**Disclaimer:**

|  |  |
| --- | --- |
| Have you read and signed the guidance document provided with this application?  (This provides important information regarding the requirements of this grant. Please note: if you do not sign the guidance document and return it with this application with the required information and evidence requested then your application will be declined.) |  |

**About your Organisation:**

|  |  |
| --- | --- |
| Name and address of Organisation |  |
| Address of where your project will be delivered. |  |
| Person completing the Application |  |
| Role within Organisation |  |
| Contact information | Email: |
| Phone: |
| Contact details to be used for advertising purposes |  |
| Type of organisation  (please circle as appropriate) | Business Community Group Registered Charity Voluntary Group Town / Parish / Community Council  Education provider Other (pls. specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Registration number: |  |

**About your current Services:**

|  |  |
| --- | --- |
| Number of people supported (weekly average) |  |
| Number of hours of support delivered weekly |  |
| What types of support are currently provided by your organisation |  |

**About the Grant**:

|  |  |
| --- | --- |
| How much funding are you asking for in total? (£) |  |
| Expected admin costs (£) |  |
| What are you going to use the grant funding for?  Please provide as much information as possible and a breakdown of costs |  |
| Which area(s) of the Island does your support cover? |  |
| How have you identified eligibility? |  |
| What will you do if funding is not provided? |  |
| Have you applied for any other funding towards this project? |  |
| How do you plan on getting feedback on this project from residents? |  |
| How will you determine the success of this project, so these can be reported back during the grant period? |  |
| What outcomes do you expect to achieve from this project? |  |

Please provide a breakdown of how to anticipate spending the funds

(please note this information is a requirement by Department for Work and Pensions (DWP))

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **H/hold with children** | **H/hold with pensioners** | **H/hold with a disabled person** | **Other h/holds** | **Total** |
| **Spend (£’s)** |  |  |  |  |  |
| **Awards (volume)** |  |  |  |  |  |
| **No. of different households helped** |  |  |  |  |  |

Please indicate your projected split of the award by category

Please note this information is required by DWP

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Energy & water** | **Food (excl. FSM support in the holidays)** | **Essentials linked to Energy & water** | **Wider essentials** | **Housing Costs** | **Advice** | **Total** |
| **Spend (£’s)** |  |  |  |  |  |  |  |
| **Awards (volume)** |  |  |  |  |  |  |  |
| **No. of different h/holds helped** |  |  |  |  |  |  |  |

Please indicate the type of support you will be providing

Please note this information is required by DWP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Vouchers** | **Tangible items** | **Advice** | **Total** |
| **Spend (£’s)** |  |  |  |  |
| **Awards (volume)** |  |  |  |  |
| **No. of different households helped** |  |  |  |  |

Please indicate which access route you anticipate your funding taking

Please note this information is required by DWP

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Application-based** | **Proactive Support** | **Total** |
| **Spend (£’s)** |  |  |  |
| **Awards (volume)** |  |  |  |
| **No. of different households helped** |  |  |  |

**DECLARATION:**

I confirm that the information I have provided is accurate and that I am authorised to submit this application for funding by the Organisation I represent.

**STATE AID:**

The Council offers the Grant to the Recipient to deliver public service obligations (the entrustment of which can be found at Schedule 1, Section 3) for the duration of the Grant Period. The Recipient accepts the Grant and agrees to comply with the requirements of the SGEI Decision[[1]](#footnote-2).

To meet the terms of the SGEI Decision, the Recipient agrees:

1. to spend the entirety of the Grant on the Funded Activities and to collect evidence of such expenditure;
2. if at the end of the Grant Period not all the Grant has been spent on the Funded Activities (or cannot be demonstrated to have been spent on the Funded Activities to the reasonable satisfaction of the Council) then the Recipient agrees to return such funding to the Council;
3. to put in place appropriate processes to demonstrate that the Grant has not been used for any other activities carried out by the business (this may be achieved by demonstrating the entirety of the Grant has been directed towards the Funded Activities or by putting in place accounting processes);
4. to keep records demonstrating compliance with the SGEI Decision for not less than 10 years after the end of the Grant Period and provide these to the Council if requested; and
5. that information on the Grant and the Funded Activities can be provided as part of the reporting requirements at Article 9 of the SGEI Decision.

Signed:

Name:

Date:

1. Commission Decision of 20 December on the application of Article 106(2) of the Treaty on the Functioning of the European Union to State aid in the form of public service compensation granted to certain undertakings entrusted with the operation of services of general economic interest, Official Journal L7, 11.01.2012, p. 3-10 [↑](#footnote-ref-2)