**CWSAN/COSTA (Covid 19 Response)**

**“Safety Equipment and Volunteers Fuel”**

**Small Grant for Smaller groups**

**Application Form**

This small grant is for Safety Equipment and Volunteers fuel up to a maximum of **£150.** This grant is designed for **small local emergency support groups only who are working right across their local communities**. Larger groups and groups covering larger district villages and district towns should not apply at this time. CWSAN/COSTA reserves the right to ascertain whether your group fits this category or not.

The proposed support can be used to provide equipment or items such as Soaps, Sanitizers, Face Masks, Bottled water or Fuel for your volunteers. **It cannot be used for any other expenditure.** Please note all groups must follow established guidelines in taking care when supporting others and in protecting your volunteers. Please find attached recommended guidelines. You should consult the PHA website daily for guidelines.

<https://www.publichealth.hscni.net/news/covid-19-coronavirus>

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Contact Name \*

Group Name \*

Address:\*

Email:\*

Telephone no.\*

Area of coverage:\*

Are you a member of CWSAN?

Are you a member of COSTA?

1. Are you a small group working to support those in isolation in your community, in particular vulnerable people, people in poverty and older people and working across all of the community? **Please tick Yes** **No**

1. How are you advertising across all of your local community that you are providing assistance to those in isolation?
2. **Description**\* (what you are currently doing and what Safety Equipment/fuel you intend to buy with the grant.
3. How many **volunteers** do you have?

3) **Costs \*** ( What do you foresee as your costs?)

e.g. Sanitizers 12x £8 = £96, Soaps 20 x £2= £40, Total cost : £136

**Please see attached BACS form for completion – Funding when agreed will be paid in advance. CWSAN/COSTA will require you to submit receipts so please retain these safely for audit purposes.**

All grants paid will be subject to the following:

\*In accepting this grant, I/we hereby accept that CWSAN is entitled to publish details of the Applicants group , the Project Contact and financial assistance including payments made at such times and in such a manner as it may decide. Under **General Data Protection Regulations (GDPR), CWSAN** will hold some personal information, for example, a personal email address, BACS account details, address and telephone number of the groups “Contact”. When this information is provided it is processed in adherence with our policy which enables us to communicate with you about your application and to pay into your designated account. Due to the Data Protection Act 2018 and Freedom of Information legislation , CWSAN also has responsibility to ensure that any personal information with which we are supplied is dealt with in a way which complies with the requirements of the Data Protection Act 2019. This means that any personal information a project promoter or Contact may supply will be processed principally for the purpose for which it has been provided and that this information will be stored in an appropriate manner. However, CWSAN may also use it for other legitimate purposes in line with the Data Protection Act 2018 and Freedom of Information legislation. These include:

* + 1. Occupational health and welfare;
    2. Compilation of statistics;
    3. Disclosure to other organisations when required by law to do so;
    4. Disclosure under the Freedom of Information Act 2000

where such disclosure is in the public interest;

* + 1. The prevention and detection of fraud or maladministration

Please return your application with completed BACS form by email to CWSAN [mhealthproject@cwsan.org](mailto:mhealthproject@cwsan.org)

Please acknowledge CWSAN/COSTA and our funders where possible:

CWSAN : The Crieve Centre, Stewartstown, BT71 5HY

COSTA : 45 Dergenagh Road, Dungannon, Co. Tyrone, BT70 1TW

The Public Health Agency

The Honourable The Irish Society/ Mid Ulster District Council

Local Community Grant

DAERA

**BACS FORM**

* Group Name and Address
  + Bank/Building Society Name:
  + Bank Building Society Branch:
  + Account Name:
  + Bank/Building Society Sort code:
  + Bank/Building Society Account Number:
  + BUILDING SOCIETY ONLY: Building Society Ref/Roll Number
  + Signature (s)
  + Names (s) (Block Letters)
  + Date

***FOR OFFICE USE ONLY***

*This BACS form, duly signed by the authorised representatives of*

*has been received by*

**Signature****Date:**