

Armagh City, Banbridge and Craigavon Council Community Development Good Relations

**Expression of Interest (EoI) for ABC Community Organisations to share food produce with the established Food Provision Social Supermarket Partner** **through the Social Supermarket and Wraparound Service** **Grow to Give Pilot Project Grant 2023**

**(G2G 2023)**

**Application Form**

**Applicants should discuss their application** with one of the established Food Provision Social Supermarkets before completing a form.

* Submit all application forms via email to [Catherine.harris@armaghbanbridgecraigavon.gov.uk](mailto:Catherine.harris@armaghbanbridgecraigavon.gov.uk)
* Please complete the form in typescript (*handwritten applications are not acceptable*), outlining as much detail about your project as possible, whilst adhering to the maximum word count per question.
* No Zip files please.
* Ensure all submitted pages are titled with ‘Grow to Give’ Project and pages are numbered.
* A receipt will be issued when your submission is received

**Opening:** **Tuesday 25 April 2023**

**Closing:**  **12 noon on Tuesday 9 May 2023**

Any applications received after this deadline will be deemed ineligible, as will any hardcopy applications submitted by post.

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| **Grow to Give Application Form-** |
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| **Section 1** Organisational Details |
| **Section 2** Project Detail |
| **Section 3** Budget and Procurement Templates |
| **Section 4** **& 5** Checklist and Declarations |

**SECTION ONE**

**1. Organisational Details**

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| **Name of Organisation/Group**  (Your organisation name must match the name on your governing documents.) |  |
| **Address of Organisation/Group** |  |
| **Contact Person** |  |
| **Position in Organisation** |  |
| **Daytime Tel Number** |  |
| **Email Address** |  |
| **Organisation/ Group Legal Status**  (e.g, Registered Charity, Company Ltd by Guarantee, etc) |  |
| **Charity Number (if applicable)** |  |
| **When was the organisation/group established** |  |
| **Proposed Food Provision Social Supermarket Provision Provider** |  |
| **Is the organisation VAT registered?** (if so, please provide a VAT number) |  |

**SECTION 2.**

**Project Details – Word count of 500 maximum per question.**

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| **2.1 Please provide a brief description of your present group’s activities and how access to mentoring/training and/or equipment would benefit i) your group and ii) your partnered Food Provision Social Supermarket Provider and their end client.** |
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| **2.2 Please describe your organisation’s plan of action for the environmental/production area (including relevant maps/plan) and how the area will be maintained after the project has been completed.** |
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| **2.3 Please demonstrate how the work of your group will make a difference by the establishment of a food supply role and the additional benefits to the Food Provision Social Supermarket Provider end client.** |
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| **2.4 Explain how your project illustrates Innovation, Equality, Inclusive Development and Sustainability. Showing opportunity and potential to supply ‘food and beyond’ e.g. wellbeing.** |
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**SECTION THREE**

**3. Budget and Procurement Templates - Word count of 500 maximum per question.**

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| **3.1 How many ABC residents will be supported through your project?**  **Please note the monitoring requirements outlined in Icon 1 (eligibility criteria).** |
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| **3.2 Please give an outline of your project and indicative breakdown of budget in the templates provided.** |
| Outline-  Indicative Budget Template-   |  |  |  | | --- | --- | --- | | Item of Expenditure | Total Cost (£) | How did you arrive at your cost? | |  | | | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | SUBTOTAL |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Procurement template for items over £1500** |  |  |  | | **ITEM**  **Specification/Item** | *Company Name Quote 1* | *Company Name Quote 2* | *Company Name Quote 3* | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | | **Comparative Template for items under £1500** |  |  | | **ITEM**  **Specification/Item** | *Pricing Ref 1* | *Pricing Ref 2* | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **How much funding are you applying for?** |
| |  |  | | --- | --- | | **£** |  | |

**SECTION FOUR**

**4. Checklist and Declarations.**

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| **DOCUMENT/EVIDENCE CHECKLIST:**  **If successful, the Grow to Give Programme may ask you to provide proof of certain policies or documentation before funding is provided. Not all of these will be required in any single case.** | | | |  |
|  |  |  | **Can be supplied immediately (Y/N)** |  |
| **1** | **Constitution** |  |  |  |
| **2** | **Memorandum/Articles of Association** |  |  |  |
| **3** | **Management structure chart** |  |  |  |
| **4** | **List of Board/Committee Members** |  |  |  |
| **5** | **A bank or building society account in the name of the applicant organisation** |  |  |  |
| **6** | **Annual Audited or Independently Verified Accounts** |  |  |  |
| **7** | **Annual Report on last year’s work** |  |  |  |
| **8** | **Evidence of full Insurance cover**  **Please confirm that you have, or are willing to obtain, Public Liability Insurance with a minimum cover of £5 million.** |  |  |  |
| **9** | **Confirm Training Requirement**  **First Aid**  **Manual Handling**  **Risk Assessments**  **Safeguarding** |  | **Please see training requirement in Icon 1 Introduction to Grant** | **Please Note Which Training you require** |
| **10** | **Risk Assessments** |  |  |  |
| **11** | **Health and Safety Commitment Statement** |  |  |  |
| **12** | **Safeguarding Policy** |  |  |  |
| **13** | **Please confirm that Access NI checks have been or will be completed on all staff and volunteers where appropriate** |  |  |  |
| **15** | **Evidence of Security of Lease** |  |  |  |
| **16** | **Evidence of Space/Land Ownership** |  |  |  |
|  |  |  | **Self - Declaration Please answer YES** |  |
| **17** | **Groups must have capacity to commit to full project** |  |  |  |
| **18** | **Written collaboration from Food Provision Social Supermarket Partner** |  |  |  |
| **19** | **A plan to meet the food insecurity and needs of ABC most vulnerable residents.** |  |  |  |
| **20** | **Groups must be open to all sections of the Community.** |  |  |  |
| **21** | **Environmental Health regulations in place to offer a food supply**  **(See Appendix1)** |  |  |  |
| **22** | **Groups must have capacity and be able to Grow to Give the supply of up to 50% of output into the Food Provision Social Supermarket Partner.** |  |  |  |
| **23** | **Groups must be able to provide end/post project reporting on successful outcomes e.g.**  **-Number who benefited within your community organisation**  **- Number of products supplied and who benefited from them**  **- Sustainability and Development Outcomes achieved**  **- Case Study** |  |  |  |

**SECTION FIVE**

**Declaration.**

* I, the undersigned, have read and understood the Applicant Guidance and completed this form with the full knowledge and agreement of the organisation named.
* I declare that the information provided on this form is accurate, current and complete.
* I am not aware of any additional information that is relevant to this application that may portray a different perspective.
* I understand that all information provided is in the public domain and may be available to other parties for monitoring/review purposes or under the requirements of Freedom of Information.
* We agree to promote equality and good relations in all activities involving the use of Council funding in accordance with Section 75 of the Northern Ireland Act 1998.
* If successful, the project partners will deliver their project in line with all funding requirements that will be issued within the project Letter of Offer & Standard Conditions of grant.

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| **Signature:** |
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| **Position of signing Person (Group/Organisation Chair/CEO/Director/Office Bearer):** |
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| **Date of Submission:** |
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\*Please note, applications must be completed in full and all supporting documentation submitted by the closing date.