

**WARWICKSHIRE COUNTY COUNCIL**  
**REDUCING THE IMPACT OF COVID GRANT 2021-23**  
**APPLICATION FORM ROUND 2 – APRIL / MAY 2022**  
*INCREASING RESILIENCE IN ETHNICALLY DIVERSE COMMUNITIES*



**Please ensure you have all the relevant information before completing this form as per the guidance notes.**

**The closing date for all applications is Sunday 11:00pm 22 May 2022**

Applications should be submitted using the online application form found on our webpage [warwickshire.gov.uk/impactgrant](http://warwickshire.gov.uk/impactgrant). You cannot save progress on the webform, we advise you to use the downloadable word document to develop your application and then copy and paste it into the webform once you are ready to submit.

**SCREENING QUESTIONNAIRE**

To be eligible for this funding, you will need to meet all three of the following:

- Are you delivering a project that will benefit residents of Warwickshire
- Will your project target ethnically diverse communities
- Will your project address key impacts of covid
  - Reducing social isolation,
  - Mental health and wellbeing,
  - Unemployment,
  - Physical health

**PLEASE ENSURE THAT ALL SECTIONS OF THE APPLICATION FORM ARE COMPLETED**

Please tick the district or borough where your project will be located:

- Stratford on Avon District
- Rugby Borough
- Nuneaton and Bedworth Borough
- North Warwickshire Borough
- Warwick District

<b>Name of applying organisation:</b>	
<b>Status of your organisation:</b>	<ul style="list-style-type: none"> <li>○ Community or voluntary</li> <li>○ Registered Charity</li> <li>○ Community Interest Company (CIC)</li> <li>○ Social Enterprise</li> <li>○ Parish Council</li> <li>○ Charitable Incorporated Organisation (CIO)</li> <li>○ Other</li> </ul> <p><b>If your organisation is a Registered Charity, please provide the charity number</b></p> <p>_____</p>

<b>Contact details for main contact who will be managing this project:</b>	<i>Name of main contact person:</i> <i>Position within organisation:</i> <i>Address (inc. postcode):</i> <i>Email:</i> <i>Phone:</i>
<b>Do you have a constitution or governing document:</b>	<ul style="list-style-type: none"> <li>○ Yes. Please ensure your group has a bank account set up to receive funds. We cannot pay funds into a personal account.</li> <li>○ No (If you do not have a constitution (or other governing document) or bank account, your grant will need to be administered by an established organisation to whom the grant will be paid on your behalf.</li> <li>○ Please provide details of the administering organisation.</li> <li>○ Please contact WCAVA office for more information and advice on 01788 547258</li> </ul> <p><b>Name of administering organisation:</b></p> <p>.....</p> <p><b>Address of administering organisation:</b></p> <p>.....</p> <p>.....</p> <p>.....</p>
<b>Existing contracts, commissioned work or grants with WCC</b>	<p>Do you hold any existing contracts with WCC?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul> <p>If yes,</p> <p>Describe the funding and which department</p> <p>.....</p> <p>Value of contract</p> <p>£.....</p> <p>Contract Start Date</p>

	<p>.....</p> <p>Contract End Date</p> <p>.....</p> <p>Name of the contract manager</p> <p>.....</p>
<b>Name of proposed project:</b>	
<b>Brief project description:</b> Word count: Lot 1 - 200 Lot 2 - 400	
<b>Please select which ethnically diverse communities you will be targeting</b>	White - British White - Irish White - Any other White background Mixed - White and Black Caribbean Mixed - White and Black African Mixed - White and Asian Mixed - Any other mixed background Asian or Asian British - Indian Asian or Asian British - Pakistani Asian or Asian British - Bangladeshi Asian or Asian British - Any other Asian background Black or Black British - Caribbean Black or Black British - African Black or Black British - Any other Black background Other Ethnic Groups - Chinese Other Ethnic Groups - Any other ethnic group If other, please state: ____
<b>Please describe your target audience further (e.g. women, older people etc).</b>  <b>Word Count 200</b>	
<b>Planned project commencement date</b>	

<b>Planned project end date of funding and evaluation being submitted</b>	
<b>How much money are you asking for from this grant?</b>	£
<b>What is the overall cost of your project, including the amount requested from this grant?</b>	£
<b>Please provide details of all funding either applied for or secured to support this project.</b>	

## Details of the Project – The following questions are scored against the criteria as set out in the guidance notes.

The following criteria need to address how your activity aims to mitigate the impact of COVID-19 within the community you are working within. This will include areas of work such as the uptake of vaccinations, addressing misconceptions, promoting of testing, promoting Public Health messages, advocate national evidence-based messages and attend the regular COVID-19 information meetings. Please consider the time it will take to do this element of the work as part of the bid.

Please select the correct lot for the amount of funds you wish to apply

- Lot 1 – £0 to a maximum of £5,000 (200 words)
- Lot 2 – Over £5000 to a maximum of £15,000 (400 words)

<p><b>Criteria 1: Please describe how your project aims to address one or more of the following within Ethnically Diverse Communities:</b></p> <ul style="list-style-type: none"> <li>• Reducing social isolation</li> <li>• Mental health and wellbeing</li> <li>• Unemployment</li> <li>• Physical health</li> </ul>	
<p><b>Criteria 2: How do you know there is a need for this project?</b></p>	
<p><b>Criteria 3: How have you engaged with the wider community to develop this project and how will you continue this engagement once the project is live?</b></p>	
<p><b>Criteria 4: Are you intending on working in partnership with other organisations or groups to carry out this project?</b>          If yes, please explain how.          If no, please explain why not.</p>	
<p><b>Criteria 5: Please describe how your project will provide a direct and sustainable benefit to the local Ethnically Diverse Community?</b></p>	

<p><b>Criteria 6: Please explain how any potential volunteers for the project will be recruited, involved, managed and retained in the delivery of your project?</b></p> <p><b>If you do not plan to utilise any volunteers as part of the project please explain why.</b></p>	
<p><b>Criteria 7: How will you evaluate the project and measure the impact of the project from participants?</b></p>	

### Project Timescales

Please use the below table detail your project key milestones/deliverables for the full duration of the project. The dates can be estimates and limited to the month to indicate how long each element of the project is expected to take.

Key milestone / deliverable	Description / Breakdown of action	Expected Commencement date	Expected completion date

### Project Outcomes

Please list how your project will be delivered on the priorities of this fund in the table below.

	What items are you planning to purchase	What activity is planned to be delivered	What change is planned to be made in the community / individual
Social Isolation			
Mental Health and wellbeing			
Unemployment			
Physical Health			
Mitigating the impact of COVID-19			

### Budget

Please provide a **full breakdown** of how you will spend the money:

For projects with goods, labour and services valued over £10,000, one quotation or evidence of costs should be provided.

Where possible, evidence of costs or quotations for lesser amounts will be useful and will strengthen your application.

This will not cover energy bills or running costs of building.

Item	Amount	When do you plan to purchase this item (quarter)
1.		
2.		
3.		
4.		
5.		
6.		

### Declaration

I confirm that to the best of my knowledge all the information contained on this form is correct and accurate at the time of completion

I can also confirm that this project meets national legislation, guidance and good practice in relation to: equality and diversity, health and safety and safeguarding.

All relevant information to support my application will be submitted as requested. This will include constitution, quotes and any other information that is applicable.

### Do you agree

☐ Yes

### Privacy and anti-fraud statement

We work with partners to provide you with public services. To do this, we may need to share your information. We will do this in a way that protects your privacy.

We are under a duty to protect public funds. We may use any of the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies that are responsible for auditing or administering public funds.

The information that you have provided on this application form, and any subsequent information you provide in relation to this application, will be held on file for 7 years.

Please let us know when any of your contact details change. You have the right to know what information we hold about you and we try to make sure it is correct.

Full Privacy Policy - [www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy)

I have read and accepted the privacy and anti-fraud statement... \*

☐ Yes

### Subsidy Declaration Letter

In order to minimise any potential distortion of competition, Warwickshire County Council (“WCC”) is subject to various legal limits on how much financial assistance can be given to any single economic actor over a set period. This declaration sets out what is needed to ensure compliance with those limits. You should note carefully the requirements and the obligations. If you have any queries please seek independent legal advice.

By Article 3.2, paragraph 4, the Subsidy Control provisions set out in the UK-EU Trade and Co-operation Agreement (the “TCA”) do not apply to subsidies where the total amount granted to a single economic actor is below 325,000 Special Drawing Rights (c.£345,000) over any period of three fiscal years (i.e. your current fiscal year and previous two fiscal years).

Any subsidy provided to you from WCC in relation to your community project to be supported by the Councillors’ Grant Fund may be relevant if you wish to apply, or have applied, for any other subsidies from public authorities. You may need to declare any funding provided by the Councillors’ Grant Fund (if your application is successful) to any other body who requests information from you how much you have received in the way of subsidies.

Please advise us now of any other subsidies (which may include any state aid granted prior to 1 January 2021) which your enterprise and any enterprises linked to it may have received (from WCC or any other public authority) during your current and previous two fiscal years, as we need to check that our support added to that previously received, will not exceed the threshold of 325,000 Special Drawing Rights (c.£345,000) over the last 3 fiscal years. Subsidies and state aid includes not only grants but also assistance such as free or subsidised consultancy services, marketing advice etc. If you are in any doubt about whether previous assistance received classes as subsidy or state aid please include it.

I have read and understood the subsidy control declaration above and confirm that my organisation (or any linked to it) has NOT received subsidies nor state aid in the previous 3 fiscal years exceeding the threshold of 325,000 Special Drawing Rights (c.£345,000). I have detailed below any subsidies or state aid that my organisation (or any linked to it) has received. I acknowledge that if the information provided is not correct, I may become liable to repay any grant monies awarded.”

☐ Yes

### Statement of Subsidies and/or State aid received

I confirm that I have received the following Subsidies and/or State aid during the previous 3 fiscal years (i.e. the current fiscal year and the previous two fiscal years):

Body Providing the assistance/aid	Value of assistance (calculating the Gross Grant Equivalent)	Date of assistance



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If the above box is left blank and this letter is signed and returned, you will be deemed to have confirmed that you have not received any subsidies during the previous 3 fiscal years.

**DECLARATION:**

**I acknowledge that if I fail to meet the eligibility requirements, I/we shall become liable to repay the subsidy received.**

Company	
Name	
Signature	
Date	