**Community Food Activity**

***Grant Application Form***

***From April 2024 Grants are available from £50 - £400 for
Community Food Activities***

***Closing date: Monday May 27th 2024***

1. Name and address of Group/Organisation applying for funding:
2. Name of person requesting the funding role within organisation:

1. Email address and contact telephone number:
2. How did you find out about the Community Food Grants? (*allow* *multiple answers)*
* Social Media
* Word of Mouth
* Colleague
* Newsletter
* Other
1. Describe the Food activities that you plan to deliver?
2. Do you currently charge for activities? Yes/No
3. Please tick the areas where the activity will be delivered: Falkirk/Stirling/Clacks/Forth Valley Wide
4. Please give an indication of the **number** of people who will benefit from this grant and activity?
5. Will the project or grant benefit any of the following and if so, how?

|  |
| --- |
|  |
| Children and Young People |  | Adults with mental health issues |  |
| Adults |  | Adults with disability |  |
| Older adults  |  | Adults with physical health issues |  |
| All age groups |  | Children & young people and their families/carers |  |
| BAME Groups |  | Alcohol and Substance Use Communities |  |
| LGBT |  | Domestic Abuse Communities |  |
| Refugees |  | Travelling Communities |  |
| People in Community Justice System |  | Other, please specify |
| Homelessness Communities |  |
| Please provide additional details here:  |

1. Give details and names of any partners or groups involved with this project?
2. How will this project be sustained after the funding has been spent?
3. List **all items** to be purchased with the grant money and include the **cost per item**:

|  |  |
| --- | --- |
| **Items** | **Cost**  |
|  |  |
|  |  |
|  |  |
| **Total cost:** |  |

(Remember to keep a copy of all receipts!)

1. Please give details of any additional funding for this project:
2. Which of the following does the organisation have in place? Constitution/Steering Group/ Management Committee
3. Declaration - Signed on behalf of organisation/group name:

and authorised by:

|  |
| --- |
| 1. We (the group/organisation) have read and agree to abide by the conditions governing the award of the Community Food Activity Grant.
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| 1. We agree to submit a brief evaluation showing how the grant has been spent and the difference it made locally within 6 months of receipt of funds
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| 1. We agree that the details supplied in this form will be held on file by NHS Forth Valley
 |
| 1. Please tick the box to opt out if you do not wish this information to be shared with other departments within NHS Forth Valley
 |

1. Date:

Please complete all questions in this Application Form, save it then email as an attachment to fv.publichealthnutritionteam@nhs.scot