**Health Protection Board Covid Community Grant Fund 2021-22**

**Application Form**

**Please read the Criteria and Guidance document before completing**

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| **Details of organisation** |
| Name of organisation as it appears on your constitution or set of rules  | Click or tap here to enter text. |
| Address  | Click or tap here to enter text. |
| Phone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Website | Click or tap here to enter text. |
| What is the status of your organisation? | Charity | Registered charity number: Click or tap here to enter text. |
| Company limited by guarantee  | Company Number:Click or tap here to enter text. |
| Constituted voluntary/community Group |
| Other  | Describe here: Click or tap here to enter text. |
| **Details of lead contact** |
| Name of lead contact | Click or tap here to enter text. |
| Position in organisation  | Click or tap here to enter text. |
| Address (if different from above)  | Click or tap here to enter text. |
| Phone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| **Your application** |
| 1. Describe your service/activities  | Click or tap here to enter text.*max 25 words* |
| 2. Amount requested | Click or tap here to enter text. |
| 3. When do you need the funds?  | Click or tap here to enter text. |
| 4. If you operate in more than one district, are you planning to apply to other districts HPB funds?  | Click or tap here to enter text. |
| 5. How has your organisation been impacted by Covid-19? Provide evidence of this impact. E.g. fundraising activities, membership fees, etc  | Click or tap here to enter text.*max 150 words*  |
| 6. What will happen to your service if you don’t receive funding  | Click or tap here to enter text.*max 100 words* |
| 7. How many people benefit from your service? | Click or tap here to enter text.*max 25 words* |
| 8. What percentage of your beneficiaries live/work or study in St Albans City and District? If it is less than 100 per cent, please explain how you will ring-fence this fund for those who do live, work or study in the district. | Click or tap here to enter text.*max 100 words* |
| 9. How have your beneficiaries been impacted by Covid-19 Please provide evidence of this need.  | Click or tap here to enter text.*max 150 words*  |
| 10. Whatoutputs and outcomeswould this grant enable you to provide? | Click or tap here to enter text.*max 150 words* |
| 11. Environmental impact - how do you ensure that your service has minimal negative environmental impact?  | Click or tap here to enter text. *max 150 words* |
| 12. Safeguarding - What do you do to keep the people who use your project safe?  | Click or tap here to enter text. *max 150 words* |
| 13. Equality, Diversity and Inclusion- What will you do to ensure your service/activities are inclusive?  | Click or tap here to enter text.*max 150 words* |
| 14. Anything else you would like to tell us about your service that has not been covered above   | Click or tap here to enter text.*max 150 words* |
| 15. What evidence are you providing to support your application?  | * Constitution [ ]
* Bank statements [ ]
* Accounts [ ]
* Quotes [ ]
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| **Bank details** Please complete your organisations payment information below. Please note that if your application is successful, the allocated grant will be paid into this account.

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| **Organisations name as it appears on the bank account** | Click or tap here to enter text. |
| **Organisations address as it appears on the bank account** | Click or tap here to enter text. |
| Name of bank or building society | Click or tap here to enter text. |
| Account name | Click or tap here to enter text. |
| Sort code | Click or tap here to enter text. |
| Account no | Click or tap here to enter text. |
| Email address*Notification of payment will be sent to this address* | Click or tap here to enter text. |
| **Signature***E-signature or insert an image*  |  |
| **Date**  | Click or tap here to enter text. |

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| ***Declaration****The information given on this application form is correct to the best of my knowledge.****Privacy Notice****This privacy notice explains how St Albans City & District Council (the Data Controller) will use any personal information we collect about you when you use our services.  We will use your information for the purposes we have set out; keep it securely; destroy it when we no longer need it; tell you the rights applicable to this personal information and how to exercise them; tell you who to complain to.**We collect the following personal data: Name, Address, Telephone number, Email address.**All this information is set out in full on the privacy notice with this form.  Please read the privacy notice at the end of this document for more details.****Consent****By completing this form you are giving consent for us to process your personal information for the purposes of outlined in the privacy notice with the form.* *You have a right to withdraw your consent at any time by emailing* *GDPR@stalbans.gov.uk**. or calling the Council on 01727 866100.****If you withdraw consent we will stop processing your application. If you supply us with an alternative contact we will require consent for that contact. If you withdraw consent after a grant has been awarded, we will withdraw the grant unless an alternative suitable contact has been provided.*** *I agree to give consent* *I confirm I have ensured that all names and contacts agree to have their details made available.  I will make sure that all Management Committee members and people involved in delivering are aware of this declaration and the privacy notice.**Name of Chairperson (please print):* Click or tap here to enter text.*Signature (please insert a scan of the signature if possible) Date:* Click or tap here to enter text. |
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