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| **North Somerset Together (NST) Network Volunteer Fund Application** | | | | | | | | | | | | | | | | | |
| This form is for organisations seeking regular or one-off funding for the support of local people and volunteers in response to the Coronavirus (COVID-19) outbreak through VANS / Quartet Funding.  Please email completed forms to [**info@vansmail.org.uk**](mailto:info@vansmail.org.uk)for the attention of Claire Payne | | | | | | | | | | | | | | | | | |
| **Organisation Name:** | | | | |  | | | | | | | | | | | | |
| **Your Name:** | |  | | | | | | | **Role Title:** | |  | | | | | | |
| **Organisation Email Address:** | | | | |  | | | | | | | | | | | | |
| **Organisation Contact Number:** | | | | |  | | | | | | | | | | | | |
| **North Somerset Together (NST) Network Volunteer Fund Criteria:** | | | | | | | | | | | | | | | | | |
| **Your organisation must:** | | | | | | | | | | | | | | | | | |
| * Be providing support directly benefitting local residents who are in need during Coronavirus | | | | | | | | | | | | | | | | |  |
| * Be either volunteer led or volunteer supported | | | | | | | | | | | | | | | | | **☐** |
| * Have a UK bank account | | | | | | | | | | | | | | | | | **☐** |
| * Be unconstituted (as at 1st April 2020) | | | | | | | | | | | | | | | | | **☐** |
| * Not already be in receipt of a grant of £2,500 or above from the Quartet NSCP Fund, or a grant from the Quartet Express / Response Grant Fund | | | | | | | | | | | | | | | | | **☐** |
| * Not have a regular source of income that could provide volunteering or care package costs | | | | | | | | | | | | | | | | | **☐** |
| * Be part of the North Somerset Together Network, or be able to provide evidence of Covid-19 Relief efforts benefitting local people who are in need | | | | | | | | | | | | | | | | | **☐** |
| * Fully complete and return the claim form on a weekly basis where a claim is being made | | | | | | | | | | | | | | | | | **☐** |
| * Provide receipts (or copies) for all claims, except volunteer mileage | | | | | | | | | | | | | | | | | **☐** |
| * Only claim for volunteer related costs, food / care parcels | | | | | | | | | | | | | | | | | **☐** |
| * Pre-agree any other costs with VANS in advance of submitting a claim | | | | | | | | | | | | | | | | | **☐** |
| * Retain any original receipts until at least June 2021 | | | | | | | | | | | | | | | | | **☐** |
| * Not be a Parish or Town Council. Quartet welcome funding bids directly from Parish and Town Councils | | | | | | | | | | | | | | | | | **☐** |
|  | **I confirm that I have read and understood the application criteria.**  **This organisation meets the requirements as stated above.** | | | | | | | | | | | | | | | | |
| **Signature:** |  | | | | | | | | | **Date:** | |  | | | | | |
| **Bank Details for receipt of funds** | | | **Sort Code** |  | |  |  | **Account Number** | |  |  |  |  |  |  |  |  |
| **Account Name:** | | |  | | | | | | | | | | | | | | |