

**Arun Winter Food Fund 2023 - 2024: Application Form**

**Please read the Arun Winter Food Fund Guidance document before completing this form. Once completed, email to** [**foodpartnership@arunchichestercab.org.uk**](mailto:foodpartnership@arunchichestercab.org.uk)

***Applications will not be accepted by post. Please contact us if you are having issues submitting your application form.***

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| **Section 1: Organisation details** | |
| 1. Name of organisation: |  |
| 2. Organisation structure - please tick as appropriate: | * **Registered charity Charity number:** * **Community Group** * **Other (please specify)** |
| 3. Organisation address |  |
| 4. Main contact: |  |
| 5. Email address: |  |
| 6. Phone number: |  |
| 7. Tell us about your service:  *(max 200 words)* |  |

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| **Section 2: The project** | | |
| 8. Please describe your project and how the funding will enable you to reach more people / provide more food, and why you are well placed to do so.  *Please use this section to provide details on partnership working if applicable*  *(max 250 words)* |  | |
| 10. Will your project benefit the following groups (*please tick those that apply*) | * Families with children * People of pension age * People with a physical or sensory disability | * Other   …......................................... |
| 11. Which Arun wards do the majority of the beneficiaries of this project live in? (*Find a list of wards on* [*arun.gov.uk)*](https://www.arun.gov.uk/electoral-area-boundary-maps/) |  | |
| 12. How will you measure success of this project and what will this look like for you?  *For example, how many additional food parcels/meals will it enable you to give out, or how many additional people will you be able to reach? How will you monitor this?* |  | |
| 13. What additional services will you provide alongside food? *For example, signposting, advice and guidance, be-friending, training.* |  | |

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| **Section 3: The funding** | |
| 14. How much are you requesting? (up to £2500) |  |
| 15. If this is part of a larger project, what is the total cost and where will the rest of the funding come from? |  |
| 16. If you only received a portion of the funding, would you still be able to increase availability of free food to some extent? If yes, please tell us how. |  |
| 17. Please give a breakdown of how this grant will be spent | |
| **Item** | **Cost** |
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|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **£** |

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| **Section 4: Declaration** | |
| 1. I am authorised to make the application on behalf of the above organisation.  2. I have read and noted the criteria relating to this application and agree to abide by the conditions listed if a grant is awarded.  3. I certify that the information contained in this application is correct.  4. If the information in the application changes in any way, I will inform Arun & Chichester Food Partnership.  5. I give permission for Arun & Chichester Food Partnership to record the details of my organisation electronically on the Arun & Chichester Citizens Advice IT system and to contact my organisation by phone, post or email regarding this application.  6. If the application is successful, I give permission for the Arun & Chichester Food Partnership to publicise the project/activity in the local media and on its website.  7. I agree to provide feedback to Arun & Chichester Food Partnership indicating how the grant awarded has been spent, within one month of completion of the project. | |
| Signed by: |  |
| Signature / electronic signature |  |
| Name |  |
| Position |  |
| Date |  |

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| **Checklist** | |
| Please enclose the following with your application. We will only process your application when we have received all of these items. | |
|  | **Please Tick** |
| Signed application form |  |
| Latest audited annual accounts (if applicable) |  |
| Constitution or set of rules (if not applicable please state so) |  |
| If you have any queries, please contact the Food Partnership on [foodpartnership@arunchichestercab.org.uk](mailto:foodpartnership@arunchichestercab.org.uk) or call 07435 808 549. Please leave a message and someone will get back to you.  *You are advised to keep a copy of this application for your own records.* | |