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| **Application Form Covid19 Prompt Action Fund** | |
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| **Part A: For applicant – please complete this section** | |
| It is essential that you complete all the boxes so that your application can be processed quickly. Please also ensure that you have read the guidance notes please contact the Covid19 grant team with any questions. | |
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| 1. Your name: |  |
| 1. Name of organisation/group/Project |  |
| 1. Your position in the organisation (e.g. chairman, secretary, clerk or treasurer):   NB: If you are an informal group without a bank account or a private business or individual then you will need the support of a sponsor organisation. Please refer to note \*\*(a) on the guidance below. |  |
| 1. Address of organisation/Project: |  |
| 1. E-mail address of Organisation/Project:   **Please note this will not be released to third parties it is for our administration purposes only** |  |
| 1. Telephone Contact |  |
| Please state Charity or CIC registration number if applicable to your group or state groups/communities you are working with. |  |
| 1. Name of sponsoring organisation   see guidance note \*\*(a) |  |
| 1. Address of sponsoring organisation see guidance note \*\*(a) |  |
| 1. E-mail address and telephone contact of Sponsor Organisation - see guidance note \*\*(a)   **Please note this will not be released to third parties it is for our administration purposes only** |  |
| 1. Signature for Sponsor Organisation   *I Confirm that these funds will be spent only on work/items/activity eligible for COVID-19 funding as set out in the priorities for the fund.* |  |
| Position in Sponsor Organisation |  |
| **Bank account or building society details**   1. Account name as shown on organisation’s bank statement or passbook: 2. Account number: 3. Sort code: |  |
| 1. Description of the project, item or activity for which the funding will be used:   Please include how the project or activity will meet the aims of this funding. |  |
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| 1. Project/Item/Activity start date:   NB: Start date must be within 12 weeks of this application |  |
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| 1. Total cost of project/item/activity   £   1. Amount of COVID19PA funding requested |  |
| 1. If there is a difference between the total cost of project/item/activity and the amount of CPA funding requested, please specify how the gap will be filled? |  |
| **Guidance:**  **\*\*(a) Non-constituted groups without their own, separate bank account, small local businesses and individuals may apply but they will need to do so with the support of an accountable constituted organisation acting on their behalf either as guarantor or as the holder of the funding. If you fall into this category, organisations that DCC would accept as guarantor or fund holder include:**   * **Town or Parish Councils** * **Local Community and Voluntary Services organisation (CVS)** * **Village Hall** * **Another constituted local Voluntary group that qualifies**   **If you are uncertain how to do this then please contact** [**COVID19FUND@devon.gov.uk**](mailto:COVID19FUND@devon.gov.uk) **and mark your email SUPPORT in the subject line.**  **\*\*(b) If you are successful in getting funding for your idea/initiative, we will ask you for some feedback on how your project went within 3 months of the project being completed, and then again later if requested. We will require the following:**   * **Details of how many people benefited from the project.** * **Copies of invoices and receipts relating to the DCC grant provided.** * **Did you receive any other match funding towards this project and if so, how much?**   **Terms and Conditions** | |
| I confirm that:   * I am authorised to sign on behalf of the above-named organisation and that any funding will be used to benefit the community in line with the priorities of the COVID19 Fund and will only be used for the purposes specified in the application; * This CPA grant will be used before 31 March the relevant 2021 and any unspent/uncommitted monies will be returned to Devon County Council promptly; without proof of purchase or commitment. * That I/we will provide Devon County Council with a statement of how the funding has benefited the organisation/local community Please see \*\*b in the guidance form for details of what we require. * That I/we acknowledge and understand that approval of any grant relating to this application does not commit the County Council to on-going funding   Signature…………………………  *NB If you are sending this by email please include a covering note indicating your acceptance of the terms and conditions (above) within the email.*  Date: ……………………………  When Part A is complete, please email this form to COVID19FUND@devon.gov.uk | |

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| **Part B: Admin** |
| Ref: # from spreadsheet entry: COVID19PAF |
| Amount of funding agreed (£): |
| Signature 1 (or by email) Assessing Officer:  Declaration:  I agree to this payment being made to the above organisation in accordance with the Council’s Scheme of Delegation (paragraph 12) and the approved COVID19FUND operating principles and guidance. I confirm that this funding is for a not for private profit organisation.  *NB A scanned electronic signature is acceptable, or a covering e-mail indicating the sum approved, along with the email trail from the recipient for audit purposes.*  Print name:    Date:  Signature 2 (or by email) Cabinet Member for Communities:  Declaration:  I agree to this payment being made to the above organisation in accordance with the Council’s Scheme of Delegation (paragraph 12) and the approved Making The Connection operating principles and guidance. I confirm that this funding is for a not for private profit organisation. I have indicated any disclosable pecuniary or personal interest below.  *NB A scanned electronic signature is acceptable, or a covering e-mail indicating the sum approved, along with the email trail from the recipient for audit purposes.*  Print name:  Date: |
| Details of declaration of interest if applicable: |

When parts A and B have been completed,

Send form via e-mail to: COVID19FUND@devon.gov.uk

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| **Part C: For office use only COVID19PAF** |

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| **Reference Number:** | | | | | | | | | | | | | |
| Manage | | Activity | | | Item | | Job | VAT | | Amount | | |
|  | |  | | |  | |  |  | |  | |  |
| Total to be paid | | | | | | | | | |  | |  |
| Certified as per Financial Regulations | | | | | | | Authorised for Payment | | | | | |
| Signed (1) | | | | | | | Signed (2) | | | | | |
| Date | | | | | | | Date | | | | | |
| Entity |  | | Proc.  by |  | | Reg. No. | | | Auth. by. | |  | |