

**VCSE hardship support- application form**

With funding from Portsmouth City Council, HIVE Portsmouth can make awards of up to £5,000 to constituted VCSE groups and organisations that are experiencing hardship, to help support the work that you are doing across the region to address the cost-of-living crisis.

Funds can be considered to cover unexpected or increased costs associated with delivering your services including but not limited to:

* Risk of reduction in services
* Potentially having to reduce staff capacity
* Being unable to make payment on an increased or unexpected operational expenditure, for instance a utility bill

**To apply for these funds please complete the short form attached and return to** **info@hiveportsmouth.org.uk****. We will consider requests as they are received, and we will contact you if we require additional information. This is a limited fund and once it has been spent no further applications can be considered.**

Organisation

1. **Name of your organisation:**
2. **Contact details:**

**Contact names** (please provide the names of two people who are able to discuss the application).

 **Name:**

**Email:**

**Phone no:**

**Name:**

**Email:**

**Phone no:**

1. How would you describe your organisation? *(Please tick appropriate boxes)*

|  |  |  |  |
| --- | --- | --- | --- |
| Voluntary Organisation |  | Social Enterprise |  |
| Community Group |  | Charity Number (if applicable): |  |
| Registered Charity |  |  |
| Company Limited by Guarantee |  |  |
| Other (*please describe*) |  |  |

## In which areas of Portsmouth does your organisation work?

All of Portsmouth 🞏 Locality - specify postcode 🞏

1. Approx. how many people/members does your group/organisation help/support per annum?

**Information about the grant**

1. What do you want the funding for? Describe what it will be used for. (Max 300 Words)

## How much funding do you require?

##  What would be the outcome for your organisation if you did not receive this funding?

1. Please give a breakdown of the estimated costs you’re are seeking funding for below.

|  |  |
| --- | --- |
| **Cost breakdown** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total cost**  | **£** |

## We will consider requests as they are received, on a case by case basis and some financial information may be required.  We will contact you if we require additional information.

## Does your organisation have a bank account? If yes, please give details

Name of Account:

Bank Address:

Sort Code:

Account Number:

1. **Does your organisation have the following?**

*Please indicate yes, no, or n/a (not applicable) if, for example, you do not employ staff*

**Insurance/policy:**

|  |  |  |  |
| --- | --- | --- | --- |
| Public Liability Insurance |  | Employers Liability Insurance |  |
| Professional Indemnity Insurance |  | Safeguarding |  |

**DECLARATION**

**Signature required (must be a member of the management committee)- these can be scanned signatures so that your application can be submitted by email.**

**Declaration: I confirm that the information provided is true and that my organisation has charitable aims and objectives and is a not-for-profit organisation:**

**Signed: Date:**

**Position in Organisation:**

Please return your completed application to info@hiveportsmouth,org.uk

After funds have been allocated, we will ask you to provide feedback giving information of what you have been able to do with this resource and some general information around your service. Please confirm that you will be happy to do this.

**Signed: Date:**

**Position in Organisation:**

**HIVE Portsmouth is a registered charity in England and Wales (1189067) and a company limited by guarantee registered in England and Wales (12064936)**