****Nottinghamshire COVID-19 Community Fund

*Please note: This form is best* [*completed online*](https://forms.office.com/Pages/ResponsePage.aspx?id=uzdabmGpT066rieYoiRfMPgACEr6bEVNsUxRGpQaab5UMEtFNEwyNDVVRjJJWUpQUFk3VVRGS1ZNUC4u)*.*

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| **Contact Details**  *Please complete this section with the details of the person who has overall accountability for using the grant (if successful). This person must be 18 years old or over.* | |
| **Name:** |  |
| **E-mail:** |  |
| **Telephone:** |  |

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| **Organisation Details** | | | | | |
| **Name of Organisation:** |  | | | | |
| **What is the address from which activities are coordinated?**  *e.g. the Head Office address of the charity or Organisation. Please include the postcode.* | | | | | |
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| **If you have a social media presence, please let us know the address(es) below:**  *This could be a website, Facebook, Twitter, Instagram etc. Please enter each on a separate line.* | | | | | |
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| **What is the charity status of this Organisation?** | | | | | |
| A registered charity | | An excepted charity | | Neither a registered or excepted charity | |
| **What is the Organisation’s Charity registration number? (if applicable)** | | | | |  |
| **What is the legal structure of this Organisation?**  *Select or highlight all options that apply to your organisation* | | | | | |
| A charitable company (limited by guarantee)  A charitable incorporated organisation (CIO)  A church or other faith-based organisation  A community interest company (CIC)  A community benefit society  A cooperative society | | | A Parish or Town Council  A sports club  A charitable Trust  An unincorporated association  Other (please state): | | |

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| **About the Project**  *This section is about the difference this money will make to people. We are looking to understand the impact on your community, as well the number of volunteers that are helping to deliver this project / service.* | | | | | | | | | | | | | | | | |
| **Please describe the extra work or services your Organisation has started (or plans to start), to support Nottinghamshire residents in response to COVID-19**  *This should be over and above the Organisation's normal services or activities. (100 words maximum)* | | | | | | | | | | | | | | | | |
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| **Who will benefit from this Project?** *People who benefit should be vulnerable Nottinghamshire residents impacted by COVID-19. Select or highlight all that apply.* | | | | | | | | | | | | | | | | |
| Families | Young people | | Older people | | | [At risk group](https://www.nhs.uk/conditions/coronavirus-covid-19/advice-for-people-at-high-risk/) | | | | Other health issues | | | | Mobility issues | | |
| **How will this project help vulnerable Nottinghamshire residents?** *Select or highlight all that apply.* | | | | | | | | | | | | | | | | |
| Access to food, e.g. help with food shopping, food delivery etc.  Access to medicine, e.g. help with collecting and delivering prescriptions and medicines  Dog walking, e.g. to help with the cost of running dog walking schemes, such as phone calls  Social wellbeing, e.g. befriending / buddy schemes, friendly chat via phone  Emotional / mental health wellbeing  Physical wellbeing, e.g. help to stay mobile and active, advice about health  Transport, e.g. help for essential travel  Other (please state): | | | | | | | | | | | | | | | | |
| **Does this Project involve a food bank in any way?** | | | | | | | | Yes | | | No | | | | | |
| **If this Project involves a food bank, what are the criteria for people who use this service?**  *Food banks are encouraged to be flexible with their criteria for assistance.* | | | | | | | | | | | | | | | | |
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| **In which districts will this Project offer help?** | | | | | | | | | | | | | | | | |
| Ashfield  Mansfield | | Bassetlaw  Newark and Sherwood | | | | | Broxtowe  Rushcliffe | | | | | | Gedling | | | |
| **In total, how many Nottinghamshire residents do you estimate will benefit from this Project PER WEEK?** | | | | | | | | | | | | | | |  | |
| **If you are helping people in more than one District, how many people are you helping in each District PER WEEK?** | | | | | | | | | | | | | | | | |
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| **Has the Organisation started delivering this project?** | | | | Yes, this project has already started  No - on what date do you intend to start? | | | | | | | | | | | | |
| **How many volunteers are helping to deliver this project?** | | | | | | | | | |  | | | | | | |
| Do all staff and volunteers who need a Disclosure and Barring Service (DBS) check to carry out their role have one? | | | | | | | | | | | | Yes  No  DBS checks in progress | | | | |
| **How much Revenue funding are you requesting from the County Council as a contribution towards the cost of helping / supporting the Nottinghamshire residents who are benefitting from your service?** | | | | | | | | | | | | | | |  | |
| **What is the Revenue funding for?** | | | | | Food  Telephone / internet  Transport  Utilities / rent  Volunteers  Other (please state): | | | | | | | | | | | |
| **How much Capital funding are you requesting from the County Council?** | | | | | | | | | | | | | | |  | |
| **What Capital items does the Organisation intend to buy? (if successful)** *e.g. equipment* | | | | | | | | | | | | | | | | |
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| **Does your Organisation receive any of the following Local Improvement Scheme (LIS) funding?** | | | | | | | | | None  Revenue 2018-21  Capital 2018-20  Capital 2019-21 | | | | | | | |
| **If your Organisation receives LIS funding, please give details below**  *Please include the amount and a brief, one sentence description of the project.* | | | | | | | | | | | | | | | | |
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| **If your LIS-funded project has changed as a result of COVID-19, please let us know below** | | | | | | | | | | | | | | | | |
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| **If you are you receiving / using / claiming funding or grants from any other sources toward this Project's costs, please give information below** *Please state the source, amount and what it is for.* | | | | | | | | | | | | | | | | |
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| **If this application is successful, how many weeks of delivery will this funding support?** | | | | | | | | | | | | | | | |  |

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| **Declaration** | |
| This application contains true and accurate information and I (or an authorised representative from my organisation), will inform The Communities Team (LIS@nottscc.gov.uk) of any changes to the organisation or project in writing (e-mail is acceptable). | Yes / No |
| The organisation and contacts understand and accept the Nottinghamshire County Council Privacy Notice which is available on the Council’s webpage: <http://www.nottinghamshire.gov.uk/global-content/privacy> | Yes / No |
| Do you agree to be registered on the Nottinghamshire Support and Volunteering Response Hub? *Please see:* [*nottscc.gov.uk/coronavirus*](http://www.nottinghamshire.gov.uk/care/coronavirus/nottinghamshire-community-support-and-volunteering-hub) *for more information and Privacy Notice.* | Yes / No |
| On completion of this project, do you agree to provide feedback to Nottinghamshire County Council? *e.g. how many people you were able to help, what worked well etc.* | Yes / No |

**Next Steps**

**Data provided in the application form will only be used for the purpose of administering and publicising the grants. Once you are satisfied with the information in this application form, please e-mail it to:** [**LIS@nottscc.gov.uk**](mailto:LIS@nottscc.gov.uk?subject=COVID-19%20Community%20Fund:%20Application) **with the subject: “COVID-19 Community Fund application”.**