

SUPPORTING COMMUNITIES FUND

Community Responses to Covid-19

FUNDING REQUEST FORM

Fund administered and distributed locally by

Voluntary Action Badenoch & Strathspey (VABS)

on behalf of Scottish Government

and Highlands and Islands Enterprise



**1. ORGANISATION/GROUP DETAILS**

|  |
| --- |
| Name of your organisation/group:  Date it was set up:  Address and postcode of organisation/group:  Phone Number:  E mail:  Main contact name:  Contact’s position/role in the organisation/group: |

**2. LEGAL STATUS OF YOUR ORGANISATION/GROUP**

|  |
| --- |
| Is your organisation/group…  Unconstituted   Constituted   Registered Charity   What is the usual role/purpose of your organisation/group? |

**3. COVID-19 RELATED ACTIVITY DETAILS**

|  |
| --- |
| Are you requesting funding for a new or extended activity since 16th March 2020? YES / NO  Please give us some details about your Covid-19 related activity |

**4. ACTIVITY COSTS**

What specifically will the funding be used for?

|  |  |
| --- | --- |
| Item Description | Cost |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **TOTAL COSTS** | £ |

|  |
| --- |
| Over what period do you anticipate this activity will take place? |
| Have you applied to any other funds, for this or similar activity? |

**5. BANK ACCOUNT DETAILS**

|  |
| --- |
| Name of Bank:  Address and postcode of Bank:  Account Name:  Account Number:  Bank Sort Code: |

**6. DECLARATION**

I declare that to the best of my knowledge, all information given on this funding request form is true and accurate and confirm that I have read the guidance notes and understand and accept the terms and conditions noted within them. I also understand that supporting information may be requested at any stage of the funded period.

*The data you have provided in the funding request and claim forms will be recorded on an electronic database and is subject to the Data Protection Act 2018.*

Under the current circumstances, an electronic signature will be accepted. If this is not available, then please print name.

|  |
| --- |
| Signed:  Position held: Date: |

**Please return this funding request form by email to Karen or Ann at VABS**

**Details below**

If you wish to discuss your funding request, with regard to eligibility or any other queries, please contact:

Karen Derrick

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