**COVID-19 Community Memorial Fund Application Form**

## Introduction

This application form is for the Covid-19 Community Memorial Fund. To improve your chances of being successful with this application, please read the guidance attached to this form.

To submit your application, please complete this form, sign the declaration, and return by e-mail to [sheffieldcovidmemorial@sheffield.gov.uk](mailto:sheffieldcovidmemorial@sheffield.gov.uk) by 12 noon (midday) on **Monday 22nd August 2022**.

If you have any questions about this fund or the application process, please contact us via:

* Email: [sheffieldcovidmemorial@sheffield.gov.uk](mailto:sheffieldcovidmemorial@sheffield.gov.uk), or
* Telephone: Lucy Darragh - 0114 205 2558

If you would like a printable version of this form, please get in touch with us using the contact details above.

## About you

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

Click or tap here to enter text.

1. **Name of project or activity.** *This is to help us process**applications. A brief description of your memorial is sufficient - it does not need to be an established project or name.*

Click or tap here to enter text.

1. **What are your contact details?**

First name: Click or tap here to enter text.

Surname: Click or tap here to enter text.

Position in organisation or group: Click or tap here to enter text.

Contact Address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

## About your application

Please note: Questions 4 and 5 will be scored against ‘the vision’ of the grant – please see the guidance document for more information.

1. **What community memorial activity are you planning to do with this grant?** *We appreciate this idea might adapt and change over time.*

Click or tap here to enter text.

1. **How will this make a difference to the community you plan to work with?** *To improve your chances of being successful, please link this to the aims of the fund –* *see the guidance document for more information.*

Click or tap here to enter text.

Please note: Questions 6 and 7 will be used to allocate funding if the scheme is oversubscribed – please see the ‘disproportionate impact of the pandemic’ and ‘geographical spread’ sections of the guidance document.

1. **Who do you plan to involve with this activity?** *Please note, if there are more requests for grants than we have money in the scheme, we will give priority to groups who have been disproportionately affected by Covid-19 - see the guidance document for more information.*

Click or tap here to enter text.

1. **Where are you planning to do this?***To help us ensure* *that we have projects from different parts of the city, please share as much information as possible.*

Click or tap here to enter text.

Please note: The following questions are to help us process your application.

1. **We want your community memorial activity to be part of Sheffield’s history. Please let us know how you plan to record your activity so that it can be shared with Sheffield City Archives.**

Click or tap here to enter text.

1. **How much money are you applying for to run this activity?** *Please be aware the maximum amount is £2,000.*

Click or tap here to enter text.

**Please give us a high-level breakdown of what these costs will cover.**

Click or tap here to enter text.

**If we award only part of what you have applied for, will you still be able to carry out the activity?** *Please let us know which parts of the activity you would prioritise or how you would be able to deliver the activity.*

Click or tap here to enter text.

## Other information

1. **What type of organisation or group are you?**

Charity

Not-for-profit group

School or other educational establishment

Local business

Other  Please state: Click or tap here to enter text.

*If you are registered with the Charity Commission, what is your Charity Number?*

Click or tap here to enter text.

*If you are registered with Companies House, what is your Company Number?* Click or tap here to enter text.

Please note: Questions 13 to 16 will be reviewed as Pass / Fail. If you have any questions about this section, please see the guidance document or contact us at [sheffieldcovidmemorial@sheffield.gov.uk](mailto:sheffieldcovidmemorial@sheffield.gov.uk).

**Does your organisation or group have insurance in place for any items purchased and/or for the activities it delivers?** *As a minimum, this should include £5m public liability, £10m employers liability and appropriate building and contents insurance.*

Yes

No

**Will your organisation or group work with ‘vulnerable’ adults during the course of this work?** *For more information on the term ‘vulnerable’ adult in relation to current legislation, please visit the Council’s* [*Adult Abuse website*](https://www.sheffield.gov.uk/home/social-care/adult-abuse.html.) *which includes a safeguarding information leaflet.*

Yes

No

1. **Will your organisation or group work with children or young people under the age of 18 during the course of this work?**

Yes

No

1. **If you have ticked ‘yes’ to either/both questions 14 and/or 15 above, please tick this box to confirm that your organisation understands and discharges its duties and responsibilities in respect of the protection of these individuals:**

*N.B., more information is available in the guidance note or upon contacting us.*

**If your group or organisation has already received payments from the Council, please share your details below.** *If you cannot find these or are not already registered, please don’t worry, we will require further details to set you up on the council’s finance system.*

Company / organisation name: Click or tap here to enter text.  
SCC trade suppliers number: Click or tap here to enter text.

## Declaration

* I confirm that the group named on this form has authorised me to make this application to the COVID-19 Community Memorial Fund.
* I confirm that my organisation or group has a bank account that has at least two signatories, that these signatories are not related, and that independent authorisation is required before a withdrawal is made.
* I confirm that my organisation or group has adequate insurance in place for any items purchased and/or for the activities it delivers.
* If my grant-funded activities will work with children, young people, or ‘vulnerable’ adults, I confirm that my organisation or group understands and discharges its duties and responsibilities in respect of their protection.
* If my organisation or group is planning a physical memorial, I am aware that Council officers may be in touch to ask for additional details about relevant planning permission, landowner consent, insurance, and any other regulations.
* Upon receiving a grant, I agree to fulfilling the asks of my organisation or group as detailed in the COVID-19 Community Memorial Fund guidance note.
* I have read the attached Privacy Notice.
* The answers to the questions in this form, together with any other information submitted by us in connection with this application, is true.

**Your signature\*:**

*\*Please note that we do accept electronic signatures.*

Name: Click or tap here to enter text.

Position in organisation or group: Click or tap here to enter text.

Date: Click or tap here to enter text.

**Privacy notice for applicants to the COVID-19 Community Memorial Fund**

The General Data Protection Regulations (GDPR) govern how we handle personal data.

*How will we use your information?*

We will use this information to exercise our legal power (provided by the general power of competence contained in Section 1 of the Localism Act 2011) to administer the COVID-19 Community Memorial Fund and communicate with you about the grant application.

The information you have provided to us in connection with your grant application (including any personal contact details) will be held securely as hard copy originals and as electronic data on the Council’s shared drive.

*Who will we share your information with?*

The information may be shared with other Council officers, elected members and members of the Grants Advisory Panel as part of our grant assessment and monitoring process.

Your information will not be shared with any other third party. Please note that the City Council is subject to Freedom of Information and other legislation.

*How long will we keep your information for?*

Information from successful applicants will be retained for the duration of our grant relationship with your organisation and for 6 years following the end of the grant. Information from unsuccessful grant applicants will be kept for 12 months from the point of application.

*What are your rights?*

You have rights under Data Protection law. For further details about your rights, the contact details of our Data Protection Officer and your right to make a complaint please see our [Data Protection web page](https://www.sheffield.gov.uk/privacy).

Alternatively, you can contact Sheffield City Council’s Data Protection Officer [dataprotectionofficer@sheffield.gov.uk](mailto:dataprotectionofficer@sheffield.gov.uk).

*How to make a complaint*

If you are unhappy about the way your personal data has been handled, you can make a formal complaint about a Council Service, or complain directly to the Information Commissioners Office.

* To complain about a Council Service visit <https://www.sheffield.gov.uk/home/your-city-council/complaints> or contact 0114-2734567.
* To complain directly to the Information Commissioners Office, visit [the ICO website](http://www.ico.org.uk/concerns) or contact 03031231113.