A group of people in speech bubbles

Description automatically generated

**Winter Warmth Application Form**

**Grants up to £500**

This form is for groups and organisations who have a constitution and an organisational bank account.

Winter Warmth grants of up to £500 are available for community groups to support families and individuals with winter warmth essentials, helping residents in Doncaster to stay warm over the colder months.

Guidance notes for completion of this form *appear in italic writing.* We need as much detail as possible when you complete the form. All questions marked \* must be completed. Any applications that are not fully completed will not be considered.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Q1. Name of constituted group or organisation** | | | | | | | | | |
|  | | | | | | | | | |
| Reference: (for DCLT use only) | | | | | | | | | |
| **\*Q2. Application Checklist**  *Please tick the applicable boxes* | | | | | | | | | |
| **Yes** | **No** | **Questions** | | | | | | | |
|  |  | Do you have a bank or building society account with at least 2 signatories? If yes, please complete section 3b | | | | | | | |
|  |  | Do you have a simple governance structure? If yes, please send a copy with your application. | | | | | | | |
|  |  | Have you applied for or received any other funding for this project? If so, please specify which grant. | | | | | | | |
| ☐ | ☐ | Please check the document list at the end of the application. **Have you attached all the necessary documents?** | | | | | | | |
| **\*Q3. Contact Details** | | | | | | | | | |
| **Name & Position:** | | | |  | | | | | |
| **Telephone Number(s):** | | | |  | | | | | |
| **Email:** | | | |  | | | | | |
| **Address & Post Code:** | | | |  | | | | | |
| **\*Q3b. Bank Details** | | | | | | | | | |
| **Name of Bank (e.g. NatWest)** | | | | | |  | | | |
| **Group/Organisation name as it appears on bank account:** | | | | | |  | | | |
| **Sort Code:** | | |  | | **Account number:** | | |  | |
| **\*Q4. What is your idea?**  *When answering please consider:*   * *What will the grant be used for?* * *Are you planning to work collaboratively with other groups/organisations in the community?* | | | | | | | | | |
|  | | | | | | | | | |
| **\*Q5. Why is the grant needed?**  *When answering please consider:*   * *Who will benefit from the project?* * *Approximately how many people will benefit?* * *How will those benefitting be identified as needing support?* | | | | | | | | | |
|  | | | | | | | | | |
| **\*Q6. What difference will this make to people?**  *When answering please consider:*   * *What are the outcomes that you expect?* | | | | | | | | | |
|  | | | | | | | | | |
| **Q7. Anything else that you would like to tell us about your project?** | | | | | | | | | |
|  | | | | | | | | | |
| **\*Q8. Which Doncaster ward/s will benefit from your Winter Warmth project?** | | | | | | | | | |
|  | | | | | | | | | |
| **\*Q9. Please provide a breakdown of what the grant will pay for** | | | | | | | | | |
| **Description:** | | | | | | | **£ per item/activity** | | |
|  | | | | | | | **£** | |  |
|  | | | | | | | **£** | |  |
|  | | | | | | | £ | |  |
|  | | | | | | | £ | |  |
|  | | | | | | | £ | |  |
|  | | | | | | | £ | |  |
|  | | | | | | | **£** | |  |
|  | | | | | | | **£** | |  |
|  | | | | | | | **£** | |  |
|  | | | | | | | **£** | |  |
| **Total grant requested:** | | | | | | | **£** | |  |
| **Total contribution from you, or any other funder:** | | | | | | | **£** | |  |
| **Total cost of activity:** | | | | | | | **£** | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Declaration:**  **This document will be used for monitoring and auditing purposes in line with Doncaster Culture and Leisure Trust’s Rules.**  **I hereby declare on behalf of** Click or tap here to enter name of group/organisation **that:**   * The information given on this form is correct to the best of my knowledge. * The organisation/group is a non-profit making body. * Any grant made by DCLT to the organisation in response to this application will be used for those activities of the organisation for which the grant is given and in accordance with the objectives of the organisation. * The organisation/group will keep proper accounts of its income and expenditure and will make these available for inspection by DCLT staff at any reasonable time. * The individual/group will maintain regular communication with DCLT, and will allow DCLT to visit/view the activity upon request. * The organisation/group will complete a case study and complete a monitoring form provided by DCLT, within 6 months of receipt of funding. * Should the grant be awarded, the amount will be itemised in the organisation’s annual accounts. * No member of the organisation’s management committee has any relationship with serving members and/or staff of DCLT. * If electronic units are purchased, they must be PAT tested before they are given out to residents. * DCLT will not be held responsible for any issues as a result of the products bought from this project.   **I also understand that:**   * Details of this application will be shared with third parties associated with the delivery of the Well Doncaster Programme. * Payment or refusal of a grant lies entirely within DCLT’s discretion. * All receipts /invoices must be submitted. * It is DCLT’s policy not to make further repeat grants to organisations/groups for any one project or activity during the same financial year as the original grant. The award of the grant by DCLT on this application will not necessarily commit to a further grant in the future.   **I confirm that the group/organisation named on the front of this application, has authorised me to sign on its behalf. I can confirm that the information given in this form is true.**  **Please note:** CDC is subject to the Freedom of Information Act 2000, and other legislation. Most of the information you supply to the DCLT on behalf of the Council may be made public.   |  |  | | --- | --- | | Full Name: |  | | Position in Group: |  | | Date: |  |   **----------------------------------------------------------------------------------------------------------------------------------------------------------------**  **Please return the completed form together with a copy of your:**   * **Governing document.** * **Most recent set of accounts showing annual turnover including bank statement within 3 months.** * **A copy of your safeguarding policies and supporting documents:**   + **If you are working with children, a Level 3 Children's Safeguarding certificate will need to be submitted.**   + **If you are working with adults at risk, a Level 3 Adult's Safeguarding certificate is recommended.**   + **DBS - if you meet the DBS criteria, please submit a copy of your DBS details.** * **A copy of your public liability insurance.** * **Any evidence to support your application.**  |  |  | | --- | --- | | **By email to:** | **sia@dclt.co.uk** | | **By post to:** | **Social Isolation Alliance, The Dome, Bawtry Road, Lakeside, DN4 7PD** | |