|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | |
|  | | | | | | |

|  |  |
| --- | --- |
| **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](mailto:ped@feedingbristol.org) by 5pm on 24th November.