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|  | **Logo, company name  Description automatically generated**  **UKRAINIAN REFUGEE INTEGRATION FUND**  **RE-APPLICATION FORM**   * Please ensure you familiarise yourself with the Guideline before completing the application form. They can be found at [www.lincolnshirecf.co.uk/grants/urif](http://www.lincolnshirecf.co.uk/grants/urif) * Please ensure when submitting the completed application form, you have included copies of the documents outlined in the ‘supporting documents’ section, as without these, the assessor will be unable to properly process your application. * If your group has already received funding from this program, submitted a satisfactory Impact Report, and wishes to re-apply, you do not need to fill out a complete application form. Instead, complete this condensed version and provide us with your governing document, updated management committee details (if changed since your last application), latest Income and Expenditure Accounts, and a detailed cost breakdown with supporting evidence, if necessary. For any queries, please contact Sue Fortune at 01529 305825 or email [sue@lincolnshirecf.co.uk](mailto:sue@lincolnshirecf.co.uk).   **SECTION 1 – ABOUT THE APPLICANT** |

* 1. Name of your organisation
  2. Organisation Address details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | |  | | |
| Address | |  | | |
| Address | |  | | |
| Post Town | |  | Post Code |  |
| Main Phone | |  | Email |  |
| Web Address | |  | | |
| ***Main contact person*** | | | | | |
| Title:  (please circle) | | Miss / Ms / Mrs / Mr / Other | | | |
| Name: | |  | | | |
| Position: | |  | | | |
| Address: | |  | | | |
| Telephone: | |  | | | |
| Mobile phone: | |  | | | |
| E-mail: | |  | | | |

**1.3** Please let us have an update about how your organisation has continued to help Ukrainian refugees including existing and emerging support needs. You can also tell us about any new partnerships/connections you have made.

|  |  |  |  |
| --- | --- | --- | --- |
| **1.4** Tell us if you have received any additional funding since you last applied for financial support to this Fund. | |  | |
| Name of Funder | Reason for Grant | | Amount |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |

**SECTION 2 – ABOUT THE APPLICATION**

**2.1** What would you like to do with your grant? Please describe your project/activity and how it will continue to benefit Ukrainian refugees ensuring you have budgeted all staff costs at the Living Wage.

|  |
| --- |
|  |

**2.2** Is this project for (please click one):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| New work |  | Expansion |  | Existing work |  |

**2.3** Are you aware of any project/group who are delivering a similar service in your area?

Yes/No

If so, please confirm you will be working in partnership or alternatively how the services differ.

**2.4** Please give us the timescale of your project

|  |  |  |  |
| --- | --- | --- | --- |
| Start spending funds |  | Finish spending funds |  |

**2.5** Please tell us about the Ukrainian refugees you support and the issues they face. (eg access to work, ESOL, lack of facilities, mental health & wellbeing, lack of opportunity).

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| --- |
|  |

**2.6** Please outline the benefits and outcome you expect to achieve and explain how you will measure and report on the positive changes as a result of the funding. What difference will the project make to refugees?

|  |
| --- |
|  |

**2.8** Will the project continue after the funding ends? If it will, how will it be funded?

If not, why not? Will the effects of the project be felt in the longer term?

|  |
| --- |
|  |

**SECTION 3 – PROJECT BENEFICIARIES**

* 1. Approximately how many people currently benefit from the service/activities you provide?

**3.2** Will this number increase if you receive funding? If yes, by how many?

* 1. Primary beneficiaries

Enter into the box below a single option from the list below. This should represent the primary beneficiary group who will benefit from this grant

Other Beneficiary groups who will benefit, (please tick all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Children & Young People |  | Men |  | People with mental health disabilities |  |
| Older People |  | People in Rural Areas |  | People with physical disabilities |  |
| Women |  | People in urban areas |  |  |  |
| Others (please state): |  | | | | |

**3.3** Primary Age group

Enter into the box below a single option from the list below. This should represent the primary age group that will benefit from this grant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Early Years (0-4) |  | Young People (13 – 18) |  | Adults (26 –64) |  |
| Children (5 – 12) |  | Young Adults (19 – 25) |  | Seniors (65+) |  |

**3.6** Do you charge for the services you provide? If yes, how much per session?

**SECTION 4 – PROJECT BUDGET**

|  |  |
| --- | --- |
| **4.1** How much money are you applying for? |  |

**4.2** Please provide details of costs for your project. If any of your costs do not fit into these headings please list them in “other costs”. Tell us in the “description of costs” column what each item is and how much it is costing. **Please give a full and detailed breakdown of all costs. General Figures may delay the processing of your application.**

|  |  |  |
| --- | --- | --- |
| **Type of cost** | **Description of cost** | **Total cost £**  **(incl. VAT)** |
| **Staff and volunteer costs**  e.g. salaries, Have you budgeted all staff costs at the Living Wage? |  |  |
| **Operational/activity costs**  e.g. equipment or venue hire  food/refreshments  childcare |  |  |
| **Office, overhead, premises costs**  e.g. rent  postage  telephone/IT  heating/lighting/water |  |  |
| **Capital costs**  e.g. equipment costs |  |  |
| **Publicity costs**  e.g. designing and printing publicity  material |  |  |
| **Other Costs**  (please specify) |  |  |
| **Total** |  |  |

**4.3** If the total of you project budget is higher than the amount requested, how much has been raised so far?

|  |  |
| --- | --- |
| Total cost of your project | £ |
| Amount requested from us | £ |
| Balance | £ |

How has the balance been raised?

**SECTION 5 – BANK DETAILS**

|  |  |
| --- | --- |
| Account Name: |  |
| Bank / Building Society: |  |
| Bank / Building Society address: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sort Code: | | | | | |  | Account No | | | | | | | | |
|  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |

**How many cheque signatories are required?**

**SECTION 6 – SIGNATURE OF APPLICANT**

**Organisation Chair/Secretary/Treasurer/Director**

|  |  |
| --- | --- |
| Signature  *please sign* |  |
| Name  *please print or type* |  |
| Dated |  |

**SECTION 7 – ACCEPTANCE OF TERMS AND CONDITIONS**

*If offered grant aid you must agree to the following:*

* *We will use the information you have provided to process your application for a grant from us and to administer any grant we award.*
* *We may request evidence to confirm information given on this form, including obtaining information about you from other organisations to make sure the information is accurate; prevent or detect crime; and protect the funds we administer. These other organisations include local authorities, training providers, and the police.*
* *You will spend the grant within one year of its receipt or any other timetable set by Lincolnshire Community Foundation and use funds for the purpose they were approved and will notify us of any proposed material change to the project.*
* *If you do not spend all of the award on the eligible project or activities, you will be required to return the remaining amount to Lincolnshire Community Foundation.*
* *If you fail to advise us of the disposal of grant-aided capital items, we may require the grant to be returned.*
* *As a condition of making a grant we will ask you to complete a monitoring form.*
* *You will keep records of expenditure for at least seven years, which will be supplied to us if requested.*
* *To maintain adequate insurance cover with an insurer of good repute to cover claims under this grant or any other claims or demands that may be brought by any person suffering injury, damage or loss in connection with this grant.*
* *You comply with UK laws and meet Equal Opportunities legislation.*
* *The project complies with all legislation and adopts good practice in ensuring that safeguarding measures are in place including adopting relevant policies and procedures. We may ask you for a copy of these as part of the grants process.*
* *You will carry out the appropriate DBS checks where you work with young people or vulnerable adults.*
* *You will notify us if an allegation relating to child protection or health and safety is to be investigated or has been proved.*
* *The grant is a donation and we are not liable for the consequences of its use. We reserve the right to reclaim any money which has been paid as the result of fraudulent or misleading claims.*
* *Providing false or misleading information on their application or subsequent communications related to this fund could lead to funds being withheld or* subsequently *recovered. Civil or criminal proceedings may be considered in the event of non-compliance. Post grant award assurance work will be completed to discover and recover fraudulent funds.*
* *You will acknowledge Lincolnshire Community Foundation and Home’s for Ukraine Scheme on any publicity material you issue.*
* *If applicable, you will provide us with copies of relevant photos and press publicity which we may use.*
* *You will be willing to take part in, where appropriate, any publicity activities.*
* *You will disclose grants over £5,000 made to groups in our statutory accounts.*

**Checklist, have you enclosed:**

|  |  |
| --- | --- |
| This signed and completed application form |  |
| Any additional papers you used to answer the questions above |  |
| Your organisation’s set of rules/terms of reference/constitution |  |
| Names, addresses and roles of your management committee |  |
| Your last set of annual accounts and a copy of a recent bank statement |  |

**What next?**

Please ensure that you have completed all sections of the application form, have the enclosures ready (see the above checklist) and then send a copy *(electronically or in hard copy)*, together with the attachments to:

Sue Fortune

Lincolnshire Community Foundation

4 Mill House, Carre Street, Sleaford Lincs. NG34 7TW

T - 01529 305825

E – [sue@lincolnshirecf.co.uk](mailto:sue@lincolnshirecf.co.uk)