**DEFRA Grant 21-22 Application Form**

**Community Food Poverty Provision Fund**

**(Up to £5,000)**

*Please complete all sections of the application form. If your application is incomplete this will delay the processing of your application and it may be returned to you. Action Together, on behalf of the funders, reserve the right to check on the eligibility of groups applying for a grant and, therefore, may ask for extra information.*

**Section 1: Organisational details**

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| * 1. **Contact details** | |
| **Name of organisation:** |  |
| **Main contact:** |  |
| **Position in the group:** |  |
| **Contact address for the group:** |  |
| **Contact Tel:** |  |
| **E-mail:** |  |
| **Website:** |  |
| **Facebook:** |  |
| **Twitter:** |  |
| * 1. **What is the legal / charitable status of your group?** | |
| **Charity**  **Company limited by guarantee Company number ……………….**  **Charitable Trust**  **Community Association**  **Community Interest Company Registered number …………….**  **Constituted Group**  **Co-operative**  **Friends Society**  **Registered Charity Registered number ……………….**  **Charitable Incorporated Organisation**  **Not Constituted**  **Social Enterprise** | |

**Section 2: Project Details**

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| **2.1 What is the name of the project or activity you are seeking funding for?** | | | | | |
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| **2.2 Grant Priorities**  Please tick/cross which of the below the grant will be used for (you can tick more than one). | | | | | |
| Food: The cost of purchasing, preparing and cooking food. | | | | |  |
| Logistics: Transportation/delivery/storage of food and essential items, purchase of parcels/containers for food supplies or meals. | | | | |  |
| Essentials: The costs of any proposed essentials to support those most in need, such as toiletries/hygiene and cleaning products/baby products/pet essentials. | | | | |  |
| Partial rent: Some of the cost of using premises to deliver the Project. | | | | |  |
| Publicity Production of a leaflet or newsletter to advertise the activities the Recipient is undertaking. | | | | |  |
| Expenses, travel, parking or similar costs incurred by volunteers delivering help, support or assistance. | | | | |  |
| Training: Necessary courses that the Recipient intends to offer volunteers to deliver the Project. | | | | |  |
| Equipment: Essential equipment specific to the delivery of the Project. | | | | |  |
| Administration Membership costs (for Fare Share as an example), general costs of running the Project. | | | | |  |
| **2.3 What is the main aim of your project / activity and how will you achieve it?**  *What are you trying to achieve, who will benefit and how will you do it?*  (max 300 words) | | | | | |
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| **2.4 Where will your project be delivered within the Tameside area?** | | | | | |
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| **2.5 Will you be working in partnership with other organisations? Yes / No**  If yes, please list your partners and what role they will have in the project. | | | | | |
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| **2.6 How many people do you expect will benefit from your project / service**? | | | | | |
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| **2.7 Timescales – when will your project start and finish?**  The start date should be within four months of your application. | | | | | |
| **Start:** |  | **End:** |  | | |
| **2.8 Monitoring and Evaluation**  You must provide a breakdown of:   * The total number of people helped * The number of families supported * The number of individuals supported * The total number of people supported from each of the four neighbourhoods below -  1. *Ashton-Under-Lyne* 2. *Denton, Audenshaw or Doylsden* 3. *Dukinfield, Mossley or Stalybridge* 4. *Hyde, Hattersley or Longdendale*   You must also provide the below information of additional equalities reached:   * Number of people supported with disabilities/learning difficulties * Number of people supported from LGBTQ+ communities * Number of people supported from communities experiencing racial inequalities * Number of older people supported (over 50)   **You must tick the below to be considered.** | | | | | |
| I agree to collect and provide the above information to Action Together when requested. | | | |  | |

**Section 3: Financials**

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| **3.1 Please provide a detailed breakdown of how you will spend the grant** | | |
| **Budget heading**  (e.g. Equipment, salary, etc) | **Breakdown of activity and costs**  (how have you worked out your costings?) | **Amount requested £** |
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| **TOTAL** | |  |
| **3.2 Please provide details of any match funding or in-kind support that will also contribute to this project?** (please detail whether this is money or volunteer time (estimated equivalent £11.09 per/ hr – NCVO figures), rent free room hire, other resources) | | |
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**Section 4: Final questions**

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| **Does anyone on your management committee / board have a prior connection, affiliation or interest in Action Together? E.g. employee, councillor, affiliate. Yes / No**  **If yes, please state relationship:** |
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| **Have you applied to Action Together for funding previously? Yes / No**  **If yes, please state which fund:** |
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| **Have you applied for funding for this project elsewhere? Yes / No**  **If yes, please state which fund:** |
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**Section 5: Check list**

Please confirm that your organisation has the relevant supporting information required by the funder. All successful applicants will be required to supply a copy of these documents as part of the grant agreement, prior to any funding being released.

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| **Required supporting information** | **Please tick** |
| Governing document (constitution / terms of reference) that has been signed by two or more members |  |
| Bank account in organisation’s name with at least two unrelated signatories (we will require a copy of a bank statement) |  |
| Insurance - public liability and employers’ liability if you employ staff |  |
| Safeguarding policy (if applicable) |  |
| Covid-19 secure risk assessment (if applicable) |  |

**Section 6: Conditions of grant**

Please review the following **before** submitting your application.

If successful in full or part, we confirm that we accept the following conditions:

* We will only spend the grant money in accordance with our grant application form. If there is a need to change the use of the grant, we will request permission from Action Together as soon as possible
* If the main contact leaves the group or can no longer fulfil their responsibilities, or someone takes over responsibility for the grant on behalf of the group, we will inform Action Together immediately.
* We will ensure the group makes the project as accessible as possible and agree to implement and ensure equal opportunities.
* We will ensure we have adequate insurance to carry out the project and that staff, volunteers, trainers and consultants are suitably qualified and trained and we will supply copies of documents if requested.
* We acknowledge responsibility for all risk assessments (including Covid-19 secure risk assessments) and health and safety checks for the project.
* We will ensure that we implement and comply with the most up to date government guidelines around being Covid secure.
* We will ensure that all volunteers and staff working with any vulnerable people are DBS checked and adhere to the safeguarding policies and procedures we have as an organisation and we will supply copies of these if requested.
* Action Together can visit the project for monitoring and evaluation purposes.
* When requested/At the end of the project, we will send Action Together the agreed monitoring information within the require timescales, and understand that failure to do so will influence future funding application decisions.
* We accept that we may be asked to return this grant should Action Together deem the evidence provided unsatisfactory. This will also apply if Action Together discovers that money has been spent on items not specified in the original application form and grant offer.
* All original receipts will be kept and copies made available for Action Together.
* We will repay any money unspent during the project lifetime to Action Together within a month of our project ending.
* We understand that if we don't meet these terms and conditions our grant may be withdrawn.

**Declaration**

1. I certify that the information contained in this application is correct. I understand that if in any way the information is not correct the application may be disqualified, or any grant awarded will be payable on request.
2. If the information changes in any way I will inform Action Together as soon as possible.
3. I certify that I have carefully read the latest [Government Guidance](https://www.gov.uk/government/publications/covid-19-guidance-for-the-safe-use-of-multi-purpose-community-facilities/covid-19-guidance-for-the-safe-use-of-multi-purpose-community-facilities) and all activities will be delivered in adherence to the guidelines.

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| **Main contact for this project:** |  |
| Role within organisation: |  |
| Signature: |  |
| Date: |  |

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| **Other contact for the organisation** |  |
| Role within organisation: |  |
| Signature |  |
| Date: |  |

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| **Please send your completed application by email to:**  Email: [funding@actiontogether.org.uk](mailto:funding@actiontogether.org.uk)  Please put “DEFRA Grant 21/22 Application” and the name of your organisation in the subject field. |