

**Building Life Chances:**

**Application Form for Hertfordshire**

**Food Aid Provider Sustainability Fund**

This sustainability fund seeks to support Hertfordshire Food Aid Providers to continue supporting those facing or at risk of facing food insecurity by offering an opportunity to improve their practice(s) and or model, and in effect offer healthier food, reduce food waste, create choice and or develop employment opportunities.

**Insurance:**

Please note the insurance statement below is a requirement by Hertfordshire County Council. Evidence of insurance will be asked for if the application is successful.

* *£5,000,000 Public Liability Insurance (minimum cover for any one incident)*
* *£10,000,000 Employers Liability Insurance (minimum cover for any one incident)*
* *£5,000,000 Professional Indemnity Insurance (minimum in the aggregate)*

HCC are very keen to give local community groups and charities the same opportunity so it has been agreed with our Underwriters that the Insurance team can consider a reduction in these levels once they received a risk and insurance assessment form or “checker” document. If successful, measures will be taken to verify the necessary documentation with the Insurance Team.

**Application forms must be submitted to** **WholeSystemsObesity@hertfordshire.gov.uk** **by 11.59 pm on Sunday 6th August 2023.**

**Applications sent to any other email address, by any other means or after the closing date will not be considered.**

**Please note the following before writing your application form:**

* This fund is open to all locally based food aid providers (for instance, foodbanks, food rescue hubs and food pantries) that fall under the not for profit, charity, community or voluntary group with a written constitution or governing document.
* Any applicant that applies for the fund wanting to enhance nutrition and food variety, enhance the range of culturally appropriate food, or for the direct provision of food support, such as the funding of food or food vouchers **MUST NOT** be in receipt of a Household Support Fund grant via either the Hertfordshire Community Foundation or your local District or Borough Council.
* There can only be **ONE** application per organisation.
* Maximum grant per application will be £5,000.
* There is a **word limit for each question** (specified within each question).
* Please do not provide additional evidence as hyperlinks. Appendices can be attached to your application and returned via email, if necessary.
* Shortlisted applicants may be interviewed to further explain details about their proposed project.
* All funds **MUST** to be spent by **Sunday 31st December 2023** - there is no commitment to funding after this period
* **Guidance Notes** have been designed to help complete the Application Form. Hertfordshire County Council Public Health strongly advise that these Guidance Notes are read prior to submission as they are designed to help applicants provide the information required.

**Applicant Details**

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| **Organisation Name:** |  |
| **VAT Registration Number** (*If applicable*): |  |
| **Company Registration Number**(*If applicable*): |  |
| **Charity Number***(If applicable)* |  |
| **Company Address:** |  |
| **Principal contact name:** |  |
| **Job title:** |  |
| **Email address:** |  |
| **Contact number:** |  |

**This application must be signed off by relevant staff/ Chair of Trustees at the end of this form.**

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| 1. **About Your Organisation**
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| **Please tell us about your organisation, including the districts you cover.****You may wish to include:*** **Main aims**
* **Functions**
* **Activities**
* **Communities you serve**

*Your response to this question is limited to a maximum of 500 words. If we do require more information, we shall contact you.* |
| **Please select the districts your organisation covers:**[ ] Broxbourne[ ] Dacorum[ ] East Herts[ ] Hertsmere[ ] North Herts[ ] St Albans[ ] Stevenage[ ] Three Rivers[ ] Watford**[insert your answer here]** |
| **Weighting 10% | Max 5 points available**  |

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| 1. **Project Proposal**
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| **Part 1: Please select which of the following criteria’s your initiative/ improvement supports.** |
| [ ] Provide residents the opportunity to save money on grocery bills[ ] Save food from landfill [ ] Enhancing nutrition and food variety [ ] Enhance the range of culturally appropriate food [ ] Develop employability |
| **Pass or fail** |

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| **Part 2: Please explain your proposed project and then describe the four points below.**1. **What you want to do to improve the sustainability of your provision model and or practice(s) and how does the meet the criteria selected from part 1 of this question?**
2. **How do you know it is needed?**
3. **How will this project support residents facing or at risk of facing food insecurity?**
4. **When and where (including the postcode) the proposed project will take place?**

*Your response to this question is limited to a maximum of 500 words. We are happy for you to input diagrams/illustrations within the answer. If we do require more information, we shall contact you.* |
| **[please insert your answer here]** |
| **Weighting 40% | Max 5 points available**  |

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| 1. **Safeguarding**
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| 1. **Please describe any policies or training your organisation has in place for safeguarding?**
2. **How would you address any safeguarding issues if they arose?**

*Your response to this question is limited to a maximum of 250 words. If we do require more information, we shall contact you.* |
| **[please insert your answer here]** |
| **Weighting 10% | Max 5 points available**  |

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| 1. **Target Population**
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| 1. **Who will be your target population and how will you promote diversity and equality?**
2. **If relevant, please include how you would encourage individuals to participate in your project?**

*Your response to this question is limited to a maximum of 300 words. If we do require more information, we shall contact you.* |
| **[please insert your answer here]** |
| **Weighting 10% | Max 5 points available** |

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| 1. **Project Evaluation**
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| **How will you measure the impact of your project, record number of beneficiaries supported and collect feedback from participants?** *Your response to this question is limited to 500 words. If we do require more information, we shall contact you.* |
| **[please insert your answer here]** |
| **Weighting 15% | Max 5 points available** |

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| 1. **Budgeting**
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| 1. **What is the total cost of your initiative/improvement?**
2. **How much money are you applying to us for (maximum £5,000)?**
3. **If there are additional funds required, how will this be covered and by who?**
4. **Please provide a budget breakdown for the grant you are requesting, showing how the grant will be spent.**
5. **It would also be of value to understand additional zero-cost contributions, for example volunteer time and other resources.**

*Your response to this question is limited to a maximum of 300 words. If we do require more information, we shall contact you.* |
| **[please insert your answer here]** |
| **Weighting 10% | Max 5 points available** |

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| 1. **Sustainability**
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| **The Building Life Chances grant is a one-time grant. If a specific project has been carried out and is going to continue, please explain how you are going to sustain it once the grant money ends?***Your response to this question is limited to a maximum of 250 words. If we do require more information, we shall contact you.* |
| **[please insert your answer here]** |
| **Weighting 5% | Max 5 points available** |

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| 1. **Partnership**
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| **If you are working in partnership as part of this proposal, please state:**1. **If applicable, who the partners are?**
2. **If applicable, what partners you will be signposting residents to?**
3. **If applicable, any matched funding?**

*Your response to this question is limited to a maximum of 250 words. If we do require more information, we shall contact you.* |
| **[please insert your answer here]** |
| **Not scored or weighted** |

**Evaluation**

Whilst not a requirement, you may wish to provide testimonials that show the difference your initiative/organisation has made.

If successful, would you be willing to present to the Building Life Chances Stakeholder group on this initiative and its outcomes?

This would be in addition to the reporting document stipulated in the application brief.

Please note this is not a scored answer and will not affect the award decision.

[ ] Yes, I would be willing to present [ ] No, I would not be willing to present

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*By signing this I/we understand that if selected I/we will be required to agree and sign a formal contract before any work can commence or any funding will be provided for the project.*

*By signing this I/we understand that if selected I/we will be required to deliver this project in accordance with the information I/we have provided above. I/we understand and agree to follow the activity reporting and evaluation requirements. I/we fully endorse this application for the Food Aid Provider Sustainability Fund.*

*By signing this form, we consent to this application being shared with Hertfordshire County Council.*

***For and on Behalf of [insert service provider name]***

|  |  |
| --- | --- |
| **Name** | **Job title** |
|  |  |
| **Signature** | **Date** |
|  |  |

*The space below is for any other key partner sign-off that you would like to include.*

*You are welcome to add more partners if required.*

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| --- | --- |
| **Organisation:** |  |
| **Contact Name** | **Job title** |
|  |  |
| **Signature** | **Date** |
|  |  |

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| --- | --- |
| **Organisation:** |  |
| **Contact Name** | **Job title** |
|  |  |
| **Signature** | **Date** |
|  |  |

**Please note:**

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