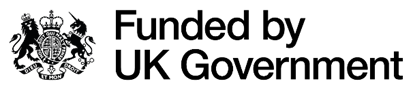
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**UKSPF - Winter Support Grant**

Application Form

Applications will be assessed on first come first serve basis subject to completion of full application form and supporting documentation.

|  |  |
| --- | --- |
| **For office use** | |
| Reference No. |  |
| Date application received |  |
| Date of appraisal |  |
| Name of appraiser |  |

|  |  |
| --- | --- |
| **Section 1 – About your organisation** | |
| Organisation name |  |
| Type of organisation | Community Interest Company  Charitable Incorporated Organisation  Company Limited by Guarantee  Social Enterprise  Registered charity  Public body which delivers or hosts community projects  Constituted body  Other – please specify:   |  | | --- | |  | |
| Has your organisation been in operation for more than 12 months? | Yes/No |
| Do you have Public Liability Insurance to a minimum of £5,000,000  If yes, please include a copy of your certificate | Yes/No |
| Are you proposing to use the grant to support preparing and serving cooked food? | Yes/No  If yes, please provide a copy of your Food Hygiene Certificate |
| Lead Contact name |  |
| Position within organisation |  |
| Organisation address |  |
| Postcode |  |
| Telephone number |  |
| Email |  |
| Website (if applicable) |  |

**Definitions**

The Winter Support Grant aims to support projects that deliver some, or all, of the following outputs and outcomes. The Grant is split into two parts, Part 1 and Part 2 (see below).

* **Part 1**

**Output** - Number of households\* receiving support that helps reduce the burden of the cost of living.

* **Part 2**

**Output** - Number of households\* supported to take up energy efficiency measures\*\*

**Outcome** - Increased take up of energy efficiency measures\*\*

Organisations can apply for either Part 1 or Part 2 or both together.

*\* A ‘household’, as defined in the 2011 Census is: ‘one person living alone; or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area’, includes houses, bungalows, flats, and maisonettes. MUST BE a Household with the Nottingham City Council Administrative Boundary.*

*Multiple residents from one household (i.e. a family) receiving support from an organisation with only count as one household and can only be claimed once for part 1 and part 2 of this grant.*

*Please note: For the purposes of the Winter Support Grant this can include places which support homeless individuals, where each homeless person can be considered a household.*

*\*\* Energy efficiency means any measures which could improve a household Energy Performance Certificate rating. It is not required to shift the letter rating, only to make progress towards this.*

|  |  |
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| **Section 2 – Proposed use of Winter Support Grant** | |
| **1 - Questions to be answered by all applicants** (Max 200 words each) | |
| Please provide a brief background to your Organisation |  |
| Please provide a summary of how your Organisation currently engages and supports households  (please list which NCC ward areas you cover i.e. St Anns) |  |
| Please provide details of the venue(s) within Nottingham City where this activity will take place and any equipment would be stored and accessed by Nottingham City residents. |  |
| How many days in a typical week would Nottingham City residents be able to access this proposed activity and support? |  |
| What date will your additional support activity start? |  |

|  |  |
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| **Section 3 - Number of households receiving support that helps reduce the burden of the cost of living (Part 1)** | |
| **Only complete this section if you are applying for Part 1 –** (go to Section 4 if only applying for Part 2)  (Max 200 words each)  Note - Organisations can apply for either Part 1 or Part 2 or both. | |
| Please provide a summary of how your Organisation currently engages and supports households with the cost of living situation |  |
| Please give details of the additional activity you are proposing to delivery using the Winter Support Grant  *(please attach a timetable of activity if you have this separately)*  *(Details of salary costs, utility bills and equipment purchases should be listed in Tables 1, 2 & 3)* |  |
| How will this activity help reduce households’ cost of living? |  |
| How many households to you intend to support using the grant before 1st March 2025.  Output - Number of households\* receiving support that helps reduce the burden of the cost of living  (number) |  |

*\* A ‘household’, as defined in the 2011 Census is: ‘one person living alone; or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area’, includes houses, bungalows, flats, and maisonettes. MUST BE a Household with the Nottingham City Council Administrative Boundary.*

*Multiple residents from one household (i.e. a family) receiving support from an organisation with only count as one household and can only be claimed once for part 1 and part 2 of this grant.*

*Please note: For the purposes of the Winter Support Grant this can include places which support homeless individuals, where each homeless person can be considered a household.*

|  |  |  |  |  |  |  |  |
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| **Table 1 - Details of staffing costs being contributed to using the Grant (Part 1)**  (staffing can include paid or voluntary) | | | | | | | |
| ***Line No.*** | ***Staff Role*** | ***Cost*** | ***Dec 24*** | ***Jan 25*** | ***Feb 25*** | ***Total cost (exc. VAT)\**** | ***Contribution from Grant / Total cost*** |
| *Example* | *Event coordinator* | *Monthly salary cost / volunteer expenses* | *£2000* | *£2000* | *£2000* | *£6000* | *na* |
| *Contribution from Grant* | *£200* | *£200* | *£200* | *£600* | *10%* |
| *1* |  | *Monthly salary cost / volunteer expenses* |  |  |  |  | *na* |
| *Contribution from Grant* |  |  |  |  |  |
| *2* |  | *Monthly salary cost / volunteer expenses* |  |  |  |  | *na* |
| *Contribution from Grant* |  |  |  |  |  |
| *3* |  | *Monthly salary cost / volunteer expenses* |  |  |  |  | *na* |
| *Contribution from Grant* |  |  |  |  |  |
| Add additional lines if necessary | |  |  |  |  |  |  |
| **Total value of grant requested - Part 1** | | | | | | *£* | *na* |
| **Total contribution to costs of staff who deliver the activities** **in Part 1** (up to 20% of total value of Part 1 grant) | | | | | | *£* | *xx%* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 2 - Details of utility costs being contributed to using the Grant (Part 1)**  (gas and electric bills) | | | | | | | | |
| ***Line No.*** | ***Cost*** | ***Dec 24*** | ***Jan 25*** | ***Feb 25*** | ***Total cost (exc. VAT)\**** | | ***Contribution %*** | |
| *Example* | *Estimated cost of gas per month* | *£250* | *£250* | *£250* | *£750* | | *na* | |
| *Contribution to cost of gas from Grant to cover additional activities* | *£25* | *£25* | *£25* | *£75* | | *10%* | |
| *1* | *Estimated cost of gas per month* |  |  |  |  | | *na* | |
| *Contribution to cost of gas from Grant to cover additional activities* |  |  |  |  | |  | |
| *2* | *Estimated cost of electricity per month* |  |  |  |  | | *na* | |
| *Contribution to cost of electricity from Grant to cover additional activities* |  |  |  |  | |  | |
| **Total value of grant requested - Part 1** | | | | | | *£* | | *na* |
| **Total contribution to costs of utilities being contributed to Part 1** (up to 20% of total value of grant) | | | | | | *£* | | *xx%* |

\*NCC can’t pay VAT on salaries and utilities bills

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3 - Details of equipment to be purchased using the Grant (Part 1)** | | | | | | | |
| For each item of equipment please go to Appendix 1 and provide more details for each line. | | | | | | | |
| **Line no.** | **Item of equipment to be purchased** | **No. of items** | **Supplier** | **Planned date of purchase** | **Total cost (exc. VAT)** | **Total cost (incl. VAT)** | |
| 1 |  |  |  |  | £ | £ | |
| 2 |  |  |  |  | £ | £ | |
| 3 |  |  |  |  | £ | £ | |
| 4 |  |  |  |  | £ | £ | |
| 5 |  |  |  |  | £ | £ | |
| 6 |  |  |  |  | £ | £ | |
| 7 |  |  |  |  | £ | £ | |
| 8 |  |  |  |  | £ | £ | |
|  | Add additional lines if necessary |  |  |  |  |  | |
| **Total cost of equipment to be purchased** | | | | | £ | £ | |
|  | | | | | | | |
| **Total grant requested for equipment for Part 1** | | | | | | £ | |
| \*For organisations who can not reclaim VAT, total grant requested should include the VAT amount. | | | | | | |
|  | | | | | | |

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| **Section 4 - Number of households supported to take up energy efficiency measures and Increased take up of energy efficiency measures (Part 2)** | |
| **Only complete this section if you applying for Part 2 –** (go to Section 3 if only applying for Part 1  (Max 200 words each)  Note - Organisations can apply for either Part 1 or Part 2 or both. | |
| Please provide a summary of how your Organisation currently engages and supports households with energy efficiency measures |  |
| Please give details of the additional activity you are proposing to delivery using the Winter Support Grant  *(please attached a timetable of activity if you have this separately)*  *(Details of salary costs and equipment purchases should be listed in Tables 4 and 5)* |  |
| How will the activity improve households’ energy efficiency? |  |
| How many households to you intend to support using the grant before 1st March 2025.  Output - Number of households supported to take up energy efficiency measures\*\* (number)  Outcome - Increased take up of energy efficiency measures (number) |  |

*\*\* Energy efficiency means any measures which could improve a household Energy Performance Certificate rating. It is not required to shift the letter rating, only to make progress towards this.*

|  |  |  |  |  |  |  |  |
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| **Table 4 - Details of staffing costs being contributed to using the Grant (Part 2)**  (staffing can include paid or voluntary) | | | | | | | |
| ***Line No.*** | ***Staff Role*** | ***Cost*** | ***Dec 24*** | ***Jan 25*** | ***Feb 25*** | ***Total cost (exc. VAT)\**** | ***Contribution from Grant / Total cost*** |
| *Example* | *Event coordinator* | *Monthly salary cost / volunteer expenses* | *£2000* | *£2000* | *£2000* | *£6000* | *na* |
| *Contribution from Grant* | *£200* | *£200* | *£200* | *£600* | *10%* |
| *1* |  | *Monthly salary cost / volunteer expenses* |  |  |  |  | *na* |
| *Contribution from Grant* |  |  |  |  |  |
| *2* |  | *Monthly salary cost / volunteer expenses* |  |  |  |  | *na* |
| *Contribution from Grant* |  |  |  |  |  |
| *3* |  | *Monthly salary cost / volunteer expenses* |  |  |  |  | *na* |
| *Contribution from Grant* |  |  |  |  |  |
| Add additional lines if necessary | |  |  |  |  |  |  |
| **Total value of grant requested - Part 2** | | | | | | *£* | *na* |
| **Total contribution to costs of staff who deliver the activities** **in Part 2** (up to 20% of total value of Part 2 grant) | | | | | | *£* | *xx%* |

\**NCC can’t pay VAT on salaries and utilities bills*

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Table 5 - Details of equipment to be purchased using the Grant (Part 2)** | | | | | | | | | | | |
| For each item of equipment please go to Appendix 2 and provide more details for each line. | | | | | | | | | | | |
| **Line no.** | **Item of equipment to be purchased** | **No. of items** | | | **Supplier** | | **Planned date of purchase** | **Total cost (exc. VAT)** | | **Total cost (incl. VAT)** | |
| 1 |  |  | | |  | |  | £ | | £ | |
| 2 |  |  | | |  | |  | £ | | £ | |
| 3 |  |  | | |  | |  | £ | | £ | |
| 4 |  |  | | |  | |  | £ | | £ | |
| 5 |  |  | | |  | |  | £ | | £ | |
| 6 |  |  | | |  | |  | £ | | £ | |
| 7 |  |  | | |  | |  | £ | | £ | |
|  | Add additional lines if necessary |  | | |  | |  |  | |  | |
| **Total cost of equipment to be purchased** | | | | | | | | £ | | £ | |
|  | | | | | | | | | | | |
| **Total grant requested for equipment for Part 2** | | | | | | | | | | £ | |
| \*For organisations who can not reclaim VAT, total grant requested should include the VAT amount. | | | | | | | | | | |
| **Table 6 – Summary of Total Grant Requested** | | | | | | | | | | |
| **Part 1 Grant: Support with the Cost of Living** | | | | | | | | | | |
| Grant amount included in Table 1 | | | Contribution to Salaries & Volunteer expenses | | | | | | £ | |
| Grant amount included in Table 2 | | | Contribution to cost of utilities | | | | | | £ | |
| Grant amount included in Table 3 | | | Contribution to cost of equipment | | | | | | £ | |
| **Total requested for Part 1 Grant** (Table 1 + Table 2 + Table 3) | | | | | | | | | **£** | |
| **Part 2 Grant: Improving Energy Efficiency** | | | | | | | | | | |
| Grant amount included in Table 4 | | | | Contribution to Salaries & Volunteer expenses | | | | | £ | |
| Grant amount included in Table 5 | | | | Contribution to cost of equipment | | | | | £ | |
| **Total requested for Part 2 Grant** (Table 4 + Table 5) | | | | | | | | | **£** | |
| **Total Grant requested** (Table 1 + Table 2 + Table 3 + Table 4 + Table 5) | | | | | | | | |  | |
| **Please check:**   * Total Grant requested for Part 1(Table 1 + Table 2 + Table 3) is no more than £3,000 * Amount in Table 1 is not more than 20% of Total Grant requested for Part 1 * Amount in Table 2 is not more than 20% of Total Grant requested for Part 1 * Total Grant requested for Part 2 (Table 4 + Table 5) is no more than £3,000 * Amount in Table 4 is not more than 20% of Total Grant requested for Part 2 * Total requested for Part 1 + Part 2 (Table 1 + Table 2 + Table 3 + Table 4 + Table 5) is no more than £5,000 * Total requested for Part 1 + Part 2 (Table 1 + Table 2 + Table 3 + Table 4 + Table 5) is at least £2,000 | | | | | | | | | | |
|  | | | | | | | | | | |
| **Section 5 - Subsidy Control** | | | | | | | | | | | |
| The new UK subsidy control regime commenced from 4 January 2023. The new regime enables public authorities, including devolved administrations and local authorities, to deliver subsidies that are tailored for local needs. Public authorities giving subsidies must comply with the UK’s international subsidy control commitments. The subsidy control legislation provides the framework for a new, UK-wide subsidy control regime. Further information about subsidy control can be found on the gov.uk website at: <https://www.gov.uk/government/collections/subsidy-control-regime> | | | | | | | | | | | |
| Have you received a Subsidy or State Aid of more than £315,000 over the last 3 financial years | | | | | | Yes  No | | | | | |

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| **Section 6 – Payment of grant** |

|  |  |
| --- | --- |
| Are you registered as a purchasing supplier on the NCC financial system? | Yes  No |

|  |  |
| --- | --- |
| **Section 7 - Declarations** | |
| * I confirm that I am authorised to sign on behalf of the company and confirm that the information contained in this application form is correct to the best of my knowledge * I declare that neither myself as signatory to the application, members of the governing body of the company or agents acting on our behalf have an interest in the awarding of contacts to the suppliers who have quoted for the work. * I understand that any financial assistance granted will be repayable on demand, or future payments not made, if any information provided is found to be incorrect. I give permission for the information contained in this form to be shared, if requested, by the Programme funding body, the Ministry of Housing, Communities & Local Government (MHCLG) and Nottingham City Council. * I accept that the grant is consistent with most recent UK government law regarding subsidy control and any over payment of grant will be paid back to Nottingham City Council. * I understand that if Nottingham City Council approves the application, the terms and conditions shall be enforceable on the basis of the Terms and Conditions of the grant scheme * I understand that providing wrong or misleading information is a criminal offence and any such information may be used against applicants in any subsequent criminal investigation. The information provided on the online application form may be made available to other departments/agencies for the purposes of preventing or detecting crime. * I understand that any grant received by a business must be declared to HM Revenue & Customs (HMRC) as appropriate as part of the tax return for the business. * I confirm that the information provided in this application is a true and accurate description of the intended use of the grant. | |
| **Data protection** | |
| The Winter Support Grant project is funded through the UK Shared Prosperity Fund (UKSPF) administered by the Nottingham City Council.  The Winter Support Grant project has contractual obligations to record outputs and outcomes associated with this funding. Further details on the collection of this information will be included in the Grant Agreement should this application be successful.  For the purposes of the General Data Protection Regulation (GDPR), in terms of the information processed, the following parties are Data Controllers:   * The Lead Authority, Nottingham City Council   See the Privacy Notice on the Nottingham City Council UKSPF webpage for more information (www.nottinghamcity.gov.uk/ukspf). | |
| **Name** |  |
| **Signature** |  |
| **Position in business** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Section 8 – Application checklist.**  **Please use this checklist to ensure that you send us everything that we need to assess your application.** | |
| You have answered all the relevant questions on this application form | Yes  No |
| You have enclosed a proof of Public Liability Insurance | Yes  No |
| You have enclosed a proof of Food Hygiene Certificate, where applicable | Yes  No NA |
| You have read and signed Section 7: Declarations | Yes  No |
| You have completed the Appendix sections where applicable | Yes  No |

|  |
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| **Next Steps** |
| Please email the completed form and supporting documents (Public Liability certificate, Food Hygiene Certificate) to:  **ukspf@nottinghamcity.gov.uk**  On receipt of a fully completed application, your application will be acknowledged as received and a decision made within 2 weeks of receiving the application. The volume of applications may affect this timescale.  Completing this application form does not guarantee the awarding of a grant. An offer letter will be sent to you if your application is approved. |

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| **Appendix 1 – Supplier details (Part 1)** |
| Please complete one table for every item or service listed in Table 3. Add additional boxes if required |

|  |  |
| --- | --- |
| **Line no. 1** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

|  |  |
| --- | --- |
| **Line no. 2** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

|  |  |
| --- | --- |
| **Line no. 3** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

Please add tables more as needed

|  |
| --- |
| **Appendix 2 – Supplier details (Part 2)** |
| Please complete one table for every item or service listed in Table 5. Add additional boxes if required |

|  |  |
| --- | --- |
| **Line no. 1** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

|  |  |
| --- | --- |
| **Line no. 2** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

|  |  |
| --- | --- |
| **Line no. 3** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

Please add more tables as needed