WARWICKSHIRE COUNTY COUNCIL

**REDUCING THE IMPACT OF COVID GRANT 2021-23**

**APPLICATION FORM ROUND 3 – SEPTEMBER/OCTOBER 2022**

***INCREASING RESILIENCE IN ETHNICALLY DIVERSE COMMUNITIES***

**Please ensure you have all the relevant information before completing this form as per the** [**guidance notes**](https://www.warwickshire.gov.uk/impactgrant)**.**

**The closing date for all applications is Sunday 11:00pm 16 October 2022**

Applications should be submitted using both the online application form found on our webpage [warwickshire.gov.uk/impactgrant](http://warwickshire.gov.uk/impactgrant) and by completing this document and emailing it to impactgrant@warwickshire.gov.uk

|  |
| --- |
| **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 one or more of the key impacts of COVID and/or Long COVID:   + Reducing social isolation as a result of COVID and/or Long COVID   + Mental health and wellbeing as a result of COVID and/or Long COVID   + Unemployment as a result of COVID and/or Long COVID   + Physical health as a result of COVID and/or Long COVID   *If your project does not meet these three conditions, please visit* [*www.warwickshire.gov.uk/grants*](http://www.warwickshire.gov.uk/grants) *for alternative WCC funding options.* |

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

|  |  |
| --- | --- |
| **Name of applying organisation:** |  |
| **Status of your organisation:** | * Community or voluntary * Registered Charity * Community Interest Company (CIC) * Social Enterprise * Parish Council * Charitable Incorporated Organisation (CIO) * Other   **If your organisation is a Registered Charity, please provide the charity number**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact details for main contact who will be managing this project:** | *Name of main contact person:*  *Position within organisation:*  *Address (inc. postcode):*  *Email:*  *Phone:* |
| **Name of proposed project:** |  |
| **Brief project description:**  Word count: 200 |  |
| **How much money are you asking for from this grant? (up to £10,000 per application)** | £ |

**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 and/or Long COVID within the community you are working. This will include areas of work such as the uptake of vaccinations, addressing misconceptions, promoting of testing, promoting Public Health messages, and advocating national evidence-based messages. Please consider the time it will take to do this element of the work as part of the bid. Word count 300 words for each question.

|  |  |
| --- | --- |
| **Criteria 1: Please describe how your project aims to address one or more of the following within Ethnically Diverse Communities as a result of COVID and/or Long COVID:**   * **Reducing social isolation** * **Mental health and wellbeing** * **Unemployment** * **Physical health**   Projects do not have to address all four of the priorities, sometimes focusing on one priority can produce a really good project. Projects could include, for example, ideas to increase the uptake of COVID vaccinations, support for people suffering bereavement due to COVID, groups to help people cope with the effects of Long COVID, etc (please note this is not an exhaustive list). |  |
| **Criteria 2: How do you know there is a need for this project?**  What services are there already, what is new about this service. What data is there to prove there is a need for your project in the community? |  |
| **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?**  What have the community said about your project idea, have you changed your project idea based on their feedback? Please describe how you have engaged the **ethnically diverse community**, and how have you targeted the right people? Will you continue to engage this audience once you have been successful with the grant? |  |
| **Criteria 4: Are you intending on working in partnership with other organisations or groups to carry out this project?**  **If yes, please explain how.**  **If no, please explain why not.**  Partners are other people, businesses or organisations that will come and help you deliver parts of your project. They can be voluntary or statutory organisations; how will this partnership strengthen your project? |  |
| **Criteria 5: Please describe how your project will provide a direct and lasting benefit to the local Ethnically Diverse Community?**  What positive change do you anticipate from delivering this project? How will you target the **Ethnically Diverse Community** that you intend to work with? Will this project continue after the funding has finished? Please describe how this will maintain itself (if possible and how long). Are there any items that will be purchased from this funding that can be used by the community thereafter? |  |
| **Criteria 6: Please explain how any potential volunteers for the project will be recruited, involved, managed and retained in the delivery of your project?**  **If you do not plan to utilise any volunteers as part of the project please explain why.**  What training will be provided to the volunteers? What skills will the volunteers gain from this project? How will advertise / recruit volunteers, how will you retain these volunteers, and how will you support them? |  |
| **Criteria 7: How will you evaluate the project and measure its impact on participants in reducing the effects of COVID and/or Long COVID?**  How will you know that your project is successful, how will you record, monitor and evaluate this process? Consider the expectations you have set in the above, how will you report on this and know that the project has made an impact on people's lives? |  |

**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 *(what will be achieved)*** | **Priority met (social isolation/mental health & wellbeing/unemployment/physical health/mitigating impact of COVID – select one or more of these)** | **Description / Breakdown of action** | **Expected Commencement date** | **Expected completion date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Budget**

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

*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** | **Details of cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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](https://www.google.com/url?q=http://www.warwickshire.gov.uk/privacy&sa=D&ust=1527770802805000&usg=AFQjCNH6TYlpG13cVWunDjWqKMpM10khjQ)

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.£354,000) 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.£354,000) 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.£354,000). 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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 |  |