**Please read the Information and Guidance Notes before completing the EOI Form.**

**Please complete the declaration on Page 2.**

|  |
| --- |
| **1. CHARITY DETAILS** |
| Registered Charity Number |  |
| Date established as a charity |  |
| Charity Name (legal name of charity) |  |
| Charity Address |  |
| Post Code |  |
| Phone |  |
| Email Address |  |
| Website |  |
| Social Media (Twitter, Facebook, other) |  |

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| **2. EMERGENCY FUNDING REQUEST** |

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| --- | --- |
| How much funding are you requesting (£)Please enter just numbers to the nearest pound |  |

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| --- |
| Please provide breakdown of costs? |
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| --- |
| What is the funding for?Please explain the community / social need you have identified and describe the activities you plan to run |
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|  |  |
| --- | --- |
| Is this funding request to support existing or new work? | Existing [ ]  New [ ]  |

|  |  |
| --- | --- |
| Estimated number of people who will benefit?Please just enter a number rather than commentary |  |

|  |  |
| --- | --- |
| Have you applied for or are you intending to apply for or have you received help for this COVID 19 related purpose from any other source? | No [ ]  Yes [ ]  |
| Please give details. |
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| Please describe the difference you will make (outcome) with this funding and how you will know it worked |
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| **3. SUPPORTING DOCUMENTATION** |
| Please confirm the charity has the following documentation (copies not required at EOI stage):[ ]  Confirmation of Charitable Status[ ]  Governing Document [ ]  Trial Balance & / or (un) audited accounts – whichever is the most up to date[ ]  Copy of recent bank statement |
| **4. CONTACT DETAILS** |
| **Main Contact** – this is the person who will be the main contact for the application |
| Title |  |
| Full Name |  |
| Your position in the charity  |  |
| Telephone Number |  |
| Email Address |  |
| **Organisation Contact** – this person must be a member of the Board or Management Committee and must be an authorised signatory for the charity and must be different from the main contact |
| Title |  |
| Full Name |  |
| Your position in the charity  |  |
| Telephone Number |  |
| Email Address |  |

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| **DECLARATION** |
| By submitting the EOI electronically, I confirm the following:[ ]  To the best of my knowledge, the information given on this form gives a true and accurate account of this charity's work and needs[ ]  The charity has the appropriate insurance and relevant policies and procedures in place for this work[ ]  The details obtained about the charity through the Expression of Interest can be passed between the other funding bodies including Government of Jersey |

**Please submit the completed form by email to** **jerseyfunders@gmail.com**

**Data Privacy Notice**

This information is being collected by Lloyds Bank Foundation for the Channel Islands on behalf of the Jersey Funders Group.

We will capture and store the name, position in the charity, telephone and email contact of your main contact and organisation contact. This data will be used to support the Expression of Interest process, to notify the charity of the outcome of the Expression of Interest and grant assessment, and if successful to discuss grant monitoring and reporting, and PR and marketing. Your data will be used only for the purposes specified.

The data will be held on our database and will be kept for a period of 7 years (plus the duration of your grant period if your application is successful).

Under the General Data Protection Regulations, you have the right:

- of access to your personal data (if anything is inaccurate or incorrect, please let us know and we will correct it);

- to have your data expunged from our database

For further information (including details on how to request a copy of your information) or to make a complaint about our use of your data, please contact jerseyfunders@gmail.com