**

|  |  |  |
| --- | --- | --- |
| Name of the organisation |  | |
| Address |  | |
| Telephone number |  | |
| Registered charity number (if applicable) |  | |
| Contact names | 1) | 2) |
| Position within the organisation  (one must be Chair/Secretary/ Treasurer) |  |  |
| Email address |  |  |

**SECTION 2: FUNDING REQUIREMENTS**

|  |  |
| --- | --- |
| Amount of grant required | £ |

Please provide details of what your organisation needs funding for and why. Include a breakdown of how the grant will be spent and who will benefit.

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|  |

**SECTION 3: DECLARATION**

Please complete the checklist below. Failure to submit all relevant supporting documentation may result in your request being delayed or declined.

* I have enclosed the latest annual accounts for my organisation **YES / NO /** **NOT APPLICABLE**
* I attach proof of the organisations bank account (for payment by bank transfer) **YES / NO / NOT APPLICABLE**
* The organisation has a child and vulnerable adult protection policy in place **YES / NO / NOT APPLICABLE**

I confirm that the information in this application is correct to the best of my knowledge. I understand that any grant awarded must only be used for the purpose it was intended, and agree to comply with any conditions that Stevenage Community Trust may attach to it.

Signed …………………………………………………….. Date ……………………………………………………………………….

**Once complete, please email this form to** [**grants@stevenagecommunitytrust.org**](mailto:grants@stevenagecommunitytrust.org)