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| Cost of Living**Community Impact Fund**2024/2025**PREVIEW OF APPLICATION QUESTIONS****DRAFT** |

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| **Before completing your online application, you can use this form to prepare your answers.**  |
| 1. Do not submit this form as your application.
2. Applications must be completed online by clicking the ‘apply now’ button on the [Cost of Living Community Impact Fund website](https://www.dover.gov.uk/Community/Grants-Funding/Community-Grants-Scheme/DDC-Community-Grants.aspx).
3. Please be advised, when completing the online application form, each page will refresh after 60 minutes in compliance with data protection.

If you have any questions about the Cost-of-Living Community Impact Fund, please contact the Officer below:Contact Officer:Name: Elliott Allen (Community Services Team Leader)Email: CommunityGrants@dover.gov.uk |

| **Question** | **Response** |
| --- | --- |
| **Please confirm your *details***  |
| Organisation/Group Name |  |
| Name of main contact |  |
| Position/Role |  |
| Contact Address |  |
| Telephone |  |
| Email address  |  |
| **Please tell us about your project**  |
| What is the title of your project? |  |
| Where will your project take place?  |  |
| When will your project start? |  |
| When will your project end? |  |
| Overview of your project?  |  |
| *How has the cost of living affected the residents you would like to support?* |  |
| *How will your project support residents struggling with the cost of living?* |  |
| How many beneficiaries will your project have? |  |
| How will you measure your project achievements?  |  |
| What will happen to your project if this application is not successful?  |  |
| Does your project require any permissions?  | (Evidence of permissions can be uploaded if required). |
| **Please tell us your project costs** |
| What are your total project costs? | £ |
| (Row 1) Description of item/s |  |
| (Row 1) Cost | £ |
| (Row 1) Is DDC funding this | Yes / No  |
| (Row 1) If DDC isn't funding this item, how will it be secured? Is it secured? |  |
| The online form will provide multiple rows, for you to enter your costs.  |
| Please provide information of any other funding streams that are funding any part of this project |  |
| Please confirm how much are you applying for, from the Community Impact Fund? (£100-£2,500)  |  |
| **Please tell us about your Management Committee**  |
| (Row 1) Name |  |
| (Row 1) Position/Role |  |
| (Row 1) Date Elected (to this role) |  |
| (Row 1) Preferred Contact details (either phone or email) |  |
| The online form will provide multiple rows, for you to enter your Management Committee |
| **Please confirm your bank details**  |
| Name of Bank |  |
| Account Name |  |
| Account Number |  |
| Sort Code |  |
| **Please provide details of at least 2 signatories for this bank account** |
| (Row 1) Signatories |  |
| (Row 2) Signatories |  |
| Does your group have any other Bank accounts in its name? |  |
| If so what |  |
| What is the annual turnover of your organisation/group? | £ |
| What are your core operational costs during one full year?: | £ |
| What are your current restricted reserves? | £ |
| What are your current unrestricted reserves? | £ |

END