# Application form

## **Measures to Reduce the Impacts from Cost of Living Crisis for Households in the Bradford district**

|  |  |
| --- | --- |
| **Before completing this application, confirm you have read and agree with the criteria in the ‘Call for funding’ document (tick box)** |  |

### **Applicant details**

|  |  |
| --- | --- |
| **Organisation/business name** |  |
| **Type (select from drop down)** | Choose an item. |
| **Companies House/Other number** |  |
| **Year established/incorporated** |  |
| **Number of FTE employees** |  |
| **Number of volunteers** |  |
| **Address** |  |
| **Post code** |  |
| **Website / Social media links** |  |
| **Contact person name** |  |
| **Telephone number** |  |
| **E-mail address** |  |
| **Bradford area (drop down)** | Choose an item. |
| **Are you applying to more than one area?** | Choose an item. |
| **Ward(s) please state** |  |

(Note: if you are applying to deliver activity in more than one area, submit one application to each relevant area)

### **Bank details**

|  |  |
| --- | --- |
| **Account payee name** |  |
| **Bank name** |  |
| **Sort code** |  |
| **Account number** |  |
| **Full address of bank including post code** |  |

This information must match the bank statement copy provided as part of this application.

### **Please provide a clear description in no more than 500 words of the activity you are applying for within the box below including what you want to do, why there is a need, where this will be held, who will benefit etc**

|  |
| --- |
|  |

### **Please provide details of what difference this will make and wider project benefits in the box below**

|  |
| --- |
|  |

### **Please provide details of anticipated outputs and outcomes to be achieved from this project**

|  |  |
| --- | --- |
| Number of households receiving support |  |
| Number of households supported to take up energy efficiency measures |  |
| Number of improved engagements |  |

Outputs need to be delivered by the end of the programme.

See the Call document for definitions.

### **Please provide details of anticipated outputs and outcomes to be achieved from this project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Timescale for project (note: end date for delivery must be by 31st March 2024) | Start | Click or tap to enter a date. | End | Click or tap to enter a date. |

### **Please clearly provide details of total cost and a clear breakdown of total expenditure**

|  |  |
| --- | --- |
| Total grant value (delivery) | £ |
| Management & Administrative cost (max 10% of grant value) | £ |
| **Total value applied for** | **£** |
| Please provide details of any other funding applied for, if this has been secured or not including who will benefit |  |

|  |  |
| --- | --- |
| **Activity 1 – details of expenditure itemise individually** | |
| |  |  | | --- | --- | | Details of expenditure | Cost | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |
| Estimate of total cost | £ |

|  |  |
| --- | --- |
| **Activity 2 – details of expenditure itemise individually** | |
| |  |  | | --- | --- | | Details of expenditure | Cost | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |
| Estimate of total cost | £ |

(Copy the table above if you include more than two activities)

### **Other related grants**

|  |  |
| --- | --- |
| Has this organisation received any funding from Bradford Council in the past 12 months (if Yes, please Complete the table below) | Choose an item. |

|  |  |  |
| --- | --- | --- |
| Name of funds | Project Details (including completion date) | Amount Received |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### **Additional evidence to be attached with this application form**

|  |  |
| --- | --- |
| Evidence of constitution / governance document |  |
| Bank statement clearly stating your organisation’s name and bank details (transactions can be redacted) |  |
| Safeguarding policy for working with children and vulnerable adults (if applicable) |  |
| Copy of public liability insurance |  |
| Copies of quotations |  |

### **Declaration**

I confirm that the information provided in this form is correct. I agree with the criteria and terms & conditions set out in the Call document. I have attached all the requested documents.

|  |  |
| --- | --- |
| **Print name** |  |
| **Signature** |  |
| **Position in organisation** |  |
| **Date** |  |

**Submit the application form and requested documents via e-mail to the respective District Area Office:**

|  |  |
| --- | --- |
| Bradford East | [bradfordeastinformation@bradford.gov.uk](mailto:bradfordeastinformation@bradford.gov.uk)  01274 431066 |
| Bradford South | [BradfordSouthAreaOffice@bradford.gov.uk](mailto:BradfordSouthAreaOffice@bradford.gov.uk)  01274 431155 |
| Bradford West | [BradfordWestInfo@bradford.gov.uk](mailto:BradfordWestInfo@bradford.gov.uk)  01274 432597 |
| Keighley | [KeighleyAreaCoordinatorsOffice@bradford.gov.uk](mailto:KeighleyAreaCoordinatorsOffice@bradford.gov.uk)  01535 618008 |
| Shipley | [ShipleyAreaOffice@bradford.gov.uk](mailto:ShipleyAreaOffice@bradford.gov.uk)  01274 437146 |