



## Application Guidance Notes

### EBBSFLEET GARDEN CITY TRUST - COMMUNITY FUND

#### GUIDANCE NOTES – PLEASE READ THESE NOTES BEFORE COMPLETING YOUR APPLICATION FORM

Thank you for your interest in the Community Fund.

Please read the guidance notes below to guide you through the application process and before completing the application form.

By addressing the key questions below you will help ensure you meet the eligibility criteria.

EGCT will consider activities that:

- Will promote **community cohesion** and or **health & wellbeing**.
- Will be open and of benefit to the communities of the Garden City
- Will be delivered within one or more of the new Ebbsfleet Garden City development sites and/or the surrounding neighbourhoods, including: Castle Hill, Ebbsfleet Green, Springhead Park, Cable Wharf, Ashmere, Alkerden, Ebbsfleet Cross, Swanscombe, and Northfleet.
- Are being organised by local residents, interest groups or incorporated organisations
- Are delivered by individuals or groups that are based **in either Dartford or Gravesham Boroughs**.
- Can provide verified bank account details to which the funding will be paid, if successful
- Have a safeguarding policy if the activity involves work with vulnerable adults and/or people under 18

EGCT will not consider activities that:

- Want funding for party-political or religious activities, commercial ventures, retrospective funding, or activities excluding people by religion, ethnicity, gender or sexuality.

Funding can be used for group activities, equipment, venue hire, marketing and promotional material, direct delivery or event costs for example.

Please submit your application via email to: [info@egctrust.org.uk](mailto:info@egctrust.org.uk)

## Section 1 - Applicant Details

*When completing this section, please use the details of the individual, main contact (if part of group) or organisation*

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 - *this can be an estimated date but should be as close to the actual date as possible*

Activity / funding end date - *this can be an estimated date but should be as close to the actual date as possible*

Which area will your activity take place in?

*All activities are required to be delivered within one or more of the new Ebbsfleet Garden City development sites and/or surrounding neighbourhoods, including: Castle Hill, Ebbsfleet Green, Springhead Park, Cable Wharf, Ashmere, Alkerden, Ebbsfleet Cross, Swanscombe, and Northfleet.*

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.

*Please try to include as much detail as possible about your activity. When thinking about what to include, consider how you meet the fund objectives of promoting community cohesion or health & wellbeing. For example, will the activity bring members of the community together for a regular coffee morning or a book club? Or by doing something new like an art workshop or dance class? Does your activity include lots of physical activity like a running group or parent and child walking group? Or encourage healthy eating, or activities for mental wellbeing? Does your activity have the potential to continue in the future? Have you discussed your activity with an EGCT team member or attended a learning surgery? How will you engage Ebbsfleet residents in the activity? What benefits would you like them to achieve? What will you include to ensure the activity is delivered within all current Health & Safety guidelines?*

*(Please see here for guidance on Health and safety <https://www.resourcecentre.org.uk/information/health-and-safety/#practice>)*

## Section 3 - Activity Beneficiaries

*The details in this section may be estimates but could be based on prior interest or venue capacity. You should select from the list the most relevant options. If this is unknown, consider who you would like to benefit from your activity.*

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 the one that most applies**

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	

*This section asks you to provide details regarding the amount of money you are applying for and what type of items you will be spending it on. Here, you itemise the costs that will be incurred. The categories are examples of the areas your costs might fall under, and the description should be used to include a brief outline how the funds will be spent.*

## Section 4 - Activity Budget

Item Category	Item Description	Budgeted Amount
Volunteer	Travel expenses	£20
Operational/Activity	Sports equipment - nets @ £100 and balls @£50	£150
Office/Premises	Venue Hire @ £55 per hour	£110
Staff	Football Coach @ £30 per hour	£60
Total		£340

## Section 5 - Supporting Documents and Consent

### Supporting Documents

Please attach your supporting documents to your email or paper application.

*All applicants will need to supply some, if not all, supporting documents. No matter the group, a Risk Assessment is a good idea to help reduce impact of risks and the unexpected.*

You will need to include:

- Proof of address, e.g. a copy of a utility bill with your name and address on it.
- Photo ID, e.g. a copy of a driving licence or passport.
- A copy of a bank statement with the account details of where to pay funds, if your application is successful.
- A copy of your Enhanced DBS, if your activity involves working with children and or vulnerable adults
- A copy of a Risk Assessment completed for the required activity.

If for any reason you are not able to provide one of the required documents, please supply a document explaining why you do not have it.

## 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)

We'd like to keep you updated on future funds and activities. Please tick if we can add you to the EGCT Mailing

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: