Date received in office (office use only) Reference no. (for office use only)

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|  |  | CHCVA/2022/ |

# Community Hubs – meeting the cost of living challenge

# GRANT 2022

**APPLICATION**

**FOR GRANTS UP TO £5,000**

Guidance notes, forms and further information can also be downloaded from

<https://cvalive.org.uk/support-for-groups/funding/funding-news/local-funding-opportunities/>

**PART 1: ABOUT YOUR GROUP**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Name of organisation** | | | | | |
|  | | | | | |
| **2. Address of organisation**   |  | | --- | |  |   **3. Main contact for this application**  Title First name Surname | | | | | |
|  |  |  |  |  | |
| Position held in the group | | | | | |
|  | | | | | |
| Contact address if different from above (for correspondence) | | | | | |
|  | | | | | |
|  | | | | | Postcode |
|  | | | | | |
| Email: | | | | | |
| Telephone  Day Evening | | | | | |

**4. Briefly describe the main aims and activities of your organisation**

**Recommended: two sentences**

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|  |

**5. Eligibility**

|  |  |  |
| --- | --- | --- |
| **QUESTIONS** | **Yes** | **No** |
| 1. **Is your group a not-for-profit voluntary or community group?** (you don’t have to be a  registered charity)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 2. Has your group been **active in the local community for more than a** year prior to March 2022? Please put the date your organisation started?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 3. Does your organisation have a **governing document?** (you may call this a set of rules,  constitution, memorandum of articles and association etc) |  |  |

**PART 2: ABOUT YOUR COMMUNITY PROJECT**

**6. Project details**

|  |
| --- |
| Project name: |

Please note funding needs to be spent within the next 12 months

|  |  |
| --- | --- |
| Planned start date | Planned end date |
|  |  |

**7. Please describe the activities/services you plan to deliver to enable those most impacted by the cost-of-living crisis to keep well.**

**Recommendation: one paragraph**

* **What type of support will they receive (benefits advice, advocacy, physical activity, healthy eating, social connection/peer support)**
* **When and where?**
* **Is this part of an existing programme?**

|  |
| --- |
|  |

**8. Approximately how many people will benefit from the project? \_\_\_\_\_\_**

**9. Please tell us which groups your project will benefit**

Tick the appropriate boxes in the table below and estimates of numbers where you can:

|  |  |  |  |
| --- | --- | --- | --- |
| Asian/Asian British | / | Older people | / |
| Black/African/Caribbean/Black British | / | Refugees, asylum seekers, new communities | / |
| Mixed | / | Young people | / |
| White/White British/White European | / | Resident experiencing mental health issues | / |
| Other | / | Residents with a learning disability | / |
| Women and Girls | / | Other (please specify) | / |

**10. Please explain how you will target the above groups and how you will link your delivery to a local Community Hub.**

**Depending on your choice:**

* **How are you going to engage with women and girls who are inactive or facing other barriers to participation and/or**
* **How are you going to reach older people with health conditions or experiencing social isolation and loneliness and/or**
* **How are you going to target young people who are vulnerable as both victims and potential perpetrators of crime and youth violence and/or**
* **How are you going to reach out to residents experiencing mental health problems and/or with special needs**

**And**

* **What Local Community Partnership area are you applying for?**
* **How will you work in collaboration with/deliver from a local community space?**

**Recommendation: two short paragraphs**

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|  |

**11. How will you check the success of your support?**

**How will you monitor:**

* **the number of participants**
* **how the activity/service will impact on their lives/personal circumstances and improve their ability to face the cost of living crisis**

**Recommendation: one paragraph**

|  |
| --- |
|  |

**12. Please provide a breakdown of the proposed grant related project costs.**

|  |  |  |
| --- | --- | --- |
| Type of cost | **Description of cost** | **Total cost £**  **(incl. VAT)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

**13. Funding request**

|  |  |  |
| --- | --- | --- |
| **Amount requested** | £ | |
| **Is this funding for new work, or to continue funding existing work?** | New | Existing |
| **Do you have a bank account in the organisation’s name?** | Yes | No |
|  |  | |

**14. Declaration**

I confirm that, to the best of my knowledge and belief, the information in this application form is true and correct. The organisation agrees to abide by the terms and conditions of the grant as they are set out in this application form and understand that any offer of a grant will be subject to our proposed work remaining within grant criteria. We agree to participate in monitoring, auditing and evaluation related to this fund. My signature confirms the group’s acceptance of these conditions.

|  |  |
| --- | --- |
| Signature | Date |

***Please send completed applications by email to:***

***[Kay.rhodes@cvalive.org.uk](mailto:kay.rhodes@cvalive.org.uk)***

**Deadline is 5pm 4th September 2022**

**Please note applications cannot be considered without supporting documentation which is specified in the guidelines.**