**LISKEARD TOWN COUNCIL**

**SOCIAL EMERGENCY FUND POLICY**

**Aim:** One of the ways that the Town Council has responded to the Coronavirus and issues facing vulnerable people within Liskeard, is to establish this Social Emergency Fund. This is intended to support the activities of those community groups and organizations bringing help and support to those facing isolation and need.

It is not to cover things already provided by other organizations. It is to fill gaps in provision. Other sources of support might be:

* The UK Government [www.gov.uk](http://www.gov.uk) – this is where the Government releases the latest information and you can sign up to alerts
* Cornwall Community Foundation [www.cornwallcommunityfoundation,com](http://www.cornwallcommunityfoundation,com)

**Eligibility Criteria to assist potential applicants and Councillors.**

* Applications need to demonstrate that the grant aid will be of benefit to the community of Liskeard.
* Applications are welcomed from community groups, social enterprises, trusts and charities. Grants will only be given to non-profit making organisations.
* We particularly welcome applications from several groups working together. If we receive similar applications from different groups we may ask you to coordinate your efforts.
* An individual may not receive a grant, although we can fund organisations to provide financial help to individuals.
* Grants will not normally be awarded retrospectively to any project.
* Normally awards of grant will be in the range of £50 - £500. For applications which the Committee considers are exceptional, the Committee can reserve the right to approve a grant of up to £5,000.
* When supporting the delivery of frontline services to those facing isolation and need, grants can be paid against the normal operating costs of an organization. For example, wages, rents, stock etc.
* It is expected that the money will be used during the Coronavirus outbreak and it must be used within two years of being awarded.
* Should a grant be awarded the Town Council requires as a condition of approval that the support of the Town Council is acknowledged in all relevant press releases, social media posts etc. and that the recipients of grants give feedback to the Town Council on the use of the monies awarded. This could include presenting information at the public annual meeting.
* Should the grant fund the purchase of an asset or service, which could be used by other community groups when not required, the applicant is encouraged to share the benefit.
* Applications must be made on the form supplied.
* Applications to be sent by e-mail to the Town Clerk [townclerk@liskeard.gov.uk](mailto:townclerk@liskeard.gov.uk)
* Correctly completed applications will be considered by the Town Council as soon as possible.
* Please contact Steve Vinson, the Town Clerk, to discuss any questions you have. The application needs to comply with the above guidelines to be considered by the Council.

**LISKEARD TOWN COUNCIL**

**SOCIAL EMERGENCY FUND APPLICATION FORM**

**Do not complete the Application Form until you have read the Policy above and believe that you comply with it.**

**By making the application you are giving consent for the information to be shared with Councillors and the public**

**When you have completed this form please e-mail it to Steve Vinson –** [**townclerk@liskeard.gov.uk**](mailto:townclerk@liskeard.gov.uk)

|  |  |
| --- | --- |
| Name of Applicant / Organisation |  |
| Person to contact  Position Held |  |
| How are you normally funded? |  |
| What do you need the money for? |  |
| How will vulnerable people in Liskeard benefit from this?  Is it aimed at specific groups? |  |
| Have you previously received a grant from Liskeard Town Council?  If ‘Yes’ please indicate | **YES / NO**  (a) When (Date)  (b) Amount received £ |
| What is the total cost of what you are planning?  What sum of money are you looking for from the Town Council and what exactly will it be used to support?  How is any difference to be funded? |  |
| Charity Number or Registered Company Number (if applicable) | Please do **not** sign your name in this box.  Date |

|  |  |
| --- | --- |
| Name of Applicant / Organisation |  |

The information on this page of the Application Form will not be made public. It will be used for processing the application and remain confidential.

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| --- | --- |
| Person to contact  Position Held  Address  Telephone  Email |  |
| Name of your Bank Account (Account Payable to) |  |
| If you a prefer BACS payment please complete:  Account Number |  |
| Sort Code |  |

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| --- | --- |
| Office Use Only: |  |
| Grant Awarded | Yes / No |
| Amount of Grant | £ |
| Date |  |