**Application Form**

**Winter of Wellbeing Grant (funded by the Household Support Fund)**

Please refer to the Grant Information Leaflet for further details

Section 1 – Contact details

* 1. Organisation name Click or tap here to enter text.

1.2 Primary contact’s details

Title Click or tap here to enter text.

Name Click or tap here to enter text.

Position Click or tap here to enter text.

Address Click or tap here to enter text.

Postcode Click or tap here to enter text.

Daytime telephone Click or tap here to enter text.

Mobile telephone Click or tap here to enter text.

Email address Click or tap here to enter text.

Type of organisation Click or tap here to enter text.

Company/Charity No. Click or tap here to enter text.

(if applicable)

Can your organisation Yes  fill in number below No

recover VAT? VAT number Click or tap here to enter text.

Section 2 – **Project Purpose**

2.1 **What is the funding required for? Please ensure all of the questions are answered.**

a) What will you be doing in addition to what you provide currently? What activities will you be spending the grant on and why?

b) When are you able to offer ‘Winter of Wellbeing’ (WoW) sessions for families?

(Evenings, Weekends)

c) How many sessions do you anticipate you will be able to run, up until the end of March?

d) How many people do you hope to support per session?

e) Are you provide hot food/drinks directly or buying food in?

f) Do you feel you would be able to reach families that are ‘most in need’ in your community? And how would you do this?

**g) There will be a ‘WoW’ launch day on Friday 3rd November 10am-2pm at Hereford Leisure Centre and would like as many organisations to attend this event as possible. Are you able to attend and what can provide (for example, craft activity, physical activity, information etc) Please include costs for this day in your overall costs.**

Click or tap here to enter text.

2.2 Please state below how much your sessions will cost (activities, food, venue costs), including any match funding for your project where appropriate.

Total Project Cost £. Click or tap here to enter text.

Amount of grant you wish to apply for £: Click or tap here to enter text.

Any match funding you propose £: Click or tap here to enter text.

Any additional funding ‘in kind’ £ Click or tap here to enter text.

* 1. Please explain how you will:

1. Link with key services/partners to ensure your local community are adequately catered for
2. Link with other organisations in your community to make the most of the skills available to you
3. How will you ensure that you are complementing and not competing against other activity in the area/county?

Click or tap here to enter text.

2.4 Do you feel you would be able to reach families that are ‘most in need’ in your community? And how would you do this?

Click or tap here to enter text.

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| **Section 3 – Outputs and Outcomes** | | |
| 3.1 To enable us to report on the uptake of the Household Support Fund for the DWP the local you are required to report on   * Number of people/households that attend each session. * Volume, number of sessions attended by each household. * Household composition (children, disabled or pensioners)   Grant funding will need to be committed to being spent before 31st March 2024.  Please check the box to confirm you agree to this  Outputs - The achievements produced by a project are it’s ‘outputs’  Put your current number in the baseline column and the number of additional outputs that you expect if awarded the grant in the third column.  If your project is a new project then please put 0 in the baseline and the expected number in number to be achieved column. | | |
| **Output description** | **Baseline** | **Number to be achieved** |
| Number of sessions delivered of part of the ‘WoW’ funding. | Click or tap here to enter text. | Click or tap here to enter text. |
| Number of meals (or equivalent) provided | Click or tap here to enter text. | Click or tap here to enter text. |
| Number of households supported per session/activity | Click or tap here to enter text. | Click or tap here to enter text. |
| Number of children supported per session/activity | Click or tap here to enter text. | Click or tap here to enter text. |
| 3.2 Please outline how you will measure, monitor and report on the outputs above?  e.g. Attendance Sheets, evaluation forms, project surveys, case studies etc.  (Note you will need to provide these as evidence with your Final Report if you are awarded the Winter of Wellbeing grant). | | |
|  | | |
| 3.3 Please describe the outcomes of your project? What will define your project as successful? | | |
| Click or tap here to enter text. | | |

**Section 4 – Your signatures**

Signatures are required from two people representing your organisation and will usually be the chair plus one other

Name: Click or tap here to enter text. Position: Click or tap here to enter text.

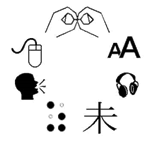
Signature 1 

Name: Click or tap here to enter text. Position: Click or tap here to enter text.

Signature 2 

**Please note that you are signing on behalf or your organisation – we may require copies of minutes or other evidence to show that your organisation has agreed to undertake this project/activity**

**Date:** Click or tap to enter a date.

If you would like help to understand this document or would like it in another format or language, please contact the household support fund team at Herefordshire Council on [householdsupportfund@herefordshire.gov.uk](mailto:householdsupportfund@herefordshire.gov.uk)

We would like projects to be both environmentally and economically sustainable wherever possible and help and advice is available by calling 01432 261930.

**IMPORTANT NOTICES – PLEASE READ**

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| **Fraud statement** |
| By completing the application or accepting the grant payment, you are confirming that you are eligible for the grant. If your eligibility circumstances change after making an application or receiving this funding, you must notify us immediately.  Herefordshire Council will not accept deliberate manipulation or fraud, and any instances will be actively investigated. Any individual who falsifies their records or dishonestly provides inaccurate information to gain grant money will face prosecution. The council reserves the right to recoup funds and claw back any grants paid in error.  The personal information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance, or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found on the Herefordshire Council website here:  <https://www.herefordshire.gov.uk/directory-record/6201/fraud-prevention-privacy-notice> |

**Data protection**

Herefordshire Council is the Data Controller under data protection law for any personal data provided by you and we will only use the information you provide on this form to administer, process and assess your application for funding under Warm Spaces and to administer any funding if your application is successful. The legal basis for processing this data is that it is necessary for the performance of a contract with you or to take steps preparatory to such a contract.

Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complaint about our handling of your personal data to the Information Commissioner’s Office <https://ico.org.uk/>

We will keep your data once an application is approved and funding released for the period of 6 years as defined by the funding body.

Information may be shared with other persons or organisations helping us with the assessment and monitoring of applications. Information you provide may also be shared with government departments, agencies and third parties appointed in connection with the administration of this grant.

We may also advise you of other council services, which may benefit you. Please tick here if you do not consent to your details being kept on a database for this purpose.

**Please submit your expression of interest by email:**

**To:** [**householdsupportfund@herefordshire.gov.uk**](mailto:householdsupportfund@herefordshire.gov.uk)