**Greater Together Foundation Community Resilience Fund 2023/24**

**Application Form**

* Preference will be given to those organisations that clearly demonstrate that they are supporting Great Places customers and the local community where Great Places has high densities of stock.
* Funding must be spent by **31st December 2024**

|  |  |
| --- | --- |
| Organisation name |  |
| Organisation registered address |  |
| Website |  |
| Postcode |  |
| Charity Number if applicable |  |
| Legal entity; other e.g., Community Interest Company  |  |
| Number of paid staffNumber of volunteers |  |
| Name of applicant representing group |  |
| Address if different |  |
| Position in organisation |  |
| Contact Number |  |
| E mail |  |
| Are you authorized to apply on behalf of your organisation | Yes / No |

Please provide an overview of how you feel your organization or service can provide support to people with the cost of living as identified in the guidance themes. (Max 200 words)

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| --- |
| Please be clear on the evidence that you are basing your service on, and how the money will be spent. |

What outcomes do you expect to achieve and how will you evidence this? (Max 200 words)

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| Please refer to the guidance and clearly state the outcomes that you expect to achieve and how you will evidence this. |

How much funding are you applying for? (Max £10,000)

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| --- |
| Please provide a breakdown of costs where possible |

**Supporting Documents**

Please tick below to confirm your group or organisation has the following documents. These do not have to be submitted with the application form but may be requested by Great Places

|  |  |
| --- | --- |
| A constitution or governing document |  |
| A set of accounts |  |
| An equality and diversity statement |  |
| A Safeguarding Policy |  |
| Public Liability Insurance |  |
| Risk assessment of your proposed activities.  |  |
| Other information appropriate to the project e.g.: First Aid Certification, Health & Safety Training, Food Hygiene Certification, Disclosure and Barring Service (DBS) checks etc. |  |

**Next Steps**

Please return this application form and any supporting documents to **Kimberly.McBride@greatplaces.org.uk**

The information contained within this application is correct to the best of my knowledge.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_