

**Essex County Council**

**Learning Disabilities and Autism Business Grant Funding Scheme**

Expression of Interest (EoI) Form

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| **Key things to remember** |
| Please complete and send the expression of interest form as a word attachment to BusinessGrants@essex.gov.uk  |

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|  | **Organisation Details** |
|  |  |  |
|  | Name of Organisation |  |
|  | Project name |  |
|  | Full name of main contact person |  |
|  | Job title / role in the organisation |  |
|  | Phone No(s) |  |
|  | Email address |  |
|  | Organisation Postal address |  |
|  | Post code |  |
|  | Primary project delivery area (town/district/borough)  |  |
|  | Organisation website (if applicable)  |  |
|  | Type of organisation *(delete as applicable)* | Community group Voluntary organisation Community Interest Company Social Enterprise Other (please state) |
|  | How many people are involved in running your organisations or group?  | *(Management Committee / Volunteers / Paid staff, their roles & hours)* |
|  |  |  |
|  | **Grant Information**  |
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| Please describe the nature of the business *(max 400 words*) | *Guidance: Briefly describe here the nature of the business, how long you have been operational, your aims, your product/service and your target audience.*  |
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| How much money are you applying for?  | *Guidance: Proposals should not exceed £25,000, this is a maximum, costs should be reflective against the proposed outcomes and the types of direct costs you will incur in order to deliver the project.*  |
|  |  |
| Please describe what the funding will be used for *(max 400 words*) | *Guidance: Briefly describe here what the grant funding will be used for (**i.e. staff costs, building costs/adaptations, equipment, training, uniforms, materials,* *expenses, and marketing)*  |

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| Signature |  |
| Job title |  |
| Date of submission |  |