**Household** **Support Fund**

**Community Pantry application**

**About your Organisation:**

|  |  |  |
| --- | --- | --- |
| Name of Organisation |  | |
| Person completing the Application |  | |
| Role within Organisation |  | |
| Contact information | Email: |  |
| Phone: |  |
| Address: |  |
| 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**About your services:**

|  |  |
| --- | --- |
| Opening hours:  Please include your ‘quiet’ times, although be reassured these will **not** be advertised by us. |  |
| Number of visits (weekly average) |  |
| What is your current cost of delivery based on the last six-months?  (total expenses ÷ number of visits) |  |
| Please provide the current balance of your pantry bank account. |  |

**About the Grant**:

|  |  |
| --- | --- |
| How much funding are you asking for? (£) |  |
| Please provide a breakdown of costs between essential food items and allocation of administrative time for reporting purposes. |  |
| Please confirm how you will be exploring additional funding to assist the future funding plan and sustainability considerations of the pantry. |  |
| Please outline any links and arrangements you have in place for supply of food and provisions; please specify if these are donations, rescued or bought food. |  |
| Please provide an outline of the support and wraparound services that currently exist or that your organisation or site has active links with. |  |
| Beyond the provision of food, please outline any supplementary support services that you offer from the community pantry |  |

**Management Information Reporting**

This information is mandatory for all applications.

Please provide a breakdown of how to anticipate spending the funds for each household composition.

(please note this information is a requirement by Department for Work and Pensions (DWP)) The associated guidance document will be able to assist you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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 by type.

Please note this information is required by DWP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Vouchers** | **Tangible items** | **Other** | **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** | **Other** | **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)