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**TMBC ADULT SERVICES**

**WINTER PRESSURES FUND**

**2021/2022**

**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 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 -19 and has a Covid risk assessment in place in relation to this project. 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 An evaluation will be provided at the end of the duration of the proposal and data will be collected to evidence its success. |
| **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 Representative (To be completed by Adult Services)Name: Signature: Date: |