

**Covid Response Grant Pot Application Form**

**Organizations Details**

|  |  |
| --- | --- |
| Name of Organization |  |
| Address of Organization |  |
| Telephone number |  |
| Organisation's website address |  |
| Registered charity or community interest company give number |  |
| Name of the person completing this form |  |
| Position within the organisation |  |
| Email address |  |

**Project Details**

|  |  |
| --- | --- |
| Please give a brief description of what your organisation does.  (max 250 words) |  |
| Please tell us what you will use the money for? |  |
| Please tell us where this will take place? |  |
| Please tell us when this will take place? |  |
| Describe how people with learning disabilities, autism and additional needs will lead this project.  (max 250 words) |  |
| How does it respond to the coronavirus outbreak?  (max 250 words) |  |
| What impact do you hope to have and how will you measure this?  (max 250 words) |  |
| How many people do you expect to directly benefit from the project? |  |

**Financial Details**

|  |  |
| --- | --- |
| **Project Budget** |  |
| How much will the project cost altogether? |  |
| How much money are you applying for? |  |
| **Project Costs**  (Tell us how much each part of your project is expected to cost, if it applies to your project) |  |
| Activity or one-off event |  |
| Adapted services |  |
| Short fall in funding (be specific as to what this will be spent on) |  |
| Resources and equipment |  |
| Training |  |
| Information and promotional material |  |
| Other project expenses |  |
| **Total Cost** |  |
| Please give us your organisation's total income in the last completed financial year |  |
| If you are successful, money will be paid directly into the organisations back account  This must be an account with a double signatory.    Account Name  Sort Code  Account no. |  |

**Reference and Declarations**

Please give names and contact details for two people who are willing to speak about the project if needed. One should be a senior member of your organization, who will be legally responsible for the funding, and the second should have knowledge of your work.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Address** |  | **Address** |  |
| **Postcode** |  | **Postcode** |  |
| **Telephone** |  | **Telephone** |  |
| **Email** |  | **Email** |  |
| **Best way to contact** |  | **Best way to contact** |  |

**By completing this application form you are agreeing to the terms and conditions of the grant**

I certify that the information in this application form is accurate and complete. No information which could affect the outcome of this application has been, or will be, withheld or otherwise omitted.  I am authorised to submit this application on behalf of the organisation/ charity/project seeking the grant.

**Signature:**

**Date:**

**Please return to:**

[**yazz.davies@ldengland.org.uk**](mailto:yazz.davies@ldengland.org.uk)