

# Small Grant Application Form – COVID 19

## Small grants and Summer Programme

### For Groups

**This application form is for Grants to support organisations responding to Covid-19 in ways that directly impact on our tenants. Grants are to cover specific costs or needs of organisations and activity must demonstrate it includes or tenants.**

#### 1 Name and contact details of applicant:

Name of group/organisation:	
Address:	
Contact Number:	
Email address:	
Name of person completing this form and your position in the group:	
If being completed by a LiveWest member of staff. Please provide your name and team.	

#### 2 Under what category are you applying for funding

Please tick appropriate category.	<input type="checkbox"/> Holiday Hunger <input type="checkbox"/> Young People <input type="checkbox"/> Community Pride <input type="checkbox"/> Other/ LiveWest small grants programme
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#### 3 Purpose of the funding - Please explain what you will use the funding for:

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**4 Amount applied for:**

<p>We are keen to spread our support as widely as possible and will be giving small repeated donations based on need and how this is benefiting LiveWest Residents.</p> <p>If you have a specific requirement, please explain how much are you applying for?</p>	<b>Item/service</b>	<b>Cost</b>
		£
		£
		£
		£
	<b>Total</b>	£
	<b>Income from any other sources?</b>	£
<p><b>Bank Details:</b> If your application is approved, we will send payment by BACS transfer. <i>Please provide bank details.</i></p>	<p>Account Name:</p> <p>Account Number:</p> <p>Sort Code:</p> <p>Organisational contact for us to verify bank details:</p>	

**5 Who is the organisation and how long have they been running, or what is their core work and do they have a history of working with LiveWest?**

<input type="checkbox"/> Local community group <input type="checkbox"/> Residents Association <input type="checkbox"/> Community Interest Company	<input type="checkbox"/> Registered Charity <input type="checkbox"/> Limited Company <input type="checkbox"/> Other
Registered number if applicable _____	
other information:	

**6** Where will the project, activity or event take place, how will it include LiveWest residents, how many people do you expect it to benefit and what proportion of those will be LiveWest residents? Is your project targeted at any specific age range or groups such as elderly people, people self-isolating or families?

**7** How have you identified the need for it? If anyone else is running a similar project locally, how will you work with them to compliment your work or prevent duplication?

**8** Please explain any other funding you have received?

**9** Any other information

**10 It is important we target our support to benefit LiveWest customers. Please can you explain how you will monitor and record this?**

Please email completed application to - [grants@livewest.co.uk](mailto:grants@livewest.co.uk)

### **General Data Protection Regulation**

LiveWest is subject to the requirements of The General Data Protection Regulation, please see our website for our current Privacy notice.

By signing this proposal form, you agree to the following:

1. We will use this application form and the other information you give us for the following purposes only:
  - To decide whether to support your activity or project with LiveWest funding
  - To hold in our database and use for statistical purposes and future monitoring of the project.
  - By writing your name on this form and submitting it to LiveWest, we can take this as consent for us to hold the data provided and use it for the purpose it was given.
  
2. LiveWest reserve the right to withdraw any application

In submitting this application, you confirm that, to the best of your knowledge, the information provided on this form is correct and you confirm that any grant awarded will be used exclusively for the purposes described.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_