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**FOOD POVERTY GRANT 2022 - 2023**

**Application**

Prior to completing and submitting this application please note:

* It may strengthen your application if you were able to attach letters of support from stakeholders/local groups and businesses you work with.
* Successful applicants are required to complete a Funding Closure Report to record the impact on your organisation and those supported, as a result of this funding.
* It is advisable to liaise with Neath Port Talbot’s Food Legacy Coordinator regarding the requirements of this application – email: [communityfoodconnections@npt.gov.uk](mailto:communityfoodconnections@npt.gov.uk)

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| **Name of Organisation:** | | | |
| **Address and Post Code of Organisation:** | | | |
| **Status of Organisation:** *(Charity, Social Enterprise, Community Interest etc)* | | | |
| **Charity or other registration number:** | | | |
| **Is your organisation registered with NPTC Environmental**  **Health with regards to food control?**  Please tick | | **YES** | **NO** |
|  |  |
| **First Contact Person** | **Second Contact Person** | | |
| **Position** | **Position** | | |
| **Daytime contact telephone number** | **Daytime contact telephone number** | | |
| **Email** | **Email** | | |

Please note your organisation will need a designated bank account prior to submitting an application.

You must enclose the following with your completed application:

* Organisation’s Constitution;
* Up to date Insurance Policy (appropriate to the facility or activity to be developed);
* Latest organisation’s annual accounts or bank statement;
* Lease Agreement (where applicable).

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| 1. **Briefly describe the main purpose of your organisation:** Why does your organisation exist? What does your organisation do? How do you do it and who benefits from your achievements? (maximum 500 words) | | | | |
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| **When was your organisation established?** | | | | |
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| **How many members are in your organisation (staff and active volunteers)?** | | | | |
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| 1. **Timescale:** Please note all monies will have to be evidenced as spent by 31 March 2023 | | | | |
| **Start Date:** | **End Date:** | **Or ongoing** (please tick): | | |
| 1. **Please tick one of the following:** | | | **YES** | **NO** |
| 1. Will this funding help your organisation set up a brand new project? | | |  |  |
| 1. Will this funding be required as Match to create a new project with other partners? (Please note that this fund is not eligible to Match with another Welsh Government funded project) | | |  |  |
| 1. Will this funding help your organisation expand its provision with additional activities/resources? | | |  |  |
| 1. **Please provide details of what you want the funding for?** Describe what the grant will pay for and how it will help your organisation deliver assistance to those in need.   (400 words maximum) | | | | |
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| 1. **Are you working with other partners in order to reach more people that may need help accessing food?** Please list the partners you work with, what they do, and how you work together. (250 words maximum) | | | | |
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| 1. **What need has to be addressed and how have you identified that need?** Has there been any local consultation that could support this application? (250 words maximum) | | | | |
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| 1. **Beneficiaries:** How many people do you anticipate will benefit from this grant funding, in what way will they benefit and how will you measure participation?(maximum 250 words) | | | | |
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| 1. **Explain how your organisation addresses the following:**   (maximum 150 words per topic) | | | | |
| 1. **Opportunities for people to speak and use the Welsh Language:** | | | | |
| 1. **Equal Opportunities:** | | | | |
| 1. **Sustainable Development:** | | | | |

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| 1. **FINANCE:**   **Please provide a breakdown of costs including VAT (if applicable):** (Note, if successful, there is a requirement to provide evidence of spend ie. receipts and invoices) | **£** |
| *Example: Item @ £20 x 10 = £200 + VAT @ £40* | *240* |
| **Revenue costs:** |  |
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| **Capital costs:** |  |
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| **Total Cost required from the Food Poverty Fund 2022 – 2023 £** |  |

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| 1. **Funding Partners (if applicable)**: How much has been raised by other partners towards this activity? Please list funders and amounts below: | **£** |
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| 1. **VAT** | | | | **YES** | | | **NO** | |
| **Is your Organisation registered for VAT and able to recover this element of the costs?** (please tick as appropriate) | | | |  | | |  | |
| **If YES then please provide your organisation’s VAT Registration Number:** | | | |  | | | | |
| 1. **Please provide details of your organisation’s bank account:** | | | | | | | | |
| Group Name on Account |  | | | | | | | |
| Bank / building society name |  | | | | | | | |
| Bank / building society address |  | | | | | | | |
| Sort Code |  |  |  | |  |  | |  |
| Account Number |  | | | | | | | |
| Building society roll number (if applicable) |  | | | | | | | |
| Please provide the names of two bank signatories and their positions within your organisation | | | | | | | | |
| 1. Name: | Position: | | | | | | | |
| 1. Name: | Position: | | | | | | | |

**Declaration:**

* I am authorised to make the application on behalf of the organisation.
* I declare that to the best of my knowledge the factual information contained in this application is accurate and true.
* I understand that if I have given information that is incorrect or incomplete, any offer of funding may be withheld.
* If the information in this application changes in any way I will inform Neath Port Talbot Council immediately.
* That if successful, the applying organisation agrees to the following conditions:
  + To respond to the offer letter within a deadline date of 10 working days;
  + To use the grant only for the purpose set out in this application and agreed in the offer letter;
  + Any invoices/receipts submitted under this scheme will not be used to claim grant funding from other grant bodies for the same expenditure;
  + No expenditure itemised on this application can be incurred prior to the applicant signing the offer letter;
  + To complete a Funding Closure Report at the end of the agreed funding term;
  + Agree to take part in any publicity or monitoring of the grant as required, if requested.

**I attach:**

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| **Please note that applications will not be considered unless accompanied by the following supporting documentation:** | Check ✓ |
| * Organisation’s Constitution |  |
| * Up to date Insurance Policy (appropriate to the facility or activity to be developed) |  |
| * Lease Agreement (where applicable) |  |
| * Latest organisation’s annual accounts or bank statement |  |
| * Letters of support (optional) |  |
| Some organisations will be exempt from supplying these documents, please check with the Food Legacy Coordinator before submitting the application. | |

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| **Signature:** | **Position:** |
| **Print Name:** | **Date:** |

Return this completed form and all supporting documents to the following email:

[communityfoodconnections@npt.gov.uk](mailto:communityfoodconnections@npt.gov.uk)

**For information and advice contact:**

Food Legacy Coordinator

Tir Morfa Centre, Marine Drive, Sandfields, Port Talbot SA12 7NN

Tel: 01639 686057 / Mob: 07890 035912

**How we use your information:** The personal data we collect from you via this application form will be used by Neath Port Talbot Council, pursuant to it carrying out its various statutory and business functions, for the following purposes only: processing your application for Food Poverty Grant Funding.