Financial Hardship (COVID-19) Terms and Conditions

& Application Form

The Hardship Fund is a discretionary source of financial help available to  
all who belong to Girlguiding Essex North East.

The aim of the fund is to help units, districts, divisions and individuals who are having difficulties in paying

1.     Annual Subscriptions  
2.     Unit activity resources

3. Rent

4. Debt

Payments from the fund are discretionary and if awarded do not need to be  
repaid.

* Each application will be considered by the finance committee
* An application will need to be countersigned by your commissioner
* Financial support will only be given to units who have submitted account information for the last financial year
* A copy of current unit accounts and an up-to-date bank statement will be a requirement
* All applications will be confidential

Finance:

The hardship fund will be funded from Girlguiding Essex North East & an Anglia Region grant.

Name of Applicant ……………………………………………………………………………………………………………………

**Application for a Grant from the Hardship Fund**

Applicants Membership number ………………………………………………………………………………………………

Name of Unit/district/division…………………………………………………………………………………………………

Address……………………………….............................................................................

Telephone No. …………………………………………………………………..……………………………………………………

Email………………………………………………………………………………..………………………………………………………

Please give a brief description of the reason for this application and what the grant will be used for:

Have you received any financial support from anywhere else? If yes, please state where and the amount

Total amount requested ………………………………………………………………………………………………………….

Does your Unit/District/Divisions do Gift Aid ……yes/no…………

If No would you like help to set this up …………………………………………………………………………………

Were last year’s subscriptions paid on time?.........................................................

Please send a copy of your last year accounts (even if not yet checked) and a recent bank statement.

SIGNED……………………………….....................................Leader Date…………………….

COUNTY/DIVISION/DISTRICT COMMISSIONER

I am aware of this application and support the request for consideration by the Financial Hardship Fund group.

Commissioner Name……………………………………………………………………………………………………………..

SIGNED………………………………...................................... Date………………………………………

Please email to the County Commissioner or post to the County Office marked confidential for the County Commissioner.

Email: [countycommissioner@girlguidingessexne.org.uk](mailto:countycommissioner@girlguidingessexne.org.uk)

Post: Girlguiding Essex NE, County Office, Unit 7 Park Farm, Inworth, Colchester Essex CO5 9SH