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**Community Wellbeing Funding Application Form**

**Introduction**

South Staffordshire Council is promoting two sources of funding which are open to groups working in the district - these are:

1. Community is the Best Medicine
2. South Staffordshire Community and Wellbeing Fund

These funding streams are currently open, and we are welcoming applications.  If you work in the district and provide support for South Staffordshire’s Communities and meet the eligibility criteria of any of these two funds, we welcome your application.

Information on eligibility for funding can be found at the end of the application form.

**Please indicate which of the funding streams you are applying for. You may apply for more than one funding stream.**

|  |  |
| --- | --- |
| Funding | Tick box |
| Community is the Best Medicine |  |
| Community Wellbeing Fund |  |

**(For more information on each grant please see the brief description at the end of the application form).**

A maximum of four applications per project will be allowed for the **Community is the Best Medicine** funding.

**We encourage applicants to discuss bids with the team and to submit applications as soon as possible.**

**Applicant Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | First Name(s): | | | Surname: |
| Organisation or group name (if relevant): | | | | |
| Organisation Type | |  | Not for profit organisation | |
|  | |  | Community interest company | |
|  | |  | Other – please specify | |

|  |
| --- |
| First Line of address: |
| Second line of address: |
| Town: |
| Post Code: |

|  |
| --- |
| Email Address: |
| Telephone: |

**Organisation Details**

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| --- |
| If applicable, please provide below a brief description of your Organisation (who you are, your membership, what you do etc). Please continue on a separate sheet if necessary: |

**Project Details**

|  |
| --- |
| Project name: |
| First Line of project address: |
| Second line of address: |
| Town: |
| Post Code: |

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| Please provide below a brief description of your Project (please continue on a separate sheet if necessary): |

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| Please provide below a brief description of the objectives and expected outcomes of your Project linked to the funding stream/s you are applying for. We will require quarterly updates if your project application is successful. (please continue on a separate sheet if necessary): |

|  |
| --- |
| Please provide below a brief description of who will benefit from the project and the geographical area it will serve within South Staffordshire? Whole district, locality, parish, ward, or village (please use locality map below): |

**Project Eligibility and Benefits**

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| --- |
| Please provide below a description of how the Project meets the Funding Eligibility Criteria included in the appendix to this application form. Also provide a description of the main benefits and long term impact the Project will create for Local Communities (please continue on a separate sheet if necessary): |

**Project Costs**

|  |
| --- |
| Total cost of the Project: |
| Amount of Community Fund Grant requested: |
|  |
| Confirmation whether the Applicant / Organisation is VAT registered and able to recover VAT on the project: |
|  |
| If relevant, please provide details below of any other funding already secured for the Project (amount, source etc). Please continue on a separate sheet if necessary: |
|  |
| If relevant, please provided details below of the amount of any funding shortfall and details of how this will be made up (please continue a separate sheet if necessary): |

|  |
| --- |
| Please provide below a brief description of how the project will be sustained after initial funding.  (please continue on a separate sheet if necessary): |

**Project Timings and Delivery**

|  |
| --- |
| Anticipated Project Start date: |
|  |
| Anticipated Project End Date (if applicable): |
|  |
| Confirmation whether planning permission required for the Project (if so, please provide below an estimated date that this will be obtained and date(s) of any pre-application engagement with the Council’s Planning Team): |
|  |
| If relevant, please provide below a brief description of quotes / tenders obtained for the Project (at least two would normally be expected): |
|  |
| If relevant, please provide below a brief description of the basis of choice of contractor / supplier, including any relationship to the Applicant / Applicant Organisation: |
|  |
| Please list below any other supporting documentation provided in support of the application (please continue on a separate sheet if necessary): |

**Measurable indicators**

|  |
| --- |
| Please provide below a brief description of success will be measured.  (please continue on a separate sheet if necessary). |

**Risk management**

|  |
| --- |
| Please provide below a brief description of potential challenges and risks to your project and any planned mitigations.  (please continue on a separate sheet if necessary): |

**Accessibility and inclusivity**

|  |
| --- |
| Please provide below a brief description of how the project will be ensure accessibility and inclusivity and any considerations for marginalised or vulnerable groups.  (please continue on a separate sheet if necessary): |

**Declaration (on behalf of organisation or group)**

|  |  |
| --- | --- |
|  | I have read the funding criteria |
|  | The information on this form is correct |
|  | Any award received will be spent on the activities specified |
|  | If an award is received I will complete and return an evaluation sheet along with supporting photos or video footage. |
|  | Dependant on the funding stream, acknowledgement will be given of South Staffordshire Council’s/ Staffordshire County Councils/West Midlands Interchange support in any publicity, printed or website material. |
|  | I give permission for press and media coverage by South Staffordshire Council in relation to this project. |
|  | That all press releases issued by us will be cleared through South Staffordshire Council |
|  | That the necessary policies and procedures will be in place prior to the commencement of the project outlined in this application |

Signed ………………………………………………………………. Date………………………….

Print Name …………………………………………………………………………………………………….

Position within the organisation ……………………………………………………………………

***If you are successful, we will require your organisation to send a copy of your latest bank statement. Payment will be made to the account on the bank statement.***

**Please return application form to Alison Long at a.long@sstaffs.gov.uk**

**Appendix A – criteria for individual funding streams**

**South Staffordshire Council Community Wellbeing Funding**

This funding is to support community and wellbeing projects that meet local priorities which are either identified within the Place Narrative and Partnership plan. [Place Narrative](https://www.sstaffs.gov.uk/our-council/council-policy/council-policy/south-staffordshire-place-narrative-and-locality-profile) Maximum funding available for each project is £1000.

**Community is the Best Medicine Fund**

The funding is to respond to increased pressures and the demand that is likely to arise from existing community support provision. The funding will be utilised for a variety of purposes including:

* To support and promote the provision of a network of warm and welcoming spaces for any in our community / communities to go to on a regular basis.
* Bespoke support packages offered by community groups to those most in need. As the cost-of-living increases (i.e. heating, food price inflation, housing costs, other costs, etc.) this will start to impact on our residents daily lives. Visitors to these locations would be able to receive a friendly welcome, someone to talk with and be listened to, whilst having a warm drink. & food in venues that are equipped to offer this facility. Food and drink maybe be offered free of charge depending on their individual’s circumstances and the resources available to the provider.
* Befriending and support for those most vulnerable in our communities including those who experience rural isolation.
* To provide support packages that are bespoke for individual communities.

**Criteria for Accessing Funding:**

* Demonstrate increased demand on existing provision of support services that cannot be contained / met from existing resources.
* Funding will be seen as a contribution to additional costs.
* Applicants will need to be an established or constituted group.
* Support to new initiatives that are targeted to supporting people with the cost of living.
* Small Local Business can apply for funding if providing additional support to the most vulnerable at no or a reduced cost.

**Funding Principles:**

* Maximum of £1,000 limit of funding however the Council have the discretion to increase contribution if need can be demonstrated.
* The council will utilise local data and intelligence to inform decisions on funding applications.
* Due to the districts geography there may be venues across the border which are better placed to offer support to our residents, due to their size , accessibility or host well established groups that can alter their operating model quickly to accommodate a warm space. Funding for groups /
* Organisations outside of the district will be eligible on the basis that they can demonstrate the need for South Staffordshire.
* It is also anticipated that some Parish Councils / partners and local community groups may want to add additional funding to support the needs of their residents during these unprecedented times. This may grow the number of Warm Spaces, services offered or core service offering.
* A maximum of four applications per project will be allowed for the Community is the Best Medicine funding.

**Return applications to: Alison Long – a.long@sstaffs.gov.uk**

A map of a country

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