**MUDC Covid-19 EMERGENCY RESPONSE FUND**

**Application Form**

**This is for groups that are currently responding to supporting local communities**

**The fund will remain open for groups that are planning to commence**

**Funding is for current activity and further funding may become available in due course**

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| **Contact Name:** |  |
| **Lead Group Name:**  **(constituted group)** |  |
| **Address:** |  |
|  |
| **Area of coverage:**  If it is a specific area please detail this clearly |  |
| **Partner Groups:**  Please list the groups you are working with currently, if none list none. |  |

If there are more than one group operating in your area Council staff will update you and seek to partner or link/make you aware of each other to support your volunteering

**Funding is eligible towards;**

Supporting local communities as follows:

* Delivering food and essential items
* Linking to Pharmacies to deliver prescriptions
* Other emergency crisis community support

**To capture what your group is providing – please complete the short online survey in conjunction with this application, at this link (if you have previously complete this with an officer there is no requirement to do again unless revising the data):** <https://arcg.is/1Ca8nD> .

This will be used to form part of your application and also supports in promoting the work of your group in supporting communities.

**If you need any support completing the link details please contact one of the following officers and they will support.**

**Paula Kelly:** Tel 07825146322 Email [paula.kelly@midulstercouncil.org](mailto:paula.kelly@midulstercouncil.org)

**Sean Henry:** Tel 07525771579 Email [seanhenry@midulstercouncil.org](mailto:seanhenry@midulstercouncil.org)

**Support Description (what need are you currently dealing with)**

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| --- | --- |
| **Number of requests receiving per day** |  |
| **Number of shopping deliveries per day** |  |
| **Number of pharmacy deliveries per day and list any pharmacy support arrangements (name the pharmacies)** |  |
| **Number of existing volunteers** |  |
| **Arrangements with shops (can you provide if you have current arrangement support with shops – name the shops)** |  |

**Can you confirm if your group would have the capacity to undertake additional food parcel deliveries to support Health Trust clients if required?**

If Yes, provide some details of what could provide

**Actual Costs, see cost items below:**

What do you foresee as your costs. A simple audit of expenses will be required as costs must be a real actual cost to the group e.g. invoice for diesel, telephone etc.

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| **COST DESCRIPTION** | **AMOUNT REQUESTED** |
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**Costs, example**

Running costs for volunteers; including soap, sanitizer, PPE equipment, Costs for delivering food such as diesel/petrol, van hire (one registered invoice a registered from supplier - verified transport expenditure), Phone calls to people needing help.

Food is not an eligible cost as support is being provided by the foodbanks for those in financial crisis, subject to review for an exceptional circumstance/emergency that may arise.

**List mobile number for taking/directing people who may have referrals for support in your area**

**Please list your main contact for the Council website to take referrals.**

**Please also note that all applications will be reviewed to avoid the duplication of services and you may be asked to work with another group in the area that has submitted a similar proposal for the same service and to the same area to maximise the support that can be provided to our communities at this time. This is a very challenging time, it is unprecedented and calls for unprecedented measures. We are all in this together and or main aim is help the residents within our communities, in-particular the most vulnerable residents within our communities.**

**Please note all groups must take care that when supporting others they protect all volunteers – e.g. leaving parcels on steps etc. making sure where possible to wipe essential products and wash hands as recommended. Please follow essential advice as per PHA**

**Please send your completed form to Philip Clarke to** [**Philip.clarke@midulstercouncil.org**](mailto:Philip.clarke@midulstercouncil.org)

**There is no closing date for this application**

Please see attached BACS form (Bank Account Details) below for completion – Funding when agreed will be paid in advance and vouched after

**SUPPLIER BACS DETAILS FORM**

**SUPPLIER MUST COMPLETE SECTIONS 1, 2, 3 & 4 AND RETURN AS DIRECTED**

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| **SECTION 1** | | **SUPPLIER CONTACT SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier Name (in full)** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier’s legal status**  **(select one or more as appropriate)** | ~~Sole~~  ~~Trader~~ | | | | | | ~~Partnership~~ | | | | | | | | ~~Limited~~  ~~Company~~ | | | | | | | ~~Charity~~ | | | | | | | | Other  **√** | | | | | |
| **Contact Name** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position Held** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone/Mobile Number** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address for BACS Remittance** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2** | **BANK DETAIL SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier’s Bank/Building Society** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Branch Name**  **Address**  **Post Code** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Account Name** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Account Number** |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |
| **Sort Code** |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | |
| **IBAN Code** |  | |  |  | |  | |  | |  |  | |  |  | | |  |  |  | |  | |  | |  |  | |  |  | | |  |  | |  |
| **SWIFT-BIC Code** |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | | |  | | |  | | | |  | | |  |
| **SECTION 3** | **VAT, CIS, etc. DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier’s VAT Number (if applicable)** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier’s UTR Number (other tax ref.)** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier’s N.I. No. or Company Reg. No.** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 4** | **SUPPLIER AUTHORISATION SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position held** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**NEXT SECTION IS FOR OFFICE USE ONLY**

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| **INPUT BY** |  | **DATE** |  |
| **CHECKED BY** |  | **DATE** |  |