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**Blaenau Gwent**

**Community Food Development**

**Grant**

**Application Form**

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**BLAENAU GWENT**

**COMMUNITY FOOD DEVELOPMENT GRANT**

**FULL APPLICATION**

**Aims and purpose of the Community Food Grant**

The aim of the Community Food Development Grant is to support local community food initiatives that have innovative ideas for improving access to healthy and sustainable food. The purpose of the grant is to promote a more coordinated approach to tackling the root causes of food insecurity through supporting community led initiatives to promote healthy, sustainable eating and growing. This includes growing projects, community food pantries, food education programmes such as cookery and nutrition classes, and furthering the good food movement in Blaenau Gwent. While this grant is open to all community groups and providers, it is not intended as emergency food support

++- such as purchasing food supplies for food parcels or projects that promote the consumption of High- Fat, sugar, or Salt (HFSS) foods.

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| **Community Food Grant** | | |
| **Funding Type** | **Maximum Available** | **Levels** |
| Capital and Revenue | £10,000 | Level 1 - £1,000 - £5,000  Level 2 - £5,000.01 - £10,000 |

1. **About your organisation**
2. Name of main contact:

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|  |

1. Name of Business/Organisation

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| --- |
|  |

1. Address for correspondence:

|  |
| --- |
|  |

1. Is this address?

|  |  |
| --- | --- |
| Your organisation’s office |  |
| Your home address |  |
| Other (please specify) |  |

1. If you (the main contact) have any specific communication needs, tell us what they are, e.g. textphone, sign language, other language (please specify)

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1. Telephone Number:

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1. E-mail Address:

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1. **About your project.**
2. Name and location of the business/organisation:

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1. What does your business/organisation do? (no more than 250 words)

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1. Please provide details about your project. (No more than 500 words)

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1. Please provide detail on the evidence of need for the project. (No more than 500 words)

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1. What are the key milestones for the implementation of the project?

|  |  |
| --- | --- |
| **Project Milestones** |  |
| |  |  | | --- | --- | | Milestone | Target Date | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |

1. Please provide a brief description of how the project contributes to **the 5 Blaenau Gwent - Good Food Objectives** *(PLEASE REFER TO AT LEAST TWO OBJECTIVES)*:

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| --- |
| Good food daily- *Affordable food that sustains and promotes the health and wellbeing of Blaenau Gwent residents is available to all, every day.* |
| Learning for all- *People of all ages are equipped with the knowledge, skills, and resources to make healthy and sustainable food choices.* |
| Community at our heart- *Celebrate the power of community with vibrant and inclusive community activities and promote learning and sharing across all community settings.* |
| Protecting our environment- *Improving the environment by reducing food waste, plastic packaging and enhance nature and biodiversity through sustainable land use.* |
| A prosperous food culture - *Organisations harness our rich heritage, value community well-being & people with fair jobs, and strengthen local supply chains.* |

1. **About your project costs**
2. Please complete the table below, listing each item required.

|  |  |
| --- | --- |
| **Item (Revenue)** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Item (Capital)** | **Cost** |
|  |  |
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|  |  |
|  |  |
| **Total Costs** |  |

d. Have you previously sought and received any other form of funding for this project?

(If yes, please give details).

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1. **Project Outputs & Outcomes**
2. Please estimate the project targets below: (Answer only the Outputs and Outcomes relevant to your Project – please refer to at least two or more).

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| --- | --- |
| **PROJECT OUTPUTS & OUTCOMES** | **TOTAL NUMBER** |
| Number of people attending training sessions |  |
| Increased visitor numbers (% increase) |  |
| Number of commercial buildings developed or improved (numerical value and or m2) |  |
| Number of rehabilitated premises (numerical value) |  |
| Number of facilities supported/created (numerical value) |  |
| Amount of rehabilitated land (m2) |  |
| Number of low or zero carbon energy infrastructure installed (Numerical value or m2) |  |
| Number of local events or activities supported (numerical value) |  |
| Amount of green or blue space created or improved (m2) |  |
| Number of trees planted (numerical value) |  |
| Number of Tourism, Culture or heritage assets created or improved (numerical value) |  |
| Number of community-led arts, cultural, heritage and creative programmes as a result of support (numerical value) |  |
| Increased affordability of events/entry (% increase) |  |
| Greenhouse gas reductions (% decrease) |  |
| Number of volunteering opportunities supported (numerical value) |  |
| Number of people reached (numerical value) |  |
| Number of neighbourhood improvements undertaken (numerical value) |  |
| Sqm of land made wheelchair accessible/step free (m2) |  |
| Number of households receiving support (numerical value) |  |

1. Do you intend to make the project sustainable/what is the exit strategy post grant funding? (If you have no plans for continuing without funding then please specify this)

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1. Please provide details for the bank account you wish for the grant money to be sent to.

|  |  |
| --- | --- |
| Account Name: |  |
| Account sort code: |  |
| Account Number (must have 8 digits): |  |
| Bank Address: |  |
| Post code: |  |
| Names of the 2 signatories on this bank account: |  |
| Email addresses or telephone numbers of signatories: |  |

|  |
| --- |
| **Declaration**  I confirm, on behalf of the business/organisation named in question 1, that I am authorised to sign this agreement and to the best of my knowledge and belief that all answers on this application form are true and accurate. I further confirm that this application is made on the basis that if successful, in full or in part, the business will comply with the terms and conditions that follow.  Signature of Contact Person for the Project:  Name: ……………………………………………………………………………………………………  Signature: ……………………………………………………………………………………………….  Date: …………………………………………………………………….............................................  Are you, or are any senior members of your organisation related to a Councillor or Officer of Blaenau Gwent County Borough Council?  If YES, please state the name of the Councillor or Officer…………………………………………  **Please note:** An applicant who knowingly fails to disclose such a relationship will have this application and any funding awarded withdrawn |

Other departments within the authority and the Blaenau Gwent Food Partnership may request to use your

contact details, in order to send you information or share your grant details. If you do not wish for us to provide your contact details please tick the box.