**Warm Hub/Space Application 25-26**

|  |  |  |
| --- | --- | --- |
| **About you.** | | |
| Name |  | |
| Telephone number |  | |
| Email address |  | |
| **About your Organisation.** | | |
| Does your organisation use a different name in your day-to-day work? | | |
| * Yes | | * No |
| If yes, what other name(s) do you use? | | |
|  | | |
| Main or registered address of your organisation (including postcode) | | |
|  | | |
| Telephone number of your organisation: | | |
|  | | |
| Type of organisation: | | |
| * Registered Charity * Voluntary Organisation * Social Enterprise * Faith Group * Sports Club | | |
| Please outline below your charitable objectives: | | |
|  | | |
| Address (inc. postcode) of your WARM SPACE if different to your organisation. | | |
|  | | |
| **Details about your Warm Hub** | | |
| Have you registered your Warm Space with the NPT Warm Spaces Network? | | |
| * Yes | | * No |
| If no, are you happy for the Business Support Officer to add you to the list? | | |
| * Yes | | * No |
| Mark all facilities, amenities, and activities that your Warm Space will offer? | | |
| * Accessible parking and entrance * Car parking * Free computers/devices for use * Free Wi-Fi * Charing facilities * Agile workspaces * Tea/Coffee * Hot/cold meals * Toilets * Arts and craft activities * Exercise activities. * Family activities. * Young people activities * Adult only activities * Outdoor space * Library/Book swap * Other | | |
| Briefly describe what people can expect when they visit your Warm Space?  Summarise what you plan to do and include the main activities and how you will deliver them.  We expect projects to be open to all who want to be involved, unless you can give a good reason why this should not be the case. If you plan to restrict who can take part you should explain why in your application, so that we can consider whether this is acceptable.  Groups and organisations applying to the fund should also consider how their project benefits and engages people from under-represented groups, for example, people living with disabilities, Black Asian Minority Ethnic Groups, LGBTQI+ people, ‘hard to reach’ communities or people facing financial hardship. | | |
|  | | |
| How many people will benefit from your provision? | | |
|  | | |
| Who are your target beneficiaries? | | |
| * Children and young people * Adults (18yrs-55yrs) * Unpaid Carers * Older people (56yrs +) * Families * Parent and toddlers | | |
| How do you plan to use and promote the Welsh Language within your Warm Hub/Spaces? | | |
|  | | |
| There is an expectation that a Warm Space is free for residents to access. If you intend to charge in any form, please provide details below. | | |
|  | | |
| How much of the grant are you applying for? Please provide a breakdown of cost. | | |
|  | | |
| What will you be spending the grant money on? | | |
| * Basic refreshments and snacks * Advice and support * Exercise * Arts and cultural activity * Small items * Promotional materials * Transport costs * Equipment to support adaptation of spaces, chairs, tables * Contribution to internet costs (not hardware) * Contribution to expenses associated with extending the opening hours or existing facilities (not wages) * Bilingual/translation services * Other | | |
| When are you planning to start your activity? | | |
|  | | |
| When are you planning to finish your activity? | | |
|  | | |
| What days of the week and times will the Warm Space be available to the public? *Please confirm the opening hours* | | |
|  | | |
| Do you agree to conduct your own venue risk assessments and to implement any relevant health related advice and guidance in relation to COVID? | | |
| * Yes | | * No |
| Do you have public liability insurance? | | |
| * Yes | | * No |
| If yes, please provide evidence of insurance - Name of insurer, policy number, expiry dates and limits for one incident. | | |
|  | | |

|  |
| --- |
| **Declaration**  As a duly authorised representative for and on behalf of the organisation named below, I hereby certify that all information provided to the Council in this Application Form is complete and accurate in all respects.  I also agree to provide monthly reporting information on the following:   * No: people who attend the hub, broken down per week. * Any good news stories |
| Signed: |
| Name: |
| Position: |
| Date: |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | |  | | | | |
| **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: | | | | | | | |

**I attach:**

|  |  |
| --- | --- |
| **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) |  |

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

communityfoodconnections@npt.gov.uk

**For information and advice contact:**

Business Support Officer,

The Workstation, Water Street, Port Talbot, SA12 6LF