**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 Fund  ii The proposal provides value for money  iii The proposal complies with the latest government guidance in relation to Covid -19  iv 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 application  Name: Signature: Date: |

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| **Section 5 Recommendation and Approval** |

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| Signature of Director of Adults/Allocated Representative  Name: Signature: Date: |