**Before completing this form…**

Please note, only a small number of Kent Community Foundation (KCF) funds offer support to individuals or families experiencing financial difficulties. Funds are always open and you can submit nominations year round. Once we have all the information we need from you, we aim to award grants within 4-6 weeks.

* KCF is only able to consider individual cases **if nominated by a qualifying organisation or professional** (if you would like to discuss who is able to nominate, please get in touch before completing the form).
* KCF will contact the nominator directly to supply any further information required.
* There must be a demonstratable financial disadvantage underlying the request (e.g. the family are reliant on benefits or out of work for whatever reason).
* **The nominated individual must not be paid the grant direct.**

**Before continuing, please confirm the following…**

**The individual or family being nominated is a resident of Kent or Medway**

Yes:  No:

*If no, KCF is unable to support your nomination as our funds can only cover residents of Kent and Medway. Please contact your* [*local Community Foundation*](https://www.ukcommunityfoundations.org/our-network) *that could possibly assist.*

**Are you nominating an individual or family?**

Individual:  Family:

**Do not print and complete the form by hand as KCF cannot accept handwritten nominations. In these circumstances KCF will have to contact you to resubmit the form and this will delay your nomination.**

**All nominations must be submitted by email to:** [**individuals@kentcf.org.uk**](mailto:individuals@kentcf.org.uk)

**TO BE COMPLETED BY NOMINATING PROFESSIONAL**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 1: Individual / Family Details** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Name of Individual / Family applying for a grant:**

**Family / Household Members:** *names of others in household (& their ages if under 18)*

**Address of Individual / Family:** *(to confirm grant recipient is Kent-based)*

**Individual / Family contact phone number:**

**Individual / Family contact email:**

**Age of Individual applying for a grant:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 2: Nomination Details  
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**Please describe the Individual / Family circumstances including information on their financial situation (e.g. employment and / or benefits in receipt of) and health/disability (e.g. diagnoses) and how it affects them:**

**Please describe what the funding is for and how the Individual / Family can be helped / will benefit from receiving the award:**

**How much are you applying to Kent Community Foundation for?**

Amount requested £

Total cost of item/service £

Have you got quotes to supply, to support the requested? Yes:  No:

*If yes, please include the relevant link or confirm how this will be sent to KCF*

*If no, please note KCF will be requesting evidence to confirm the costs. This is part of the due diligence process completed on all applications. If you are unable to supply a formal quote, a screenshot or a relevant website link are also acceptable by email with the nomination form.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 3: Declaration and Statements of Understanding** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**By submitting this form all parties agree to the below statements of understanding:**

1. *Decisions to award grants may take up to six weeks, so if any circumstances change during this time you must contact KCF.*
2. *Your application will be delayed if key information or supporting documents are missing on submission.*
3. *Grants cannot be awarded to reimburse for items / services already purchased by the family or nominator.*
4. *Grants will be paid to the nominating organisation to purchase items / services on the nominee’s behalf. If this is not possible, grants will be paid by KCF directly to the supplier of the relevant service/product. Unless agreed with KCF,* ***the nominated individual must not be paid the grant direct****. This is only possible under very exceptional circumstances and only after discussion and approval by KCF.*
5. *Funds must be spent in accordance with the original nomination. If plans change nominators must contact KCF for approval, prior to using the funds.*
6. *For all monies spent, receipts must be retained and nominators must provide these upon request.*

**Data Protection**

The information you provide will be securely stored and used only to process this grant application and obtain feedback on a successful grant. No personal or sensitive data will ever be passed on to third parties for marketing. Information about grants will be anonymised by omitting surnames when being passed to panels/donors for decisions on awards. Unsuccessful applications for individual funding are regularly deleted from KCF’s system. Please read KCF’s [privacy policy](https://kentcf.org.uk/privacy) for more information on how we handle your data. Once a nomination form has been submitted, the nominee can request a copy of any nomination information held by KCF that relates to them by emailing [admin@kentcf.org.uk](mailto:admin@kentcf.org.uk)

**Nominating Professional**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organisation:** |  | **Your Name:** |  |
| **Address:** |  | | |
| **Email** *\*required\** |  | **Your Role:** |  |
| **Telephone:** |  | **Relationship to nominee(s)** |  |
| In addition to the above, I understand that by completing this form I am acting as a referee for the Individual/Family named above and I will be the contact with KCF for any additional information required and / or if the application is successful. I confirm that the details contained in this application are true to the best of my knowledge.  **Signed:** | | | |

**Nominated Individual/Family**

This declaration needs to be signed by the nominated individual (nominee), or by a parent/guardian or carer if the nominated individual is under the age of 18 or does not have the capacity to sign for themselves.

|  |  |
| --- | --- |
| I confirm the information provided in this form is true and accurate and the request fits my needs. I consent to these details being held in KCF’s digital files (and other systems) and used by them in considering and discussing the application with any relevant fund-holder/grant-making panel. I am also aware that KCF may contact individuals and families whose grant nominations are successful. | |
| **Signed:** |  |
| **Name:** |  |
| **Relation:** *if not nominee e.g. parent* |  |
| **Email:** |  |
| **Phone:** |  |
| **Date:** |  |

***Signing this form.*** *If this form cannot be signed in person (physical signature) by the nominee, we can accept electronic signatures - trusting that* *the person named is fully aware of the content of the form. Alternatively, when you (the nominator) email KCF the completed nomination form you can also attach / forward any email correspondence you have had with the nominee showing they have read the form and agree to it being submitted on their behalf. Where neither of these options are possible, please email* [*individuals@kentcf.org.uk*](mailto:individuals@kentcf.org.uk) *to discuss other options.*

**All nominations must be submitted by email** to [individuals@kentcf.org.uk](mailto:individuals@kentcf.org.uk)**.**

If you are unable to send the form electronically, please do get in touch to discuss next steps.

Tel: 01303 814500 Registered Charity No. 1084361

For a copy of our Complaints Policy, please [contact us](mailto:admin@kentcf.org.uk)