**Tameside Household Support Fund 2022**

**Application Form**

**(Up to £10,000)**

*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 Which of the priority areas will you intend to deliver on?** Please tick all that apply. | | | | | |
| Provision of **food**, either in kind or through vouchers/cash. | | | | |  |
| Support with **energy bills** for any form of fuel that is used for the purpose of domestic heating, cooking or lighting, including oil or portable gas cylinders. Support with **water bills** including for drinking, washing, cooking, sanitary purposes and sewerage. | | | | |  |
| Provision of **essentials** including sanitary products, warm clothing, soap, blankets, boiler service/repair, purchase of equipment including fridges, freezers, ovens, other white goods. | | | | |  |
| **Wider essentials** such as support with other bills including broadband or phone bills, clothing, and essential transport-related costs such as repairing a car, buying a bicycle or paying for fuel. | | | | |  |
| Support **genuine emergency housing costs** where existing housing support schemes do not meet this need. | | | | |  |
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| **2.2 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 400 words) | | | | | |
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| **2.3 How will you ensure that the Covid-19 government guidelines are implemented and adhered to by staff, volunteers and members of the public?** Projects/activities must adapt/deliver new provision in line with current Covid-19 government guidelines (at the time of application). Please visit [www.gov.uk](https://www.gov.uk/coronavirus) for the latest government advice.(100 words) | | | | | |
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| **2.4 Where will your project be delivered within Tameside?** | | | | | |
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| **2.5 We will be publicly sharing the below information of the successful activities/services to those who are supporting vulnerable people/those in crisis and thus wish to make referrals. If you are working with a closed group/members only and DO NOT wish to share the details, please tick below.**   * A brief description of your activity/service * Main contact person * Contact number and email * Opening dates and times * Closing date for referrals | | | | | |
| I **do wish** to share the above details to other agencies for referrals into the activity/service. | | | |  | |
| I **do not** wish to share information about the activities/services and confirm that we will be serving a closed group/members only. | | | |  | |
| **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**   * How you will measure what you have delivered (outputs) * How you will evidence that your project has made a difference (outcomes)     (Max 300 words) | | | | | |
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**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** | |  |

**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 carried out a Covid-19 secure risk assessment for all of the aspects of your project/activity? You will need to submit all risk assessments along with your application, where applicable. Yes / No** |
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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.
* *(Not applicable to groups/organisations who are supporting a closed group/members only) -* We will immediately provide Action Together with the following details which will be made public for those who wish to enquire or refer into the funded activity/service:
* A brief description of your activity/service
* Main contact person
* Contact number and email
* Opening dates and times
* Closing date for referrals
* We agree to complete the [Household Support Fund Monitoring Form](Household%20Support%20Fund%20Monitoring%20Form.docx) and return to Action Together when requested.
* We accept that we may be asked to return this grant should Action Together deem the evidence provided by us is 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 “Household Support Fund 21/22 Application” and the name of your organisation in the subject field. |