

# Application form – Outreach: Living with Covid Grants

**Please read the programme guidance fully and check the eligibility criteria before completing this application form.**

## Application deadline: 11am, 14 June 2022

|  |
| --- |
| Part A - Eligibility checklist |
| **Please check this list carefully. You must be able to answer YES to all questions in order to be eligible to apply** | Yes | No |
| 1. Are you applying for funding for an organisation (not an individual)?
 | [ ]  | [ ]  |
| 1. Does your organisation work with residents of Hackney?
 | [ ]  | [ ]  |
| 1. Does your organisation have a formal constitution or governing document?
 | [ ]  | [ ]  |
| 1. Is your organisation constituted to be not-for-profit?
 | [ ]  | [ ]  |
| 1. Does your organisation have at least two people on its Board of Trustees or Management Committee?
 | [ ]  | [ ]  |
| 1. Do your financial statements/ last set of accounts show a financial surplus?
 | [ ]  | [ ]  |
| 1. Does your organisation have a bank account, requiring at least two signatories?
 | [ ]  | [ ]  |
| 1. Are all your bank account signatories unrelated (by blood or marriage) and living at separate addresses?
 | [ ]  | [ ]  |

|  |
| --- |
| Part B – About your organisation |
| 1. Name of organisation/ lead partner:
 |       |
| 1. Address:
 |       |
| 1. Post code:
 |       |
| 1. What is the legal status of your organisation (more than one may apply)

[ ]  Company limited by guarantee[ ]  Registered charity[ ]  Voluntary organisation[ ]  Other – please describe:       |
| 1. In which year did your organisation start?
 |       |
| 1. What are the aims and objectives of your organisation?

      |
| 1. How many paid staff/volunteers are involved at your organisation?

|  |  |
| --- | --- |
| Full time staff |       |
| Part time staff |       |
| Volunteers |       |
| Board/ Trustees |       |

 |
| 1. Tell us about your organisation’s leadership, including its board or trustees, and how they represent your community.

      |
| 1. What was your organisation’s turnover in its last financial year?
 |       |
| 1. Are you applying as:

[ ]  Single organisation[ ]  Partnership or consortium, with a lead partner plus delivery partners |
| 1. If you are applying as a partnership or consortium, who are the delivery partners? You do not need to include the lead partner in this list. If there are more than three delivery partners, please send us details of all additional partners by email.
 |
| **Delivery partner 1**  |
| Name of organisation:       |
| Are they: | [ ]  Constituted organisation | [ ]  Unconstituted group |
| Please tell us what they do:       |
| **Delivery partner 2** |
| Name of organisation:       |
| Are they: | [ ]  Constituted organisation | [ ]  Unconstituted group |
| Please tell us what they do:       |
| **Delivery partner 3** |
| Name of organisation:       |
| Are they: | [ ]  Constituted organisation | [ ]  Unconstituted group |
| Please tell us what they do:       |

|  |
| --- |
| Part C– What you will do with funding |
| 1. How much would you like to apply for? (Up to £10,000)
 |
| 1. Please tell us which communities your project will support

      |
| 1. Where will your project operate?

Please be specific: if you plan to offer very localised support, please tell us where that will be.      |
| 1. Why is your organisation well placed to support the community in this area to access Covid-19 vaccination?
2. Tell us about your experience of working in this locality. Please include details of any links you already have to other relevant partners in the area. (Suggested answer length: 100-200 words)

     1. Tell us about your experience of supporting people to access Covid-19 vaccination. (Suggested answer length: 200-300 words)

      |
| 1. What activities do you plan to deliver with an Outreach grant? (Suggested answer length: 200-300 words)

      |
| 1. Please tell us how your proposed activities will make a positive difference to the numbers of people accessing Covid-19 vaccination. (Suggested answer length: 100-200 words)

      |
| 1. Please tell us how your activities will help people to be more aware of Covid-safe behaviours and have greater access to local Covid services, wider public health information and wellbeing support. (Suggested answer length: 100-200 words)

      |
| 1. Project delivery should last for six months. When will your project begin?

       |
| 1. Does your organisation currently have a Community Champion (either a member of staff or volunteer) who is actively engaged with the programme?

      |
| Part D – Project budget |
| 1. What is the total cost of the project?
 |       |
| 1. How will you spend the money? Please complete the table below:
 |
|  | Category | Details | Cost (£) |
| 1 | Staffing  |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 | Project activity costs |       |       |
| 5 |       |       |
| 6 |       |       |
| 7 |       |       |
| 8 |       |       |
| 9 |       |       |
| 10 |       |       |
| 11 |       |       |
| 12 |       |       |
| 10 | Personal protective equipment (PPE) |       |       |
| 11 |       |       |
| 12 |       |       |
| 13 | Organisation costs (e.g. premises, phone, IT) |       |       |
| 14 |       |       |
| 15 |       |       |
| 16 | Volunteer expenses |       |       |
| 17 |       |       |
| 18 |       |       |
| 19 | Stationery, printing, photocopying |       |       |
| 20 |       |       |
| 21 |       |       |
| 22 | Management costs |       |       |
| 23 | Other (please specify) |       |       |
| 24 |       |       |
| 25 |       |       |
| 26 |       |       |
| Total: |       |

Please check that your budget adds up to the total in question D1

|  |
| --- |
| Part E – Contact details and declaration |
| 1. Who can we contact about this application?
 |
| Name |       |
| What is their position in the organisation? |       |
| Phone: |       |
| Email: |       |
| 1. Declaration

I, [Your name], am an authorised representative of [Name of organisation]. My position in the organisation is [Position in the organisation].[ ]  To the best of my knowledge, the information I have provided on this application form is correct.[ ]  If a grant is awarded, this will be used exclusively for the purposes described.Date:       |

|  |
| --- |
| Part F – Supporting documents checklist |
| Please attach the following documents with your application* Your organisation’s constitution
* Your organisation’s most recent set of accounts or financial statement approved at your AGM
* A recent bank statement showing details of the bank account that you will use to receive any grant from Hackney Giving
* Your organisation’s equal opportunities policy
* Your organisation’s safeguarding policy/ policies.
 |

Hackney Giving is run by Hackney CVS (registered charity 1069736)