### Caring Communities Covid-19: Protect & Prepare

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### Comic Relief Covid-19 Voluntary Services Emergency Funding

For projects with a total value of **under** £2,000

**Section A – Organisational Details**

1. Organisation Details

|  |  |
| --- | --- |
| Name of Organisation |  |
| Contact Name and position in organisation |  |
| Contact telephone number(s) |  |
| E-mail address |  |
| Address for correspondence  (please include postcode) |  |

1. Type of Organisation

|  |  |  |
| --- | --- | --- |
|  | Please Tick | Registration Number (if applicable) |
| Constituted group |  |  |
| Registered charity |  |  |
| Company Limited by Guarantee |  |  |
| Community Interest Company |  |  |
| Other (Please specify) |  |  |

1. Tell us about your organisation’s aims and the main services and activities you provide.

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|  |

1. How many people are involved with your organisation?

|  |  |
| --- | --- |
| Committee Members |  |
| Members |  |
| Paid Staff |  |
| Volunteers |  |

1. Your bank details

|  |  |
| --- | --- |
| Name of Account |  |
| Bank / Building Society Name |  |
| Bank Account Number |  |
| Bank Sort Code |  |

**Section B – The Project**

1. Name of Project (if different from the organisation)

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1. Who is the main focus of your project’s activity? (i.e. older people, families in need, carers, people with learning disabilities, people with dementia, those needing mental health support)

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1. How will you spend the funding? Please tell us what you are going to do, how have you adapted or changed your activities/ services because of Covid-19.

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1. How do you know that this project is needed, what evidence do you have?

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|  |

1. How many people will benefit from this project?

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| --- | --- | --- |
| Who will benefit? | How many? | What is this number based on? |
|  |  |  |
|  |  |  |
|  |  |  |

1. Tell us about the difference this project will make to its beneficiaries – for individuals, community and/or your organisation. How will you monitor and evaluate this?

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1. What risk assessment processes do you have in place to ensure the safety or your volunteers, staff and participants? (All successful applications will be expected to operate their activities within current Welsh Government Covid-19 guidance).

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**Section C – Financial Details:**

1. Please give a breakdown of the items/costs you are applying for funding for. You must include quotes for all items requested over the value of £500.

|  |  |
| --- | --- |
| Item | £ (includes VAT) |
|  |  |
|  |  |
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|  |  |
| **Total grant amount being requested:** | **£** |

1. Give details of additional sources of funding for this project (if applicable)

|  |  |  |
| --- | --- | --- |
| Source of additional funding | Amount | Status (confirmed / awaiting outcome) |
|  |  |  |
|  |  |  |
|  |  |  |
| Total match funding | £ |  |

1. How to you intend to fund this project in the future?

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**Section D – Declaration**

You will be expected to complete a monitoring report at the end of the project and be able to provide evidence of the expenditure of the grant for the purpose applied for. Comic Relief and the Caring Communities Panel wish to publicise the activities that have been funded by its grants and require publicity material to include reference to it.

Please sign below to declare that to the best of your knowledge and belief all the information is correct, and that in the event of the project being supported the money will be used exclusively for the purpose specified, unless changes have been negotiated with the scheme panel.

**SIGNATURE** (you can do this electronically)

|  |  |
| --- | --- |
| Applicant (authorised to make the application on behalf of the organisation) | |
| Name (printed) |  |
| Signature |  |
| Date |  |

Checklist

|  |  |
| --- | --- |
| Please ensure that you: | Tick |
| Read the guidance for the scheme |  |
| Answer all the questions and signed the declaration |  |
| Keep a copy of your completed application form |  |
| Enclosed a copy of your signed and dated constitutions |  |
| Enclosed a copy of any quotations or notes to work out costs |  |
| Enclosed a copy of a recent bank statement |  |

**Please return completed form by email to** [**teleri.davies@cavo.org.uk**](mailto:teleri.davies@cavo.org.uk)

### *The Caring Communities Covid-19: Protect & Prepare and Comic Relief Covid-19 Voluntary Services Emergency Funding schemes are administered by CAVO, Ceredigion Association of Voluntary Organisations. Caring Communities is funded through the Welsh Government’s Integrated Care Fund, managed in Ceredigion by Hywel Dda University Health Board.*

*The information that you provide will be used by CAVO to process this application. It is necessary for us to collect this information in order for us to comply with our legal and monitoring obligations. The information on this form will be shared with other public bodies as panel members and stakeholders where appropriate to allow us to reach a decision on the provision o funding and the monitoring compliance of funding provided. The retention period for the data that we hold is explained in the CAVO privacy notice, together with your rights under the General Data Protection Regulation.*

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