

**FOOD POVERTY GRANT APPLICATION FORM 2020**

|  |
| --- |
| **SECTION 1: Your organisation** |

|  |  |  |
| --- | --- | --- |
| **Name of organisation/ group/ project:** | |  |
| **Name of main contact/ project lead:** |  |
| **Contact address and postcode:** |  |
| **Contact telephone no:** |  |
| **Contact e-mail address:** |  |
| **Website:** |  |  |
| **Registered charity:** | **Please state charity no:** |  |
| **Registered company:** | **Please state company no:** |  |
| **Please provide a short paragraph outlining the purpose of your organisation/ group/**  **project and/ or briefly describe the services that you currently provide: Max 500 words** | |  |
|  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2: ELIGIBILITY CRITERIA** | | | | | | | | |  |
| **PLEASE ENSURE THAT YOU MEET ALL OF THE ELIGIBILITY CRITERIA IN THE GUIDANCE PRIOR TO SUBMITTING A PROPOSAL!** | | | | | | | | |  |
| **Please confirm that your organisation/ group/ project:** | | | | | | | | |  |
| **Is a third/voluntary sector (not for profit) organisation and is**  **independent of government, private and public sectors:**   * **Registered charity or CIO;** * **Constituted group;** * **Community Interest Company (CIC);** * **Company limited by guarantee;** * **Industrial and Provident Society (IPS);** * **Financial Mutual;** * **Other (please state).** | | | | | | | | ⬜ |  |
| **Will use the funding for activities/service/communities in**  **Bridgend County Borough?** | | | | | | | | ⬜ |  |
| **Your organisation has at least two unrelated authorised**  **signatories** | | | | | | | | ⬜ |  |
| **Your organisation has its own bank account or an account in the name of the’Trustees of (name of organisation)’** | | | | | | | | ⬜ |  |
| **SECTION 3: PROJECT DETAILS** | | | | | | | | |  |
| **PLEASE REFER TO THE GUIDANCE NOTES: The Fund aims are to:** | | | | | | | | |  |
| **Support Interventions to strengthen the infrastructure AND/OR Support Interventions to**  **directly benefit individuals.**  **Applications will need to demonstrate, and will be assessed against, the following**  **criteria:**   * **The 'added value' they bring to programme delivery;** * **The need for the project/activity;** * **How they target the most in need;** * **The scope and scale of the project;** * **The sustainability of the project;** * **Strengthen and build on assets through working together;** * **Projects that can be delivered by 31 October 2020 from the date of our offer;** * **Quality of the intervention;** * **How they demonstrate multi-agency working. There is an expectation that programs will work with existing services (for example: befriending, food banks and voucher schemes. Fair share, CAP (faith based local programme), health providers,** * **community navigators, veteran services, homelessness charities champions etc.) to avoid duplication, build support and referral networks and integrate the system;** * **Whether match funding is provided (match funding is not essential, but will be looked on favourably).** | | | | | | | | |  |
| **Tell us briefly and simply what you plan to do and how you would utilise the funding? Don’t forget to tell us realistically how many people you think you will help/support through this grant.** | | | | | | | | |  |
|  | | | | | | | | |  |
| **Explain how you will benefit those that require help? List the main intended outcomes (bullet points will be helpful.** | | | | | | | | |  |
|  | | | | | | | | |  |
| **Evidence of need: Tell us how you know your project is needed? [e.g. Who have you asked and connected to?)** | | | | | | | | |  |
|  | | | | | | | | |  |
| **Are there any other organisations/ groups/ projects in your area that provides similar activities to what you have outlined above?** | | | | | | | | |  |
|  | | | | | | | | |  |
| **Describe how you will monitor the project . How will you know if it’s been a success?** | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | Please provide a break down/details of how much you need for your project and what you would want to use the monies for?  **Please apply for only what you need, and consider whether costs are reasonable.** | | | | | | |  |
| **Capital items (e.g.**  **equipment)**  **how many / how much each do they Cost etc.** | |  | **Cost** | |  |  | **Revenue Items** | **Cost** |  |
| **Total requested as a grant:** | | | | | | | | |  |
| **Do you have match funding and if so, where from, and what elements of the project is it funding?** | | | | | | | | |  |
|  | | | | | | | | |  |
| **If you are applying to purchase equipment, what is it and where will it be kept?**  **(please remember you may need to get insurance too)** | | | | | | | | |  |
|  | | | | | | | | |  |
| **Is what you have outlined above part of a bigger project?** | | | | | | | | |  |
| **YES** | | |  | |  | | **NO** | |  |
| **If yes, please provide details.** | | | | | | | | |  |
|  | | | | | | | | |  |
| **Will your project continue after the period you have requested funding for?**  **YES / NO (delete as appropriate) (Tell us why/how)** | | | | | | | | |  |
|  | | | | | | | | |  |
| **In order to release funds quickly, please confirm**  **Bank account branch (if known)**  **Bank account name:**  **Sort code:**  **Account number:** | | | | | | | | |  |
| **In submitting your application, please ensure you include:**   * **A copy of the most recent bank statement/voided cheque or voided paying in slip.   This can be a photograph or scan;** * **If an award in principle is made, a copy of your governing document will be   requested for our records, if we do not already hold it and/or you are not a   Registered Charity or Company**. | | | | | | | | |  |
| **SECTION 4: DATA PROTECTION AND DECLARATION** | | | | | | | | |
| **Organisation/group/**  **project:** | | | |  | | | | |
|  | | | | We, the above-named organisation/ group/ project  hereby confirm that we have read the application  guidelines and our application is an eligible project.  Please tick to confirm that your project **IS** an eligible project. | | | | |
| **DATA PROTECTION** | | | | | | | | |
| Picture 1 | Data Protection Act 1998. The information given will be entered and processed  on computer by BAVO the forms will also be kept. The information will be used  by BAVO for administration purposes of the grant scheme and for the monitoring  and promotion of the voluntary sector in BAVO Personal data is limited to  contact names, position, address, telephone and other contact numbers,  organisation and project; it may be considered as sensitive personal data where  the organisation/project is involved with matters relating to race, ethnic origins,  politics, religions or similar beliefs, physical, mental health or sexual life.  Part or all of the information you provide us with will be held on computer. This  information will be used for the administration of applications and grants and for  producing statistics. Copies of this information will be provided, when necessary  to individuals and organisations that BAVO consults with when assessing  applications and grants.  Contact details will only be disclosed to third parties for the following purposes:  to enable BAVO to process your application; to enable BAVO and funders to  monitor local funding; to announce successful projects, and to promote the  awarding grant bodies and the grant scheme generally via press releases and  other bona fide promotional activities including placement on BAVO’s website  and other BAVO publications.  Please sign to show that you agree to BAVO using your data in this way.  I agree to the above use of my data and I confirm that to the best of my  knowledge and belief, all replies given on this application form are true and accurate. | | | | | | | |
|  | Please tick if you wish for BAVO to promote and register your organisation on  infoengine.cymru | | | | | | | |
|  | Please tick if you wish to join/rejoin BAVO (a membership form will be sent) | | | | | | | |
| **DECLARATION** | | | | | | | | |
| We the above named organisation/ group/ project understand that by accepting a grant from BAVO we agree to only use it for the purposes stated on this form. | | | | | | | | |
| **Applicant’s name** | | | |  | | | | |
| **Role in organisation** | | | |  | | | | |
| **Date:** | | | |  | | | | |

**Please return the completed application by email to:   
fionaburlingham@bavo.org.uk**

**Applications are considered on a first come first served basis.     
However, the scheme will close on 8 September 2020.**

**Please remember to keep a copy for your file.**