****

**UKSPF - Winter Support Grant**

Application Form

Applications will be assessed on first come first serve basis subject to completion of full application form and supporting documentation.

|  |
| --- |
| **For office use** |
| Reference No. |  |
| Date application received |  |
| Date of appraisal |  |
| Name of appraiser |  |

|  |
| --- |
| **Section 1 – About your organisation**  |
| Organisation name |  |
| Type of organisation | [ ]  Charitable Incorporated Organisation[ ]  Community Interest Company[ ]  Charitable Incorporated Organisation[ ]  Company Limited by Guarantee[ ]  Social Enterprise[ ]  Registered charity[ ]  Public body which delivers or hosts community projects[ ]  Constituted body[ ]  Other – please specify:

|  |
| --- |
|  |

 |
| Has your organisation been in operation for more than 12 months? | Yes/No |
| Do you have Public Liability Insurance to a minimum of £5,000,000?If yes, please include a copy of your certificate | Yes/No |
| Are you proposing to use the grant to support preparing and serving cooked food? | Yes/NoIf yes, please provide a copy of your Food Hygiene Certificate |
| Lead Contact name |  |
| Position within organisation |  |
| Organisation address |  |
| Postcode |  |
| Telephone number |  |
| Email |  |
| Website (if applicable) or social media link |  |

**Definitions**

The Winter Support Grant aims to support projects that deliver some, or all, of the following outputs and outcomes. The Grant is split into two parts, Part 1 and Part 2 (see below).

* **Part 1**

**Output** - Number of households\* receiving support that helps reduce the burden of the cost of living.

* **Part 2**

**Output** - Number of households\* supported to take up energy efficiency measures\*\*

Organisations can apply for either Part 1 or Part 2 or both together.

*\* A ‘household’, as defined in the 2011 Census is: ‘one person living alone; or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area’, includes houses, bungalows, flats, and maisonettes. MUST BE a Household with the Nottingham City Council Administrative Boundary.*

*Multiple residents from one household (i.e. a family) receiving support from an organisation with only count as one household and can only be claimed once for part 1 and part 2 of this grant.*

*Please note: For the purposes of the Winter Support Grant this can include places which support homeless individuals, where each homeless person can be considered a household.*

*\*\* Energy efficiency means any measures which could improve a household Energy Performance Certificate rating. It is not required to shift the letter rating, only to make progress towards this.*

**Questions 1 and 2 to be answered by all applicants**

|  |
| --- |
| **Section 2 - Questions 1 and 2 to be answered by all applicants** |
| **Q1 - Please provide a brief background of your Organisation and the work you undertake in the City of Nottingham to support households with the cost of living situation** (Score weighting x3)(Max 300 words)*Please include:** *When and why your organisation was founded / needed*
* *Demographic / client group / community your organisation supports*
* *Track record of engaging and supporting households to reduce the burden of the cost of living*
 |
|  |
| **Q2 - Please describe how you will ensure the most vulnerable households in your community are able to access the support provided through the Winter Support Grant.**(Score weighting x3)(Max 300 words)Please include:* how you will promote your events and activities
* how you will ensure that your support is accessed by those who need it most
* how you will actively engage those who feel excluded or isolated due to their labour market status, age, gender, ethnicity, health or sexuality
 |
|  |

**Part 1 – Support for households that helps reduce the burden of the cost of living**

|  |
| --- |
| **Section 3 - Only complete this section if you are applying for Part 1 of the Grant – Support for households that helps reduce the burden of the cost of living**  |
| **Q3 - Please give details of the events and activities you are proposing to deliver using the resources requested for the Winter Support Grant – Part 1 (i.e. in Tables 1, 2 and 3 in Appendix B)**(Score weighting x4)(Max 400 words)*Please include:** *Description of the events and activities (including venues to be used)*
* *Planned dates / duration of events and activities*
* *Target audience for the event and activities*
* *How these events and activities will support households to reduce the burden of the cost of living*
 |
| **How many households will your organisation support to help reduce the burden of the cost of living?**Please ensure this number in matches the number quoted in Appendix B - Part 1. |  |
|  |

**Part 2 – Support for households to take up energy efficiency measures**

|  |
| --- |
| **Section 4 - Only complete this section if you are applying for Part 2 of the Grant – Support for households to take up energy efficiency measures** |
| **Q4 - Please give details of the events and activities you are proposing to deliver using the resources requested for the Winter Support Grant – Part 2 (i.e. in Tables 4 and 5 in Appendix B)**(Score weighting x4)(Max 400 words)*Please include:** *Description of the events and activities (including venues to be used)*
* *Planned dates / duration of events and activities*
* *Target audience for the event and activities*
* *How these events and activities will support households to take up energy efficiency measures*
 |
| **How many households will your organisation support to take up Energy Efficiency measures?**Please ensure this number in matches the number quoted in Appendix B – Part 2. |  |
|  |

|  |
| --- |
| **Section 5 – Payment of grant** |

|  |  |
| --- | --- |
| Are you registered as a purchasing supplier on the NCC financial system? | [ ]  Yes [ ]  No |

|  |
| --- |
| **Section 6 – Declarations** |
| * I confirm that I am authorised to sign on behalf of the company and confirm that the information contained in this application form is correct to the best of my knowledge
* I declare that neither myself as signatory to the application, members of the governing body of the company or agents acting on our behalf have an interest in the awarding of contacts to the suppliers who have quoted for the work.
* I understand that any financial assistance granted will be repayable on demand, or future payments not made, if any information provided is found to be incorrect. I give permission for the information contained in this form to be shared, if requested, by the Programme funding body, the Ministry of Housing, Communities & Local Government (MHCLG), East Midlands County Combined Authority (EMCCA), and Nottingham City Council.
* I accept that the grant is consistent with most recent UK government law regarding subsidy control and any over payment of grant will be paid back to Nottingham City Council.
* I understand that if Nottingham City Council approves the application, the terms and conditions shall be enforceable on the basis of the Terms and Conditions of the grant scheme
* I understand that providing wrong or misleading information is a criminal offence and any such information may be used against applicants in any subsequent criminal investigation. The information provided on the online application form may be made available to other departments/agencies for the purposes of preventing or detecting crime.
* I understand that any grant received by a business must be declared to HM Revenue & Customs (HMRC) as appropriate as part of the tax return for the business.
* I confirm that the information provided in this application is a true and accurate description of the intended use of the grant.
 |
| **Data protection** |
| The Winter Support Grant project is funded through the UK Shared Prosperity Fund (UKSPF) administered by the Nottingham City Council. The Winter Support Grant project has contractual obligations to record outputs and outcomes associated with this funding. Further details on the collection of this information will be included in the Grant Agreement should this application be successful.For the purposes of the General Data Protection Regulation (GDPR), in terms of the information processed, the following parties are Data Controllers: * The Lead Authority, Nottingham City Council

See the Privacy Notice on the Nottingham City Council UKSPF webpage for more information ([www.nottinghamcity.gov.uk/ukspf](http://www.nottinghamcity.gov.uk/ukspf)). |
| **Name** |  |
| **Signature** |  |
| **Position in business** |  |
| **Date** |  |

|  |
| --- |
| **Section 7 – Application checklist.** **Please use this checklist to ensure that you send us everything that we need to assess your application.** |
| You have answered all the relevant questions on this application form | [ ]  Yes [ ]  No |
| You have enclosed a proof of Public Liability Insurance  | [ ]  Yes [ ]  No |
| You have enclosed a proof of Food Hygiene Certificate, where applicable | [ ]  Yes [ ]  No NA |
| If you are proposing to spend more than £2,499 with a single supplier, you have completed a table for this supplier in Appendix A of this form | [ ]  Yes [ ]  No |
| You have completed relevant parts of Appendix B and the summary costs boxes are Green (Please note – applications which include ineligible costs will not be assessed) | [ ]  Yes [ ]  No |
| You have read and signed Section 6: Declarations | [ ]  Yes [ ]  No |
| You have completed the Appendix A sections, where applicable | [ ]  Yes [ ]  No  |

|  |
| --- |
| **Next Steps** |
| The Winter Support Grant is open to applications **until** **23:59 on Sunday 14th September 2025.**Please email the completed application form, Appendix B and supporting documents (Public Liability certificate, Food Hygiene Certificate) to:**ukspf@nottinghamcity.gov.uk**On receipt of a fully completed application, your application will be acknowledged as received and a decision made within 2 weeks of receiving the application. The volume of applications may affect this timescale. Completing this application form does not guarantee the awarding of a grant. An offer letter will be sent to you if your application is approved. |

|  |
| --- |
| **Appendix A – Supplier details (Part 1 and Part 2)** |
| If the costs of goods / services from a single supplier (across Part 1 and Part 2 of the Grant) exceeds £2,499, details of two additional suppliers whose quotes have been sought must be included below. |

|  |
| --- |
| **Details of purchases to be funded by the grant** |
| **Goods / Service #1** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Date of supplier quote**  |  |
| **Cost (£) excluding VAT:** | **£** |
| **Cost (£) including VAT** | **£** |
| Is your organisation able to reclaim VAT? Delete as appropriate (if yes, the grant awarded will be for the amount excluding VAT) | YES | NO |
| **Supplier Address (if applicable)** |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**For example - price, supplier expertise, track record, quality |  |
|  |
| **Name and address of 2nd supplier asked to provide quote** |  |
| Date quote provided (if applicable) |  |
| If quote was provided: Supplier quote £ (exc VAT)  |  |
| If quote was provided: Supplier quote £ (inc VAT) |  |
| Reason for not choosing this supplier |  |
| **Name and address of 3rd supplier asked to provide quote** |  |
| Date quote provided (if applicable) |  |
| If quote was provided: Supplier quote £ (exc VAT)  |  |
| If quote was provided: Supplier quote £ (inc VAT) |  |
| Reason for not choosing this supplier |  |

|  |
| --- |
| **Details of purchases to be funded by the grant** |
| **Goods / Service #1** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Date of supplier quote**  |  |
| **Cost (£) excluding VAT:** | **£** |
| **Cost (£) including VAT** | **£** |
| Is your organisation able to reclaim VAT? Delete as appropriate (if yes, the grant awarded will be for the amount excluding VAT) | YES | NO |
| **Supplier Address (if applicable)** |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**For example - price, supplier expertise, track record, quality |  |
|  |
| **Name and address of 2nd supplier asked to provide quote** |  |
| Date quote provided (if applicable) |  |
| If quote was provided: Supplier quote £ (exc VAT)  |  |
| If quote was provided: Supplier quote £ (inc VAT) |  |
| Reason for not choosing this supplier |  |
| **Name and address of 3rd supplier asked to provide quote** |  |
| Date quote provided (if applicable) |  |
| If quote was provided: Supplier quote £ (exc VAT)  |  |
| If quote was provided: Supplier quote £ (inc VAT) |  |
| Reason for not choosing this supplier |  |

Please add more tables as needed