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**TMBC ADULT SERVICES**

**WINTER PRESSURES FUND**

**2023/2024**

**APPLICATION FORM**

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| **Section 1 – Organisation/Group Details** |

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| **Name of organisation** |  |
| **Name of applicant and position within Group** |  |
| **Name of Project Lead and Position within**  **Group** (if different from applicant) |  |
| **Address of Project** |  |
| **Phone/Mobile (s)** |  |
| **Email(s)** |  |
| **Website/social media/ referral information** Please confirm that you are happy to be included in further publicity and are able to take referrals to your project directly.  Please provide name, telephone number and email of contact, and any website/ social media information. |  |
| **Important** | * Please ensure that you have provided accurate contact details for the Project Lead as we may need to contact someone directly involved with project delivery. * Please ensure email addresses supplied are checked. * If any contact details change please update the Winter Pressures team. |

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| **1.1 What type of group are you?** |
| **[ ] Unincorporated Org [ ] Community Interest Company**  **[ ] Incorporated Org [ ] Voluntary**  **[ ] Charity Reg no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[ ] Charitable Incorporated Organisation [ ] Other (please specify)** |

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| **Bank Details – Name of Bank, Sort Code and Account No.** *(If you do not have a bank account please contact* [*winterpressuresfund@tameside.gov.uk*](mailto:winterpressuresfund@tameside.gov.uk) *to discuss payment options)* |  |

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| **1.2 Please briefly describe the main activities of your organisation/group** |
| **[No more than 200 Words]** |

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| **Section 2 – Proposal Details** |

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| **2.1 Planned start date & duration (Monies must be spent by 31st March 2024):**  When will you start the project and how long (estimate) will it run for? |
| **Duration**  **Start Date** |
| **Please note that if you wish to run more than one project it is usually best to apply for them separately, contact the team if unsure.** |

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| **2.2 What are the aims of the proposal?** What will the proposal do and who will do it? When and where will the proposal take place? Which town(s) and communities will you reach? How many people do you estimate the project will be able to help? |
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| **Section 3 – What will it cost?** |

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| **3.1 How much will the proposal cost?** | |
| Funding Amount Requested |  |

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| **3.2 Explain how the proposal costs have been calculated:** Please provide as much detail as possible. |
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| **Section 4 – Declaration & Reference** |

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| **In submitting this proposal for funding I hereby certify so far as is reasonable and practical that:**  i The proposal fits with the aims of the Winter Pressures Fund  ii The proposal provides value for money  iii The proposal complies with current government guidance in relation to Covid -19.  iv All risk assessments and health and safety policies are in place in relation to this proposal.  v The organisation holds all public and employer liability insurance to cover the activities of this proposal.  vi The information provided above is complete and accurate.  vii The monies will only be spent as outlined in the application.  viii A timely evaluation will be provided at the end of the duration of the proposal and data will be collected to evidence its success. The evaluation will be submitted no later than one month after completion of the project delivery. |
| **4.1 Applicant Signature** |
| Signature of Applicant confirming contents of the application  Name: Signature: Date: |

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| **Section 5 Recommendation and Approval** |

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| Signature of Director of Adults/Allocated Representative (To be completed by Adult Services)  Name: Signature: Date: |