Logo, company name

Description automatically generated

Swindon **Community Outbreak Management Fund**

In partnership with Swindon Borough Council.

**APPLICATION FORM**

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| **Organisation Name:** |

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| **Registered Charity Number (if applicable):** |

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| **Company Number (if applicable):** |

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| **Primary Contact Name:** |

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| **Position in Organisation:** |

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| **Contact Email:** |

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| **Contact Telephone Number:** |

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| **Secondary Contact Name:** |

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| **Secondary Contact Email:** |

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| **Secondary Contact Position in Organisation:** |

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| **Amount Applied For (£250 minimum - £20,000 maximum): £** |

**Please confirm the focus of your project from the following:**

Address infection management control YES/NO

Address vaccine hesitancy YES/NO

(If your project will address both please just say YES to both)

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| **In no more than 500 words please describe your project and how it will:**   * *Reduce inequalities affecting COVID safety and infection management.* * *And/or promote positive COVID-19 infection control behaviors and key safety messages via targeted and adapted communications.* * *And/or encourage COVID-19 infection control behaviors by providing practical support (e.g., Wi-Fi dongles to support virtual communication or shopping).* * *And/or address vaccine hesitancy and encourage take up.* |

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| **In no more than 300 words please describe your target audience and how you plan to reach them:** |

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| **Please provide an estimate of the number of people you expect to reach with your project:** |

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| **In no more than 300 words please tell us how you will ensure your messages are accessible:** |

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| --- | --- |
| **Please provide a estimated breakdown of funding requirements below:** | |
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| Core Funding (staff time to deliver/monitor) | £ |
| Core Funding (Telephone/Travel) | £ |
| Marketing material | £ |
| Equipment | £ |
| Volunteer Expenses | £ |
| Other | £ |
| Total | £ |
| **Overall total** | **£** |

**Please answer the following questions in line with budget provided above: (if budget line is blank then leave relevant question blank)**

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| **Please briefly describe what the Core Funding for staff and monitoring will pay for:**  (e.g. one day a week of Comms and Marketing person @ £ for 12 weeks) |

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| **Please briefly describe what the Core Funding for other costs will pay for:**  (e.g. X mobile phone SIM cards for 12 weeks) |

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| **Please briefly describe what marketing material this will pay for:**  (e.g. 500 letters or leaflets @ X) |

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| **Please briefly describe what equipment this will pay for:**  (e.g. X COVID protection screens for XYZ) |

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| **Please briefly describe what volunteer expenses will cover:** |

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| **Please briefly describe what other income will cover:** |

I confirm that the details provided in the application are accurate and that I will provide a feedback report on the success of this project to Voluntary Action Swindon by 30th October 2021.

**Signature:**

(An electronic signature (typed name) is sufficient accompanied by the application being emailed from the same person with the secondary person copied in)

Please email this completed application to [COMF@vas-swindon.org](mailto:COMF@vas-swindon.org) by no later than 5.00pm on Friday 21st May together with:

* A copy of a bank statement or paying in slip of the account to receive the funds.
* A copy of your latest set of accounts
* A copy of your Safeguarding Policy/Policies
* A copy of your Data Protection Policy

**Data Protection Statement**

Information supplied in this application and through the requested attachments, will be used by Voluntary Action Swindon and shared with Swindon Borough Council in order to assess your application fairly against others. Information supplied for successful applications will be retained for 7 years, for unsuccessful applications three months.