Logo, company name

Description automatically generated

Click or tap to enter a date.



1. **What is your group called?**

Click or tap here to enter text.

1. **Name of your project and a little about the request***. E.g., “New futures - play scheme”, tutor costs, “together - community festival” or replacement cooker.*

Click or tap here to enter text.

1. **Your contact details** (Please provide the details of the person we will

communicate with)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** Eg. Ms | | **First Name** Please enter. | | **Surname** Please enter. |
| **Address** | Click or tap here to enter text. | | | |
|  | | | | |
|  | | | **Postcode** | Click or tap here to enter text. |

**Contact Phone Number** Click or tap here to enter text.

**Contact Email Address** Click or tap here to enter text.

**Address where activities will take place**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address** | Click or tap here to enter text. | | |
|  | | | |
|  | | **Postcode** | Click or tap here to enter text. |

1. **Ward(s) that you are applying to** [Electoral wards and parliamentary boundaries (sheffield.gov.uk)](https://www.sheffield.gov.uk/content/sheffield/home/your-city-council/electoral-wards.html) Click or tap here to enter text.
2. **What activities will be delivered?** **What is the aim of your project?**

Please give details of **who** you expect will benefit. (**ages**, their **gender**, their **ethnicity**, whether they are **disabled,** etc.)

Your application should also refer to how it will contribute to the **priorities** in the ward.

Click or tap here to enter text.

1. **What date do you plan to deliver the project?**

If the grant is to pay for a **one-off even**t please include the date, time, and venue.   
If it is to buy **equipment,** please tell us when you will do so.   
If it is for an **ongoing activity**, tell us the period over which it will run, so that we remind you to return your monitoring form at the end.

Click or tap here to enter text.

1. If your activity will be delivered (or items installed) in an open space, or is an upgrade to premises that are not owned by your organisation, have you obtained **written** **permission** from the landowner/landlord?Have you received any required planning permission, and any other necessary e.g., building regulations approval? **Please tick the relevant box below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Landowner / Landlord Consent | **Yes** |  | **No** |  | **N/A** |  | **If no**, the application will be rejected at this stage |
| Planning Permission | **Yes** |  | **No** |  | **N/A** |  |
| Any other required consent(s) | **Yes** |  | **No** |  | **N/A** |  |

1. Have you taken advice about your insurance requirements and does your organisation have adequate **insurance** in place both for any items of equipment purchased and for the activities it delivers? **Please tick the relevant box below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  |  |

1. Does your organisation work with vulnerable adults? Please see application guidance then **tick the relevant box below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  |  |

*If you have ticked ‘yes’ to either of the above* ***(8 or 9)****,* please see Ward Pots Small Grants Guidance, ‘Completing the Form’ Section 5, to confirm your organisation understands/discharges its duties/responsibilities in respect of their protection.  
By ticking this box, you confirm you have done so.

1. How many people will benefit from this grant? Please include the estimated number of individuals: Click or tap here to enter text.
2. Is your group or activity ***only*** for a specific gender? If so, please explain why.   
   *(Sex Discrimination Act 1975,* see Ward Pots Small Grants Guidance, ‘Completing the Form’ Section 6*)*

Click or tap here to enter text.

1. **Please give us a breakdown of what you want the grant to pay for:**

|  |  |  |
| --- | --- | --- |
| **Item requested** | **Cost per item** | **Total** |
| enter text. | £ enter text. | £ enter text. |
| enter text. | £ enter text. | £ enter text. |
| enter text. | £ enter text. | £ enter text. |
| enter text. | £ enter text. | £ enter text. |
| **Total grant requested from us:** | | **£** enter text. |

1. **Will the grant requested pay the full cost of the activity?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | ☐ | No | ☐ |  |

**If no**, please tell us how you will cover the full cost.   
**Please include any contribution from your own reserves**:

|  |  |  |
| --- | --- | --- |
| **Item** | **Cost** | **Funding Source** |
| enter text. | £ |  |
| enter text. | £ |  |
| enter text. | £ |  |
| enter text. | £ |  |
| **Total required from other sources:** | | **£** |

1. have you applied to any other funders for this project?   
   **(Please tell us, even if you have not been accepted yet.)**

Click or tap here to enter text.

1. If we award only part of what you have applied for, will the activity go ahead?   
   **Please explain in the box below how you will meet the rest of the costs.**

Click or tap here to enter text.

1. **Have you applied to Sheffield City Council within the past 5 years?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | ☐ | No | ☐ |  |

Feedback

If we award only part of what you have applied for, will the activity go ahead?   
**Please explain in the box below how you will meet the rest of the costs.**

Click or tap here to enter text.

Please return this completed form by email to the relevant Local Area Committee inbox for your area, details can be found on the Council website searching

[Local Area Committees | Sheffield City Council](https://www.sheffield.gov.uk/your-city-council/local-area-committees)

**Please note:**

If your application is successful but your group is not already set up (as a registered SCC supplier), we will need you to set up your organisation in our finance system.

You should receive this request in an email format by our **Trade Supplier Team** asking you to follow a link that takes you to Sheffield City Council’s secure website to enter your details electronically. **Please do not include any bank details for your group in this form.**

A picture containing text

"Ward pot application 22-23 signature and grant conditions form"

**Name of group:**

Click or tap here to enter text.

**Ward area you are applying to:**

Click or tap here to enter text.

Name of your project:

Click or tap here to enter text.

**Please Note:**

This document outlines the terms and conditions that apply to all grants awarded from rom the Council’s Ward Pots. By signing the declaration (page 8) you are agreeing to adhere to these terms and conditions if your application is successful.

**Ward Pot Grants Conditions**

1. We (the group to which the grant was awarded) will use the grant exactly for the purpose for which it is awarded. The details of the grant will be set out in the award and payment letter from the Council.
2. We will take out and maintain appropriate insurance cover for our activities (including the indemnity given in paragraph 3 below). We recognise that the Council has no responsibility to reimburse us in respect of any incidental risks, for example fire or theft, or in respect of any legal claims brought against us for which we are liable, for example compensation claims by a third party, whether or not these occurrences are caused by our negligence. (We note that nothing in these terms excludes or limits the Council’s own liability for death or personal injury caused by its own negligence, fraud or fraudulent misrepresentation or any other matter for which it would be unlawful for the Council to exclude or limit or attempt to exclude or limit its liability.)
3. We shall indemnify the Council in respect of all losses, costs, claims, damages and liabilities whatsoever (including without limitation any special, indirect or consequential damage or losses and reasonable legal costs) incurred, received or suffered by the Council as a result of:

**a)** any act or omission (including without limitation negligence or any breach of duty or any infringement of rights of any kind) by us or any of our paid staff and volunteers (including directors/ trustees/ management committee members) (collectively referred to as ‘Our Personnel’) in connection with or in respect of or in consequence of the undertaking of any activities funded in whole or part by the grant;

**b)** any breach of these terms by us or any of Our Personnel;

**c)** any breach of the law by us or by any of Our Personnel acting in such capacity;

**d)** without limiting paragraphs (a), (b) and (c) above, any claim, proceedings or action brought or threatened against the Council and/ or any of its personnel or elected members by any third party arising from an allegation by that third party of any of the occurrences referred to in paragraphs (a), (b) or (c) above.

1. We will obtain any necessary licences and permissions for our activities and conform to all relevant requirements in English law, for example those relating to health and safety, data protection, equal opportunities, and anti-discrimination legislation.
2. If our activities involve working with children, young people or vulnerable adults we will carry out Disclosure and Barring Service (DBS) checks (previously CRB checks) on all paid staff and volunteers (including directors/trustees/ management committee members) who are in direct contact with our children, young people or vulnerable adult service users and only allow such people to take part in our activities if the result of these checks give no reason to believe that the subject of these checks might pose a risk to members of our client group. We accept that if our activities involve children, young people, or vulnerable adults we will ensure that we have appropriate safeguarding policies and procedures in place before carrying out any such activities and that these are followed.
3. We will spend the grant within the time stated in the award and payment letter. If we are or suspect we will be unable to do this, we will notify the Council as soon as possible, and make a written request to the Council to extend this period or return the money promptly. The spending period will be from the date the grant was awarded until no later than 31st March 2022.
4. If we receive an over-payment of the grant, we will notify the Council as soon as it is discovered and repay the over-payment promptly.
5. We will comply with all the Council’s monitoring requirements. We will complete and return to the Council the *Ward Pot Grant Monitoring Form* within 1 month of the activities funded by our grant ending, or by the 17th April 2022 whichever is earliest. The monitoring form will be accompanied by receipts for all capital items of expenditure over £100.
6. We will record the grant separately in our annual accounts and keep all financial records, including receipts and make these available to the Council when asked. Receipts/ invoices for items paid for by the grant must be kept for 6 years, or indefinitely for Capital purchases, as the Council may request to view them for audit purposes.
7. We will co-operate with the Council as our funder and always comply with its grant procedures and guidance.
8. We will acknowledge the Council as a funder in any publicity.
9. We will contact the Council in writing immediately if:

**(a)** We become aware of anything that might affect our ability to meet any of the conditions outlined in this form;

**(b)**We become aware of anything that might affect our ability to carry out the purpose of our grant;

**(c)**We discover that any of the information we have provided to the Council in connection with this grant is untrue, incomplete, or misleading in any way.

1. We recognise that the Council has the right to terminate, suspend, withhold, or reduce this grant or ask for some or all of it to be repaid, in the following circumstances:

**(a)** If we do not keep to the conditions outlined in this document and any other conditions relating to the award;

**(b)** If we do not complete the activities in the time stated;

**(c)** If the application forms are completed dishonestly or any supporting documents are false or contain misleading information;

**(d)** If any member of our governing body, staff or volunteers acts dishonestly or maliciously in their work for us at any time during the period of the grant;

**(e)** If we do not take steps to ensure equal opportunities in our employment practices and the delivery of our services.

1. We agree with the Council that the Contracts (Rights of Third Parties) Act 1999 does not apply to this grant award.
2. These terms and conditions will apply until we have spent all the grant and our Monitoring Form in respect of this grant has been approved by the Council, apart from this paragraph 15 and paragraphs 3, 7, 9, 12(a), 12(c) and 13 which will continue in force.

**General Data Protection Regulation**

Sheffield City Council is fully committed to full compliance with the requirements of the General Data Protection Regulation. The council will therefore follow procedures which aim to ensure that all employees, elected Members, contractors, consultants, partners or other servants or agents of the council (collectively known as data users) who have access to any personal data held by or on behalf of the council are fully aware of and abide by their duties under the General Data Protection Regulation.

The council regards the lawful and appropriate treatment of personal information as very important to its successful operations and essential to maintaining confidence between the council and those with whom it carries out business. The council therefore fully endorses and adheres to the Principles of the General Data Protection Regulation.

**Declaration of intent**

* I confirm the group (we) named on this form has authorised me to make the application for Ward Pot grant funding to which this form relates and that we are able to comply with the grant conditions outlined above.
* I confirm that there are at least two signatories for our bank account(s), that these signatories are not related and that at least two signatures are required to make payments or withdrawals from our bank account(s).
* The answers to the questions on this form and on the application form to which this form relates, together with any other information submitted by us in connection with this application, are true.
* I confirm we are a not-for-profit group.

**Please tick to confirm what kind of group you are (tick only one):**

|  |  |
| --- | --- |
| Unincorporated association |  |
| Company limited by guarantee/ Community Interest Company |  |
| Industrial and provident Society |  |

**Is your organisation a registered charity?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  |  |

1. Signature (Print Name) Click or tap here to enter text.
2. Name Click or tap here to enter text.
3. Position in Group Click or tap here to enter text.
4. Date Click or tap here to enter text.