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| Office use only | Locality Area: |  | Ref: |  | Rec’d: |  |



Sheffield City Council

Ward Pot Request for Funding

2020-21 Application Form

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| **1** | What is your group called? *Give the group’s name as it appears on the bank account* ***(or the name used on any previous application(s)****).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2** | Name of project or activity for which you are requesting a grant. *Please give a short (a few words) description of what you are requesting funding for e.g. play scheme, tutor costs, community festival or replacement cooker.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3** | Please give us your contact details (this person will be known as the Grant Contact **or the** **name used on previous application(s)**): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | |  | | First name | | | |  | | | | | | Surname | | | |  | | | | | | | | | | | |
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| Position in group | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Contact Address **(please use the same address as in previous application(s))** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Your phone number, if we need to talk to you. | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Your email address, if you have one. | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **4** | Full address of where your activities will be based: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5** | Ward to which you are applying for funding (please specify): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **6** | What activities will be delivered if we give you a grant? Can everyone take part? Please give details of **who** you expect to attend, for example their **ages**, their **gender**, their **ethnicity**, whether they are **disabled** etc. If the grant is to pay for a **one-off even**t please include the date, time and venue. If it is to buy **equipment** please tell us when you will do so. If it is for an **ongoing activity**, tell us the period over which it will run so that we remind you to return your monitoring form at the end. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7** | If your activity will be delivered or items installed in an open space or is an upgrade to premises that are not owned by your organisation, have you obtained **written** **permission** from the landowner/landlord? Have you received any required planning permission, and any other necessary e.g. building regulations approval? Please tick √ the relevant box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landowner / Landlord Consent | | | | | | Yes | | | |  | | No | | | | |  | | N/a | | |  | | **If no**, the application will be rejected at this stage | | | | | |
| Planning Permission | | | | | | Yes | | | |  | | No | | | | |  | | N/a | | |  | |
| Any other required consent(s) | | | | | | Yes | | | |  | | No | | | | |  | | N/a | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8** | Have you taken advice about your insurance requirements and does your organisation have adequate **insurance** in place both for any items of equipment purchased and for the activities it delivers? Please tick √ the relevant box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | |  | | No | | | | |  | | | **If no**, the application will be rejected at this stage | | | | | | | | | | | | | | | | |
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| **9** | Does your organisation work with vulnerable adults? Please see application guidance and tick √ the relevant box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | |  | | No | | | | |  | | |  | | | | | | | | | | | | | | | | |
| Or children & young people under 18? Please tick √ the relevant box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | |  | | No | | | | |  | | |  | | | | | | | | | | | | | | | | |
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| If you have ticked ‘yes’ to either of the above and your project will be working with children, young people or vulnerable adults, please tick this box to confirm that your organisation understands and discharges its duties and responsibilities in respect of their protection. You must have a policy and procedures which are relevant and appropriate and these must be put into practice. This includes obtaining Disclosure and Barring Service (DBS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| checks and ensuring that individuals are not permitted to undertake particular activities where a disclosure casts doubt on their suitability to do so. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| *Note: We do not need you to send a copy of your policy and procedures to us but we may ask to see them or may visit your organisation to check that these policies and procedures are being put into practice. For further information and guidance on the term ‘vulnerable’ adult in relation to current legislation see Voluntary Action Sheffield information leaflet Safeguarding Vulnerable People at* <https://www.sheffield.gov.uk/home/social-care/adult-safeguarding.html> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10** | | How many people will benefit from this grant? Please include the estimated number of individuals: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **11** | | Is your group or activity *only* for men/boys or *only* for women/girls? If so, please explain why. *The Council must consider its equality duty when funding groups; If your group/ activity is for men/boys only or women/girls only you will need to tell us why so that we can be sure that you are exempt from the provisions of the Sex Discrimination Act 1975 as amended by the Equality Act 2010 which does not allow the Council to do anything that constitutes discrimination or harassment within the meaning of this legislation.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12** | | Please give us a breakdown of what you want the grant to pay for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item requested | | | | | | | | | | | | | | | | | | | | £ per item | | | | Total | | | | |
|  | | | | | | | | | | | | | | | | | | | | £ | | | | £ | | | | |
|  | | | | | | | | | | | | | | | | | | | | £ | | | | £ | | | | |
|  | | | | | | | | | | | | | | | | | | | | £ | | | | £ | | | | |
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|  | | | | | | | | | | | | | | | | | | | | £ | | | | £ | | | | |
| **Total grant requested from us** | | | | | | | | | | | | | | | | | | | | | | | | ***£*** | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13** | | Will the grant requested pay the full cost of the activity? | | | | | | | | | | | | | | | | | | | Yes | | |  | | | No | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If **no**, please tell us how you will cover the full cost. **Please include any contribution from your own reserves**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item | | | | | | Cost: £ | | | | Funding source | | | | | | | | | | | | | | | | Secured Y/N | | |
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| **Total required from other sources** | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |
| If **yes**, have you applied to any other funders for example for the same thing? (Please tell us when you will know if you are successful or not). **If you currently have reserves in your bank account you need to indicate why you do not intend to use them to contribute to this project/activity.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **14** | | If we award only part of what you have applied for, will the activity go ahead? Please explain in the box below how you will meet the rest of the costs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **15** | | If you are already set up to receive payments from the Council please add your details below:   |  | | --- | | Company/ organisation name:  SCC trade supplies number: |   Feedback  We are interested in your suggestions for improvements to this form. Any comments you have about the grants process as a whole are also welcome. Please write your views below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please note: If your application is successful and your group is not already set up as a registered SCC supplier, we will need you to set up your organisation in our finance system. You should receive this request in an email format by our Trade Supplier team asking you to follow a link that will take you to Sheffield City Council’s secure website to enter your details electronically. Please **do not** include any bank details for your group in this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please return this completed form by email  to [wardpots@sheffield.gov.uk](file:///\\sheffield.gov.uk\group\NBH\Locality%20Management\9.%20VSLT\002%20-%20Ward%20Pot%20Small%20Grants%202018-19\2018-19%20Application%20Pack\wardpots@sheffield.gov.uk) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Office use only | Locality Area: |  | Ref: |  | Rec’d: |  |

Sheffield City Council

Ward Pot Request for Funding 2020-21

Signature and Grant Conditions Form

|  |  |
| --- | --- |
| **Name of group:** |  |

*(As on your bank account and question you’re your application form)*

|  |  |
| --- | --- |
| **Ward to which you are applying**  **for funding (please specify):** |  |

|  |  |
| --- | --- |
| **Name of project or activity for which you are requesting a grant:** |  |

*(This should be the same as the description you put on your application form in question 2)*

This document outlines the terms and conditions that apply to all grants awarded from the Council’s Ward Pots. By signing the declaration on page 8 of this form you are agreeing to adhere to these terms and conditions if your application is successful.

Ward Pot Grants Conditions

1. We (the group to which the grant was awarded) will use the grant exactly for the purpose for which it is awarded. The details of the grant will be set out in the award and payment letter from the Council.
2. We will take out and maintain appropriate insurance cover for our activities (including the indemnity given in paragraph 3 below). We recognise that the Council has no responsibility to reimburse us in respect of any incidental risks, for example fire or theft, or in respect of any legal claims brought against us for which we are liable, for example a compensation claim by a third party, whether or not these occurrences are caused by our negligence. (We note that nothing in these terms excludes or limits the Council’s own liability for death or personal injury caused by its own negligence, fraud or fraudulent misrepresentation or any other matter for which it would be unlawful for the Council to exclude or limit or attempt to exclude or limit its liability.)
3. We shall indemnify the Council in respect of all losses, costs, claims, damages and liabilities whatsoever (including without limitation any special, indirect or consequential damage or losses and reasonable legal costs) incurred, received or suffered by the Council as a result of:-

(a) any act or omission (including without limitation negligence or any breach of duty or any infringement of rights of any kind) by us or any of our paid staff and volunteers (including directors/ trustees/ management committee members) (collectively referred to as ‘Our Personnel’) in connection with or in respect of or in consequence of the undertaking of any activities funded in whole or part by the grant;

(b) any breach of these terms by us or any of Our Personnel;

(c) any breach of the law by us or by any of Our Personnel acting in such capacity;

(d) without limiting paragraphs (a), (b) and (c) above, any claim, proceedings or action brought or threatened against the Council and/ or any of its personnel or elected members by any third party arising from an allegation by that third party of any of the occurrences referred to in paragraphs (a), (b) or (c) above.

1. We will obtain any necessary licences and permissions for our activities and conform to all relevant requirements in English law, for example those relating to health and safety, data protection, equal opportunities and anti-discrimination legislation.
2. If our activities involve working with children, young people or vulnerable adults we will carry out Disclosure and Barring Service (DBS) checks (previously CRB checks) on all paid staff and volunteers (including directors/trustees/ management committee members) who are in direct contact with our children, young people or vulnerable adult service users and only allow such people to take part in our activities if the result of these checks give no reason to believe that the subject of these checks might pose a risk to members of our client group. We accept that if our activities involve children, young people or vulnerable adults we will ensure that we have appropriate safeguarding policies and procedures in place before carrying out any such activities and that these are followed.
3. We will spend the grant within the time stated in the award and payment letter. If we are, or suspect we will be unable to do this we will notify the Council as soon as possible, and make a written request to the Council to extend this period or return the money promptly. The spending period will be from the date the grant was awarded until no later than 31st March 2020.
4. If we receive an over-payment of the grant we will notify the Council as soon as it is discovered and repay the over-payment promptly.
5. We will comply with all the Council’s monitoring requirements. We will complete and return to the Council the *Ward Pot Grant Monitoring Form* within 1 month of the activities funded by our grant ending, or by the 17th April 2020 whichever is earliest. The monitoring form will be accompanied by receipts for all capital items of expenditure over £100.
6. We will record the grant separately in our annual accounts and keep all financial records, including receipts and make these available to the Council when asked. Receipts/ invoices for items paid for by the grant must be kept for 6 years, or indefinitely for Capital purchases, as the Council may request to view them for audit purposes.
7. We will co-operate with the Council as our funder and comply with its grant procedures and guidance at all times.
8. We will acknowledge the Council as a funder in any publicity.
9. We will contact the Council in writing immediately if:

(a) We become aware of anything that might affect our ability to meet any of the conditions outlined in this form;

(b) We become aware of anything that might affect our ability to carry out the purpose of our grant;

(c) We discover that any of the information we have provided to the Council in connection with this grant is untrue, incomplete or misleading in any way.

1. We recognise that the Council has the right to terminate, suspend, withhold or reduce this grant or ask for some or all of it to be repaid, in the following circumstances:

(a) If we do not keep to the conditions outlined in this document and any other conditions relating to the award;

(b) If we do not complete the activities in the time stated;

(c) If the application forms are completed dishonestly or any supporting documents are false or contain misleading information;

(d) If any member of our governing body, staff or volunteers acts dishonestly or maliciously in their work for us at any time during the period of the grant;

(e) If we do not take steps to ensure equal opportunities in our employment practices and the delivery of our services.

1. We agree with the Council that the Contracts (Rights of Third Parties) Act 1999 does not apply to this grant award.
2. These terms and conditions will apply until we have spent all the grant and our Monitoring Form in respect of this grant has been approved by the Council, apart from this paragraph 15 and paragraphs 3, 7, 9, 12(a), 12(c) and 13 which will continue in force.

Declaration of intent

* I confirm the group (we) named on this form has authorised me to make the application for Ward Pot grant funding to which this form relates and that we are able to comply with the grant conditions outlined above.
* I confirm that there are at least two signatories for our bank account(s), that these signatories are not related and that at least two signatures are required to make payments or withdrawals from our bank account(s).
* The answers to the questions on this form and on the application form to which this form relates, together with any other information submitted by us in connection with this application, are true.
* I confirm we are a not for profit group.

Please tick to confirm what kind of group you are (tick only one):

|  |  |
| --- | --- |
| Unincorporated association |  |
| Company limited by guarantee/ Community Interest Company |  |
| Industrial and provident Society |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your organisation a registered charity | Yes |  | No |  |
| If yes please state charity number |  | | | |

|  |  |
| --- | --- |
| **Signature (print name)** |  |
| **Name** |  |
| **Position in group** |  |
| **Date** |  |