Preview of EGCT Community Grant Fund Application Form Questions

Section 1: Applicant Details

(Please note that if you have previously applied for a grant from us and didn't provide the required monitoring report then you will sadly not be able to reapply)

Main Contact Person's Name *

First Name

Last Name

Main Contact Person's Email *

example@example.com

Main Contact Person's Phone Number *

00000 000 000

Please enter a valid phone number.

Are you a resident of Ebbsfleet Garden City development sites or the surrounding neighbourhoods? *

Please Select

(Castle Hill, Weldon (Ebbsfleet Green), Springhead Park, Cable Wharf, Ashmere, Alkerden, Ebbsfleet Cross, Knockhall, Northfleet, Springhead, Rosherville, Swanscombe or Greenhithe)

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

If you are applying on behalf of an organisation, what is the organisation's name?

Charity/Company Number (if applicable)

Organisation's connection to Ebbsfleet? (if applicable)

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

Please Select

If yes, please give details here:

Project Title *

What exactly will your project be doing/delivering? *

(Please remember that we cannot fund any activities involving party politics, exclusively religious activities or commercial ventures)

How will your project improve community cohesion / health & wellbeing for local residents? *

Which categories will your project address? (Please select all that apply) *

- [ ] 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

Who will deliver this project and what experience do they have? *

Start Date *

MM-DD-YYYY

Please note that all funded events/activities must be scheduled to happen at least four weeks after the next grant round application closing date. See www.egctrust.org.uk/communityfund for upcoming deadlines)

End Date

MM-DD-YYYY

If your are seeking funding for a one-off event, please put the same date for the start and end date.

How many people do you expect to directly benefit from this activity? *

e.g., 23

We appreciate this can be hard to predict accurately.
Please give us a realistic estimate.

How many of these people do you expect to be adults?

e.g., 23

How many of these people do you expect to be children under 18?

e.g., 23

Where do you expect your project's target beneficiaries be living? Tick all that apply: *

- [ ] Castle Hill
- [ ] Weldon (Ebbsfleet Green)
- [ ] Springhead Park
- [ ] Cable Wharf
- [ ] Ashmere
- [ ] Alkerden
- [ ] Ebbsfleet Cross
- [ ] Knockhall
- [ ] Northfleet
- [ ] Springhead
- [ ] Rosherville
- [ ] Swanscombe
- [ ] Greenhithe

TARGET BENEFICIARIES - If your project is open to all residents please select "Open to all" from the list below. Or if you are hoping to reach a particular group of people, please select from the list below: *

- [ ] Open to all
- [ ] Black, Asian and minority ethnic
- [ ] Carers
- [ ] Children and young people
- [ ] Women
- [ ] Men
- [ ] Ex-offenders/offenders/At risk of offending
- [ ] Families/Parents/Lone parents
- [ ] Homeless people
- [ ] Long-term unemployed
- [ ] Local residents
- [ ] Lesbian, gay, bisexual and transgendered groups
- [ ] Not in education, employment and training (NEET 16-24)
- [ ] 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
- [ ] People with physical difficulties
- [ ] Victims of crime/violence/abuse

ETHNICITY - Please select the ethnic group(s) most likely to benefit from your activity. Select 'All Ethnicities' if there is no specific target ethnic 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
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Asian and White
- [ ] Asian and Asian British
- [ ] Other Asian
- [ ] All Ethnicities

AGE GROUPS - Please select the age group most likely to benefit from your activity. Select 'All Ages' if there is no specific target age group *

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

How will you ensure that diverse residents of different backgrounds and accessibility needs are able to get involved? *

If under 18s or vulnerable adults will be attending your project, what safeguarding measures will you put in place? *

If you are applying as part organisation, you can attach their safeguarding policy at the end of this form.

How will you protect the health and safety of your project attendees? *

Please note that there is an option to attach a risk assessment on the final page of this application form.

How will you make sure your project is as eco friendly as possible? *

Total Project Budget *

e.g., £500

This should include the full project costs including the amount you are requesting from EGCT plus any match funding from other sources.

Total Grant Amount Requested from EGCT Community Fund *

e.g., £500

REMINDER!

If you are purchasing equipment or services over £200, please upload the quote(s) at the end of this application form. We want to see that you have shopped around to find the best value options.

Please also remember that we can't fund any retrospective purchases that you bought before the date of our grant offer letter.

Project Budget Breakdown *

Category*	Details*	Total amount needed* for whole project	Amount requested fr * om this grant
Venue hire		10	10

+ Add Row

If your project is going to cost more than the requested grant amount from EGCT Community Fund, please explain how you will secure enough match funding to cover the difference:

Section 6: Marketing and Evaluation

MARKETING— How will you spread the word about your funded event/activity? *

- [ ] Social Media
- [ ] Website
- [ ] Newsletter
- [ ] Email Database
- [ ] Text/SMS
- [ ] Whatsapp
- [ ] Posters
- [ ] Flyers
- [ ] Word of Mouth
- [ ] Via other Groups/Organisations

EVALUATION - You will need to complete an Evaluation Form at the end of your project. What method/s will you use to evaluate your activity? *

- [ ] Feedback/Comments Form
- [ ] Photographs
- [ ] Testimonals
- [ ] Survey/Questionnaire
- [ ] Other

If other, please state.

Section 7: Previous Grant Details

Have you previously received a grant from EGCT Community Fund? *

Please Select

If you previously received a grant from us for the same project, what is your fundraising strategy going forward?

EGCT has to give priority to new applicants and can't commit to funding activities ongoingly. Have you thought about charging a participation fee or researched other funding opportunities that could sustain your project in the longer term?

If you have received a grant from us in the past, please tell us when you submitted your last due monitoring report?

Please Select

Section 8: Supporting Materials

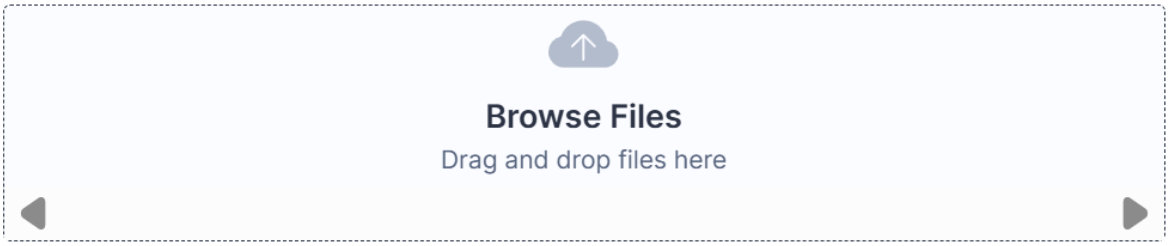
Please upload the following documents and clearly label each document with your name and a short description of what it is (e.g. 'John Smith, bank statement'):

1. Photo ID, e.g. a copy of a driving licence or passport
2. Proof of address, e.g. a copy of a utility bill with your name and address on it
3. Proof of bank account where funds are to be deposited.
4. Quotes for equipment or services over £200 to show you shopped around for best value options.
5. A copy of your organisation's safeguarding policy (if necessary)
6. A copy of a risk assessment (if necessary)

If you have previously applied to the Community Fund within the last 18 months, there is no need to resend us documents numbered 1, 2 or 3 from the list above.

Please contact communityfund@egctrust.org.uk if you need advice about what to include.

File Upload *



Section 6: Declaration and Consent

*

- [ ] I confirm that the information given on this application form is true.
- [ ] I confirm that I have attached all required supporting materials.
- [ ] I understand this data will be stored and processed in accordance with GDPR.
- [ ] I confirm that I will spend any awarded grant for the purposes described in this form only.
- [ ] I confirm that I will submit any required monitoring reports if funding is awarded to me.
- [ ] I confirm that, if my application is successful, I am willing to take part in, where appropriate, any publicity activities. (This will not affect your application outcome)
- [ ] Please tick this box if you wish to receive updates from the Trust about Ebbsfleet Garden City

Name of Signatory *

First Name

Last Name

Signature *

Powered by Jotform Sign

Date of Submission *

DD/MM/YYYY

Date