|  |
| --- |
| **Lead Organisational Details** |
| **Name of organisation:**  |  |
| **Type of organisation:**  |
| Registered charity |  |
| Social enterprise |  |
| Mutual aid or community group |  |
| Other, please specify |  |
| **Address of organisation:**  |
|  |
|  |
|  | **Post Code:** |  |
| **Charity number (if applicable):**  |  |
| **Name of main contact:**  |  |
| **Email address for main contact:**  |  |
| **Phone number for main contact:**  |  |
|  |
| **Project Details** |
| **One City Food Equality Action Plan - Priority theme addressing** **(Please put an [x] in as many as are applicable):** |
| **Fair, equitable access** |  |
| **Choice and security** |  |
| **Skills and resources** |  |
| **Sustainable local food system** |  |
| **If this a joint bid, please state who are you partnering with:** |  |
| **Overview of project:** |
| Please include:* A brief outline of the project.
* Is this a new or existing project.
* The dates the project will run (from/to).
* If this project is part of a wider initiative(s) tackling poverty in your community.
* Any other information you feel is relevant
 |
|  |
| **Total number of weeks the project will run for:** |  |
| **Budget Breakdown:** |
| Include a breakdown of food costs, staffing costs and any other costs associated with your project. Core cost contribution ***must*** be kept to approx. 10% |
|  |
| **Total funding requested:** |  |
| **Please provide an estimate on the number of individuals you will be supporting with this work:** |
| Estimated weekly total: |  |
| **Which at-risk groups will you be supporting (please put a [x] in as many as are applicable):** |
| People experiencing homelessness |  |
| Disabled people |  |
| Black, Asian and minority ethnic groups |  |
| Older people |  |
| Children and families |  |
| Refugees and asylum seekers |  |
| Single person households |  |
| Young people (16-25) |  |
| LGBTQ+ |  |
| Other: (please specify) |  |
| **Please provide the details of the ward(s)/areas you will be working within, or if you are working city-wide:** |
|  |
| **What will happen when the project funding completes?** |
| This could include:* looking for new funding
* continuing with the project
* transferring clients to another project.
 |
|  |
| **Will other groups and organisations directly benefit from this project? If yes, list below:** |
|  |

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| --- |
| **Bank Account Details:** |
| **Bank name:** |  |
| **Bank account name:** |  |
| **Bank sort code:**  |  |
| **Bank account number or Building Society roll number:** |  |

Only complete the below information ***if*** another organisation is holding funding for you:

|  |  |
| --- | --- |
| **Name of organisation:**  |  |
| **Type of organisation (e.g., registered charity, social enterprise, mutual aid or community group):**  |
|  |
| **Address of organisation:**  |
|  |
|  |
|  |
|  | **Post Code:** |  |
| **Charity number (if applicable):**  |  |
| **Name of main contact:**  |  |
| **Email address for main contact:**  |  |
| **Phone number for main contact:**  |  |
| **Bank Account Details:** |
| **Bank name:** |  |
| **Bank account name:** |  |
| **Bank sort code:**  |  |
| **Bank account number or Building Society roll number:** |  |

Please email completed form to ped@feedingbristol.org by 5pm on 24th November.