



Section 1 - Applicant Details

Name of applicant or organisation:

Address:

Contact No:

Primary Email of Contact:

Main contact name (if different from above):

Charity No. (if applicable);

Date of application:

Are you an Ebbsfleet resident?

If no, where do you live?

Do you have any connection to EGCT trustees or anyone else working for the Trust?

If yes, please give details

Section 2 - Activity Details

What is your activity called?

Activity / funding start date

Activity / funding end date

Which area will your activity take place in?

Please tell us about your activity including WHEN, HOW OFTEN and WHERE the activities will run, WHAT you will do in them, and who will RUN the sessions and tell us about their experience.

- (i) Have you discussed your activity with an EGCT team member or attended a learning surgery?
- (ii) How will you engage Ebbsfleet residents in the activity?
- (iii) What benefits would you like them to achieve?
- (iv) How will you ensure the activity is delivered within all current Health & Safety guidelines?

Section 3 - Activity Beneficiaries

How many people will directly benefit from this activity?

How many of these people will be adults?

How many of these people will be children under 18?

Primary Beneficiaries - Select up to 3 groups that best represent the beneficiaries for this activity

Black, Asian and minority ethnic		Carers	
Children and young people		Ex-offenders/offenders/At risk of offending	
Families/Parents/Lone parents		Homeless people	
Long-term unemployed		Local residents	
Lesbian, gay, bisexual and transgendered groups		Women	
Not in education, employment and training (NEET 16-24)		Men	
People in care		Older people	
People with alcohol/drug addictions		People suffering serious illness	
People with low skill levels		People living in poverty	
People with multiple disabilities		People with learning difficulties	
Refugees/asylum seekers /immigrants		People with mental health issues	
Victims of crime/violence/abuse		People with physical difficulties	

Ethnicity

Please select the ethnic group most likely to benefit from your activity:

Please select all ethnicities if there is no specific group

African		White British	
Black and Black British		White Irish	
Caribbean		White East European	
Black African and White		White Gypsies and Travellers	
Black Caribbean and White		Other White	
Other Black		Other Mixed Ethnicity	
Indian		All Ethnicities	
Pakistani			
Bangladeshi			
Asian and White			
Asian and Asian British			
Other Asian			

Age Groups

Please select the age group most likely to benefit from your activity:

Please select all ages if there is no specific group

Early years (0-4)		Children (5-12)	
Young people (13-18)		Young adults (19-25)	
Adults (26-65)		Seniors (65+)	
All ages			

Outcomes

Which primary aspect of community cohesion and or promoting health and wellbeing do you expect your activity to cover?

Please select

Sport and recreation		Arts, culture and heritage	
Stronger communities/Community support and development		Supporting family life	
Social inclusion and fairness		Anti-social behaviour	
Crime and safety		Mental health	
Renewable energies and recycling		Language, culture and racial integration	
Health, wellbeing and serious illness		Substance abuse and addiction	
Disability and access issues		Rural issues	
Reducing isolation		Environment and improving surroundings	

Declaration

- Please tick this box to confirm that, if your application is successful, you are willing to take part in, where appropriate, any publicity activities. (This will not affect your application)

Privacy statement

The information you have provided will be used by EGCT for managing the Community Fund as well as sharing other useful information about Ebbsfleet Garden City. It will not be shared with any 3rd party, without your consent.

Please see our **Privacy Statement** for further information. This is available on the EGCT website <https://egctrust.org.uk/privacy-policy>

- Please tick this box if you do not wish to receive updates from the Trust about Ebbsfleet Garden City

- I confirm that the information given on the application form is true. I confirm that I have attached all required additional documents.

Name of main contact:

Signature of contact:

Office Use Only:			
Applicant Ref No:		Round No:	