**Winter Hardship Fund Application Form & Guidelines**

**Please use these guidelines to ensure you meet our criteria before you complete the application form.**

**Our Winter Hardship Fund**

We want to ensure that those charities who are providing essential services to residents in the Borough of Wokingham during this time are well supported.

**We are implementing a Winter Hardship Fund.**

This fund is specifically for those charities who are receiving increasing demand to frontline services as a result of the cost-of-living crisis.

We will consider all applications on their individual merits.

**Qualifying Criteria**

Please only apply if you meet the following criteria:

* The organisation must be a UK registered charity, not for profit organisation, a voluntary or community group, a social enterprise or community interest company
* Be able to provide up-to-date accounts
* Have a bank account in the name of the organisation
* The project/service takes place in our area of benefit or service users are predominantly residents of our area of benefit\*

**Key Grant Details**

Funding Criteria

|  |  |
| --- | --- |
| We fund-   * Running Costs * Salaries * Projects * Small capital expenditure | We **do not** fund-   * Replacement of statutory funding or curricular activities * Sponsorship of fundraising events or activities * Retrospective expenditure/funding * Development of financial reserves of your group * We do not fund projects that only support people of a single political, religious or ethnic persuasion   *Please note this list is not exhaustive* |

**Application Process**

The Winter Hardship Fund will be open for application until 1st December. Applications will be considered on receipt of a completed application form. The trustees will consider all applications carefully but are not able to commit to grant all applications received. The trustees’ decision on awarding grants is final. Those applications received by the 28th October will be reviewed and a decision made by 11th November.

Winter Hardship Fund funding can be considered in addition to our usual grant criteria, so if you have already received a grant from us in the last 12 months, we may still consider your emergency grant application.

**We have the right to close the Winter Hardship Fund without notice.**

**\*Where is included in your Area of Benefit?**

*Our area of benefit is the Borough of Wokingham.*

[Find your local council - GOV.UK (www.gov.uk)](https://www.gov.uk/find-local-council)

If you have any queries or need help with the application process, please contact our Grants Office by e mail:- [**grants@wokinghamunitedcharities.org.uk**](mailto:grants@wokinghamunitedcharities.org.uk)or telephone:- 0118 403 2980

**Data Protection**

In submitting this application, you are confirming you have the written agreement and permission of any individuals identified in your application to pass their personal information to Wokingham United Charities, who will hold and process their personal data in accordance with all current data protection legislation.

We will use this information only for the purposes of assessing your application, managing or monitoring any grant awarded, related administration or research purposes, and for sharing relevant information to other funding organisations to use in their own assessment of applications and managing or monitoring of grants awarded. Data may be retained for up to 6 years, in accordance with our data retention policies, after which time it will be destroyed.

We respect your privacy. The data will be stored and processed by us securely and in accordance with the privacy policy on our website [www.wokinghamunitedcharities.org.uk](file:///C:\Users\Janet\Dropbox\WUC%20Grant%20Committee\Grants\Grants%20Policies%20and%20Procedures\Application%20Forms\www.wokinghamunitedcharities.org.uk)

Wokingham United Charities may wish to contact you from time to time via post, email or call in relation to another opportunity that might benefit you or your organisation. (Such opportunities might include but are not limited to new grants scheme, vacancies at the Westende Almshouses or other relevant events to the local voluntary sector) please select yes or no below if you would be happy for us to contact you under these circumstances.

Please note we will not contact you with junk mail/spam, we will only contact you where we feel there is a legitimate interest to you or your organisation. You are also welcome to contact us at any time and retract permissions to contact you. Should you select not to be contacted then you and your organisation may miss out on a potential funding opportunity you might otherwise be eligible for. Please note selecting no will not affect the decision of this application.

Yes 🞏 No 🞏 (please tick as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| **A** | **Your Organisation - Required** | | |
|  | Name of Organisation: | | |
| Please provide website link: | | |
| Address:  Postcode: | | |
| Contact Name: | | Contact Phone No: |
| What type of Organisation are you?  Please provide Charity Number if applicable | | UK Registered Charity / Not for profit organisation / Voluntary or community group / Social Enterprise / Charitable Incorporated Organisation / Community Interest Company |
| **B** | **Effect of the cost-of-living crisis - Required** | | |
|  | *Briefly explain how the cost-of-living crisis has impacted your service.* | | |
|  | | |
| **C** | **How much do you need? - Required** | | |
|  | *Please give an explanation as to why you need this figure.* | | |
|  | | |
| Have you applied for emergency funding elsewhere? | | |
| *Please complete the below table for additional emergency funding* | | |
| **Funder** | **Amount requested** | **Status**  **(confirmed, pending, unsuccessful)** |
|  |  |  |
|  |  |  |
|  |  |  |  |
| **D** | **What will this allow you to do? - Required** | | |
|  | *What will this emergency grant enable you to do?*  *Who and how many will this allow you to help? Age/Demographic/Location* | | |
|  | | |
| **E** | **Case Study/Statistics - Required** | | |
|  | *Please provide case study and/or statistics to support your application for emergency funding* | | |
|  | | |
| **F** | **Organisation Finances - Required** | | |
|  | What is your organisation’s main source of income? | | *Fundraising / Contracts / Trading /*  *Investment / Service Charges* |
| For the last accounting / financial year, what was your total: | | Date of last financial year end: dd/mm/yyyy |
| Total Income (£) | |  |
| Total Expenditure (£) | |  |
| Total Surplus (or deficit) (£) | |  |
| *If you think that the balances at the end of this financial year will be* ***very different*** *from those shown in the last approved accounts, please give details* | |  |
| What is your organisations Reserves Policy? | |  |
| Total Current unrestricted Reserves  (or your current account balance) (£) | |  |
|  | What are your annual running costs? | |  |
| **G** | **Point of Contact Details** *Person completing the form on behalf of the organisation who we can contact for further information -* ***Required*** | | |
|  | Name: | |  |
| Position: | |  |
| Address for correspondence (if different from above): | |  |
| Telephone (daytime): | |  |
| Telephone (mobile): | |  |
| Email: | |  |
| How did you hear about our Emergency Grant Programme? | | Website/Facebook/Word of Mouth/Other  Please specify: |
| **H** | **Bank Details** | | |
|  | *Please provide bank details in anticipation of grant acceptance, please provide proof of the bank account e.g. paying in slip, bank statement or cheque.* | | |
| Bank Name | |  |
| Account Name | |  |
| Sort Code | |  |
| Account Number | |  |
| **I** | **Supporting Evidence - Required** | | |
|  | Before signing our declaration, please confirm the following:   * I have read the guidelines * I have answered all the questions * I have attached evidence of the bank account to receive grant payment if approved * I have attached a copy or link to latest Financial Accounts or Income and Expenditure | | |
| **J** | **Declaration - Required** | | |
|  | **I declare that the information provided is accurate and correct. I confirm that I am authorised to submit this application on behalf of the organisation making this application. I give permission for you to share this information confidentially with other agencies to help assess our application.**  If you would like Wokingham United Charities to keep you in touch with other aspects of the charity’s work, including vacancies at the Almshouses and grant opportunities, please tick here 🞏 | | |
| **Signature** |  | |
| **Date:** |  | |
| **Position within Charity:** |  | |

**The completed application form and accompanying paperwork should be submitted by email to**: [**grants@wokinghamunitedcharities.org.uk**](mailto:grants@wokinghamunitedcharities.org.uk)