**Home Office COVID-19 Emergency Support Funding for Domestic Abuse Charities: Application Form**

**Section 1 - Key Details**

1. **Title of Application Project**

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1. **Name of Organisation**

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1. **Organisation or Charity Number**

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1. **Bank Account Number**

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1. **Sort Code**

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1. **What type(s) of domestic abuse support does your organisation provide (for example counselling/IDVAs/guidance/helpline/capacity building)?**

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1. **How much (if any) income have you lost[[1]](#footnote-1) since the COVID-19 lockdown started on 24 March 2020? Please give details. Please do not include temporary projects whose funding period has concluded for reasons other than COVID-19.**

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1. **Please provide an internet link to your last two years of accounts**

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1. **I confirm that I have attached to this application form:**

* **The current cash flow statement YES/NO**
* **The cash flow forecast through to 31 October 2020 YES/NO**

1. **What if any additional income connected to COVID-19 have you received, and from which sources (i.e. income from local government, other statutory services, donations and any ongoing donation activity, Coronavirus Job Retention Scheme)? Please give details.**

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1. **Are you currently funded by a Police and Crime Commissioner, Local Authority or Clinical Commissioning Group? If so, please specify which one(s), and the purposes for which they fund you. If you are receiving specific COVID-19 funding from a PCC, please provide specific details of that.**

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1. **How does your current reserve level compare to the business as usual position (are you having to use your reserves to keep running?)?**

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1. **Have you applied for any other Government COVID-19 funding (including funding administered by The National Lottery Community Fund); if yes, how much have you requested, what for and from whom? Please also indicate how much of these funding applications you have been awarded.**

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1. **Is your application compliant with the temporary (COVID-19) State Aid rules** (<https://ec.europa.eu/competition/state_aid/what_is_new/covid_19.html>)**?**

**YES/NO**

1. **The following domestic abuse categories of organisation are eligible to apply to this fund. Which one or more do you fit into? Please tick all which apply:**

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| Organisations which provide a national service |  |
| Organisations where the supported victims are very geographically dispersed over multiple Police and Crime Commissioner (PCC) areas, and/or no one PCC area is the clear base for the majority of victims  **If you tick this box, please state which PCC areas you cover:**  (<https://www.apccs.police.uk/find-your-pcc/>) |  |
| Umbrella or second tier[[2]](#footnote-2) organisations |  |
| Organisations which undertake capacity building, or which support other organisations to support victims and survivors (for example with training, or expert advice and guidance). This includes those supporting the police in their response to domestic abuse. It also includes those supporting local authorities or other statutory bodies. |  |

1. **I confirm that this application covers costs which are not being funded through any other source YES/NO**

**Section 2 - Total Amount of Grant Funding Sought**

This form is split into two parts:

1. Funds needed to maintain your usual level of service
2. Funds needed to provide additional capacity to help to address the identified increase in demand as a result of COVID-19

Depending on your situation, you may apply for funds in either category or both.

Section 3 of the form asks for detailed costings and supporting evidence concerning funds needed to maintain your usual level of service.

Section 4 of the form asks for detailed costings and supporting evidence concerning funds needed to provide additional capacity to help to address the identified increase in demand as a result of COVID-19.

Please provide high-level figures in the table below. These must correspond to the total figures in questions 19 and 22 of this form. The figure in the final row of the table below is the amount for which you are applying.

1. **In the table below, and in all subsequent requests for costings in this form, please exclude VAT from sums provided.**

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| **Funds required to maintain your usual level of service (A)** | **£** [this figure must equal the figure provided in question 19, row 7, column 4] |
| **Funds required to provide additional capacity to help to address the identified increase in demand as a result of COVID-19 (B)** | **£** [this figure must equal the figure provided in question 22, row 6, column 4] |
| **Total funds required (A+B)** | **£** |

**Section 3 - Costings and Supporting Evidence for Maintaining Usual Levels of Service**

**Evidence of Need**

1. **Please summarise the domestic abuse services provided by your organisation in normal times, and please provide an overview of the nature and levels of demand which you face in normal times.**

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**Outputs and Outcomes**

1. **What are you requesting funding for?**

These are to maintain your **usual level of service**. They might derive, for example, from loss of usual funding sources, staff absence, or increased complexity of calls.

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|  | **Column 1: Costs of additional temporary staff and/or additional hours of existing staff (up to no later than 31 October 2020)** | **Column 2: Office equipment incurred directly and solely as a result of COVID-19 pressures** (for example to enable remote working where relevant) | **Column 3: Additional COVID-19 related costs** (for example increased technical support requirements, or capability building of remote services) | **Column 4: Total costs** (sum of Columns 1-3) |
| **Row 1: Total cost (A)** |  |  |  |  |
| **Row 2: Please break down as far as possible what this cost (A) is to be spent on. For example, £x additional hours for an additional y members of staff at a salary rate of £z per hour. Or, for example, three laptops, each costing £x. We will not accept broad staffing costs without any breakdown.** |  |  |  |  |
| **Row 3: Why do you need additional funds to deliver these costs? EG:**   * **Usual staff unable to work from home because of childcare** * **Staff having to work fewer hours for family reasons** * **Lower productivity as a result of working from home** * **Loss of usual funding sources for reasons connected to the pandemic. If so, please state which usual funding source(s) would have paid for this cost.** |  |  |  |  |
| **Row 4: How much of the total cost (A) in Row 1 is comprised of:**   1. **Costs already incurred in the period 1 April 2020 – 5 July 2020** 2. **Costs forecast for the period 6 July 2020 – 31 October 2020** |  |  |  |  |
| **Row 5: What if any other funding have you received towards the costs included in Row 1 (‘A’), and from which sources? Please specify how much funding has been received from each source. (B)** |  |  |  |  |
| **Row 6: What if any contribution towards the costs included in ‘A’ are you making from your own reserves? (C)** |  |  |  |  |
| **Row 7: What gap in funding remains? (A-[B+C])** |  |  |  | The sum in this cell must equal the sum in the **first** row of question 17. |

1. **Approximately how many victims/or what level of service will this part of the funding help?**

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**Section 4 - Costings and Supporting Evidence for Providing Additional Capacity to Help to Address the Identified Increase in Demand as a Result of COVID-19**

**Evidence of Need**

1. **Please summarise how demand has increased as a result of COVID-19 and how you are addressing it/plan to do so.**

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**Outputs and Outcomes**

1. **What are you requesting funding for?**

These are to address **increased demand**.

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|  | **Column 1: Staffing cover (up to 31 October 2020 or earlier)** (costs of additional temporary staff/ additional hours of existing staff to address increased demand) | **Column 2: Office equipment- related costs to enable increased demand** (for example, laptops and mobile phones for new staff taken on to deal with increased demand) | **Column 3: Additional COVID-19 Related Costs**  This might involve, for example, the capacity building of infrastructure or the increased demands or needs of other organisations which you assist, rather than direct volume increases for your own organisation. | **Column 4: Total costs** (sum of Columns 1-3) |
| **Row 1: Total cost (A)** |  |  |  |  |
| **Row 2: Please break down as far as possible what this cost (A) is to be spent on. For example, £x additional hours for an additional y members of staff at a salary rate of £z per hour. Or, for example, three laptops, each costing £x. We will not accept broad staffing costs without any breakdown.** |  |  |  |  |
| **Row 3: How much of the cost in Row 1 (‘A’) is comprised of:**   1. **Costs already incurred in the period 1 April 2020 – 5 July 2020** 2. **Costs forecast for the period 6 July 2020 – 31 October 2020** |  |  |  |  |
| **Row 4: What if any other funding have you received towards the total costs in Row 1 (A) and from which sources? Please specify how much funding has been received from each source. (B)** |  |  |  |  |
| **Row 5: What if any contribution are you making towards the total costs in Row 1 (‘A’) from your own reserves? (C)** |  |  |  |  |
| **Row 6: What gap in funding remains? (A-[B+C])** |  |  |  | The sum in this cell must equal the sum in the **second** row of question 17. |

1. **Approximately how many victims/or what level of service will this part of the funding help?**

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**Section 5 - Tailored Provision**

This information is not part of the assessment, but is being requested to enable the Home Office to understand the scope of help being given to victims as a result of the funding awards.

1. **Do you provide a tailored service solely for one or more particular groups? YES/NO**
2. **If you have ticked YES, above, please tick all those which apply:**

|  |  |
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| **Female Victims** |  |
| **Male Victims** |  |
| **Child Victims of Domestic Abuse (16-17)** |  |
| **Young Victims of Domestic Abuse (18-25)** |  |
| **Older Victims (65+)** |  |
| **Victims who are pregnant** |  |
| **Victims who are disabled** |  |
| **Victims who have mental health issues** |  |
| **Victims who have addictions** |  |
| **Victims who are Black, Asian or Minority Ethnic (BAME)** |  |
| **Victims who are Gypsies, Roma or Travellers** |  |
| **Victims who are Lesbian, Gay, Bisexual or Transgender (LGBT+)** |  |
| **Victims of “Honour”-Based Abuse (HBA)** |  |
| **Victims of forced marriage** |  |
| **Victims of female genital mutilation (FGM)** |  |
| **Victims who are being stalked by a former partner or family member** |  |
| **Victims who have no recourse to public funds** |  |
| **Other (please specify)** |  |

**Section 6 - How to Submit This Form**

**Applications must be submitted by no later than noon on 20 July 2020 to:**

[**HODomesticAbuseCV-19Fund@homeoffice.gov.uk**](mailto:HODomesticAbuseCV-19Fund@homeoffice.gov.uk)

**These must include:**

* **Completed application form**
* **Completed leadership support form**
* **Current cash flow statement**
* **Cash flow forecast through to 31 October 2020**

**Please include only the above documents. Any other forms or annexes will not be reviewed, and applications will be assessed based on the evidence provided in the application form.**

**Home Office COVID-19 Emergency Support Funding for Domestic Abuse Charities: Leadership Support Form**

Applications must demonstrate that they are supported by the head of their service or organisation (Chief Executive or Director, for example).

Completion of this form provides evidence of the organisation’s commitment to the aims of the project. An electronic signature can be applied if needed given the circumstances of lockdown.

1. By confirming you are accepting that if successful the Home Office will only provide Funding:

up to the Grant Amount, and  
(ii) for the Funding Period, and   
(iii) for the Purpose specified

1. Have you ever had a grant agreement or a contract terminated for default under the terms of the grant/contract agreement in the last three years? **YES/NO** If yes, please outline.
2. I declare that to the best of my knowledge the answers submitted in this application are correct. **YES/NO**
3. I understand that the Home Office may reject this application if there is a failure to answer all relevant questions fully or if I provide false or misleading information. **YES/NO**
4. I confirm that my organisation is not currently in receipt of funding that could be considered as Duplicate Funding i.e. funding provided by a third party to the organisation, which is for the same purpose for which the grant is to be made, but has not been declared to the Home Office. **YES/NO**

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| **Name of Application Project** |  |
| **Name of Organisation** |  |
| **Project Lead Name** |  |
| **Project Lead Team/Unit** |  |
| **Project Lead Contact Phone Number** |  |
| **Project Lead Contact Email Address** |  |
| **Chief Executive/Director Name** |  |
| **Chief Executive/Director Comments** |  |
| **Chief Executive/Director Signature** |  |

1. Lost income is defined as income which you may ordinarily expect to receive in the course of any given timeframe. [↑](#footnote-ref-1)
2. Second tier organisations are those which do not provide direct front-line support, but which undertake capacity-building work with front line organisations, such as providing training or advice, or membership organisations which support front-line member services. [↑](#footnote-ref-2)