**WINTER PRESSURES FUND**

**2020/2021**

**APPLICATION FORM**

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

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| **Name of organisation** |  |
| **Bank Details – Name of Bank, Sort Code and Account No.** *(If you do not have a bank account please contact Janine Byron to discuss payment options)* |  |
| **Contact name** |  |
| **Position within****Group** |  |
| **Address of applicant** |  |
| **Phone/Mobile** |  |
| **Email** |  |

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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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| **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:**When will you start the project and how long (estimate) will it run for |
| **Duration****Start Date**  |

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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?** |
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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 briefly how the proposal costs have been calculated** |
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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 Fundii The proposal provides value for moneyiii The proposal complies with the latest government guidance in relation to Covid -19iv An appropriate Covid Risk Assessment is in place in relation to the project and any associated activities. **Please enclose a copy of the risk assessments in place**.v The information provided above is complete and accurate. |
| **4.1 Applicant Signature** |
| Signature of Applicant confirming contents of the applicationName: Signature: Date:  |

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| **Section 5 Recommendation and Approval**  |

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| Signature of Director of Adults/Allocated RepresentativeName: Signature: Date: |