**London Borough of Merton**

**Cost of Living Fund:**

**Merton Food Distribution Hub Grant**

**Application Form for two-year funding from March/April 2025**

Before completing this application form, please read through it in its entirety, including the general guidance notes at the end. There are also specific guidance notes to assist with the financial section of this application form.

|  |
| --- |
| **SECTION A: ABOUT YOUR ORGANISATION**  |
| **Name of organisation:** *(if this is a collaborative partner bid please complete this section for the lead partner organisation and also list here all other partners included in your bid)* |
| **Contact name:** |
| **Position in organisation:**  |
| **Address:** |
| **Telephone:**  | **Email:**  |
| **What kind of organisation are you?**  *(Please delete as applicable)* |
| **Charitable Incorporated Organisation (CIO)** | Yes / No |
| **Charitable Trust** | Yes / No |
| **Co-operative Society (must have a not-for-profit / asset lock clause(s) in their Society Rules AND be registered with the Financial Conduct Authority)** | Yes / No |
| **Community Benefit Society** | Yes / No |
| **Community Interest Company Limited by Guarantee** | Yes / No |
| **Company Limited by Guarantee (must be a registered charity OR have a not-for-profit / asset lock clause(s) in their Articles of Association)** | Yes / No |
| **Unincorporated Association / Organisation** | Yes / No |
| **Other (please specify)** | Yes / No |

|  |  |
| --- | --- |
| **Charity Registration Number:** |  |
| **Company Registration Number:** |  |
| **Financial Conduct Authority Registration Number:**  |  |
| **Do you have a base in the borough?** *(Please delete as applicable)* Yes / No |
| **Do all staff and volunteers who have contact with vulnerable adults have a current DBS disclosure?**  (*Please delete as applicable)* Yes / No |
| **Does your organisation have a quality assurance standard?** *(Please delete as applicable)*Yes / No**If yes please tell us which one(s):** *(e.g. Advice Quality Standard (AQS), Specialist Quality Mark (SQM), Lexcel practice management standard, PQASSO, Investor in People (IiP), Investing in Volunteers (IiV)).***Expiry date:** |
| **What year was your organisation established?** |
|  |
| 1. **Why was your organisation established and what services and activities do you currently provide?**

*This may be in your governing document or mission statement. What activities and services do you currently provide to meet the organisation’s aims?* |
| 1. **How are you able to demonstrate a strong track record of delivering high quality services in Merton?**

*We would like to see evidence of a strong track record of your organisation delivering local services of a high quality. These may differ from your proposed service(s) but speak to the reputation of your organisation.*  |
| 1. **How are you able to demonstrate a strong track record of generating resources from a diverse range of sources?**

*This might include sourcing funding from elsewhere, accepting donations, or charging for the provision of services. Financial evidence of this can be provided in Section C.* |
| 1. **How are you able to demonstrate a strong track record of working collaboratively with other organisations?**

*We would like to see evidence of a demonstrated track record of working collaboratively, both with other voluntary sector organisations and the local authority.* |
| 1. **How will you demonstrate your organisation’s commitment to equality and diversity?**

*We require evidence of your organisation’s commitment to the principles of equality and diversity, evidenced through practice as well as policy.*  |
| 1. **Please give details of any online presence held by your organisation**

*This might include a Facebook page, Twitter, blog, or website.* |

|  |
| --- |
| **SECTION B: ABOUT YOUR SERVICE(S)** |
| 1. **Please give further details about the infrastructure you have in place already or plan to have in place to support your proposal:**

*Please reference in your response:** *Access/potential access to a space that could serve as a distribution Hub*
* *Access to fridges and freezers*
* *Ideally access to vehicles and drivers*
 |
| 1. **Please provide a summary of your proposal:**

*Here you have the opportunity to provide a brief summary and overview of the services or activities you will be undertaking with this grant. Please ensure you refer to all aspects of the ‘what we are seeking’ section of the Food Hub funding webpage: https://www.merton.gov.uk/communities-and-neighbourhoods/funding/food-hub-grant* |
| 1. **Funding applied for:**
 | **Cash (£)** | **Notional Rent (£)** | **Total (£)** |
| **Year 1 2025/26** *(including March 2025)* |  |  |  |
| **Year 2 2026/27** |  |  |  |
| 1. **How will your service(s) meet the requirements of this fund, as set out on the Food Hub funding webpage:** *https://www.merton.gov.uk/communities-and-neighbourhoods/funding/food-hub-grant*

*Specifically, please reference here:* *How you would scale up your existing operation**How you would ensure sustainability of the programme beyond the initial 2-year period**The roles different partners will play**Your costing model**Your delivery model**Your governance arrangements**Your reporting arrangements**Your approaches to seeking other sources of funding and food* |
| 1. **What will be the outputs and outcomes for the service and how do you propose to monitor these?**
 |
| 1. **What would success look like and how would you demonstrate this?**
 |
| 1. **How will you involve partners, stakeholders and food providers in the design and delivery of your service(s)?**

*Please provide an explanation of how you propose to do this. How will these responses make a difference to your service delivery?*  |
| 1. **How will your service(s) actively address inequalities in terms of provision between the east and west of the borough and between different communities and/or organisations?**

*Tackling inequalities, especially health inequalities and ‘bridging the gap’ between the east and west of Merton, is at the heart of the prevention agenda and needs to be taken across the whole life course so that all Merton residents can start well, live well and age well. We would like Partners to work to address this.* |

|  |
| --- |
| **SECTION C: FINANCES** |
| 1. **Your organisation’s finances. From your organisation’s most recent audited or independently examined accounts, please complete the following**
 |
| Financial year ended: Month:  | Year:  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Income** | **£****Unrestricted** | **£****Restricted** | **£****Total** |
| Donation and Legacies |  |  |  |
| Charitable Activities |  |  |  |
| Other Trading Activities |  |  |  |
| Investment Income |  |  |  |
| Other Income |  |  |  |
| **TOTAL INCOME** |  |  |  |
| **Expenditure** |  |  |  |
| Raising Funds |  |  |  |
| Charitable Activities |  |  |  |
| Other |  |  |  |
| **TOTAL EXPENDITURE** |  |  |  |
| **NET INCOME (income minus expenditure)** |  |  |  |
| Transfers between funds |  |  |  |
| Other gains (losses) |  |  |  |
| **NET MOVEMENT IN FUNDS** |  |  |  |
| **Donated services and facilities not included above:** | **£****Unrestricted** | **£****Restricted** | **£****Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Net Assets** | **£** |  | **Reserves** | **£** |
| Tangible Fixed Assets |  |  | Unrestricted Funds |  |
| Other Tangible Assets |  |  |
| Net Current Assets (Liabilities) |  |  | Restricted Funds |  |
| **TOTAL NET ASSETS (LIABILITIES)** |  |  | **TOTAL FUNDS** |  |

**Details of Grant funding including in above table**

|  |  |  |  |
| --- | --- | --- | --- |
| Grants | **£****Unrestricted** | **£****Restricted** | **£****Total** |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Net Assets** | **£** |  | **Reserves** | **£** |
| Tangible Fixed Assets |  |  | Unrestricted Funds |  |
| Other Tangible Assets |  |  |
| Net Current Assets (Liabilities) |  |  | Restricted Funds |  |
| **TOTAL NET ASSETS (LIABILITIES)** |  |  | **TOTAL FUNDS** |  |

|  |  |
| --- | --- |
| Number of full-time equivalent paid staff in the organisation |  |
| Number of volunteers in the organisation |  |
| Volunteer hours per year |  |

|  |
| --- |
| Do you have a Reserves Policy? (Please delete as applicable) Yes / No |
| Do you have a Financial Controls Policy? (Please delete as applicable) Yes / No |
| Do you have a Safeguarding Policy? (Please delete as applicable) Yes / No |

|  |
| --- |
| **FUNDING REQUIRED FOR YOUR SERVICE(S)** |
| 1. **What is the total cost of the proposed service(s)?** *(Please refer to the guidance notes)*
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditure heading** | **Year 1 £**  | **Year 2 £** | **TOTAL** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Notional expenditure**  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Expenditure** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of funding** | **Year 1 £**  | **Year 2 £** | **TOTAL** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Notional funding**  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Revenue** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cash grant required for proposed service/ activity outlined above**  | **Year 1 £** | **Year 2 £** | **TOTAL** |
| **Total cash grant requested** |  |  |  |
| **Notional funding** |  |  |  |
| **Total funding (cash + notional) requested** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Year 1**  | **Year 2**  | **TOTAL** |
| **Total volunteer time for the service (in hours)** |  |  |  |

|  |
| --- |
| **SECTION D: DOCUMENTS WE NEED FROM YOU** |
| If your application is successful, we will need these documents from you* Most recent audited accounts or set of accounts examined by an independent examiner
* Latest Annual Report (if you have one)
* Names and addresses of current Management Committee/Trustees or Directors
* Business or Project Plan (if you have one)
* Safeguarding Policy and confirmation that all staff/volunteers meet the current disclosure and barring requirements, including DBS checks (if appropriate)
* Reserves Policy
* Finance Controls and Procedures / Finance Controls Policy
* Governing Document
* Equality, Diversity and Inclusion Policy
* Evidence of appropriate insurance cover
* Your bank account details (you will be paid by BACS)
 |
| We may also require job descriptions and staffing information and reserve the right to request further relevant information. |
| If you are a new group (under 1 year old) we will require a reference from someone who knows the work of your organisation. This may be someone from a local support agency, LBM or another voluntary organisation. |

|  |
| --- |
| **SECTION E: SIGN OFF**This form should be signed by two senior members of your organisation’s Trustee Board, Management Committee or Board of Directors who have the authority to enter into contractual arrangements. Ideally, these should be different to the contact named on page one. |
| I confirm that I am authorised to sign this application form on behalf of our group and that the information we have provided in the form is true. I confirm that I have read and understood the Terms and Conditions of Grant overleaf and if our application is successful, we agree to comply with them.Name (please print):Position in organisation:Signature: Date:Name (please print):Position in organisation:Signature: Date: |

When you have completed this application form please ensure it is signed
(this can be done via a digital signature or by printing, signing, and scanning).

Once completed and signed please **EMAIL** the application to:

voluntary.sector@merton.gov.uk by **5pm on 20 February 2025.**

If this is not possible you can also **POST** a signedhardcopy to:

Kimberly Bentley-Maselino

Policy, Strategy and Partnerships Team

8th Floor, Merton Civic Centre

 London Road, Morden

SM4 5DX

**Terms & Conditions of Grant**

**In submitting this application form, we understand and agree to the following:**

1. If we are awarded a grant, we will use it for exactly the purpose set out in this application, unless a specific condition has been attached to the award.
2. We will not make any major changes to the proposal without first receiving LBM’s agreement in writing.
3. We will not use the grant to order or buy any goods before we receive the grant offer letter.
4. We will not use the grant to pay for any item which has been funded under another grants programme.
5. We will take all reasonable steps to:
	1. offer equality of access to our services;
	2. provide a safe, healthy and supportive environment which meets the needs of the local community;
	3. deliver value for money and use sound financial procedures;
	4. share information that will contribute to the understanding of future client needs.
6. We will acknowledge LBM’s grant in our annual report and in all printed materials as appropriate. We will supply copies of these documents to LBM if requested.
7. We will have a bank or building society account in the name of our group (or, if applying as a consortium or partnership, in the name of the accountable group). We confirm that all cheques or withdrawals from this account require at least two non-related signatories.
8. We will keep all financial records and accounts, including receipts for items bought with the grant, for at least six years from receiving the grant. We understand that this does not release us from our legal responsibility to keep records for longer periods.
9. We will provide sufficient insurance cover to meet potential liabilities and produce evidence of payment of the current premiums and note that LBM may request us to provide copies of our employer’s liability, public liability and buildings insurance policies.
10. We will allow LBM to use our name in their own publicity materials. We will inform LBM of any situation where confidentiality is a particular issue.
11. We will send LBM all relevant monitoring information at the end of the project and meet all monitoring and financial requirements as requested during the life of the grant, subject to Data Protection regulations.
12. We will allow LBM to visit us to see the work funded by this grant.
13. We note that LBM will ask us to repay the grant, in whole or in part, in the following circumstances:
	1. if we fail to keep to our funding agreement in any way;
	2. if the application form was completed dishonestly or the supporting documents gave false or misleading information;
	3. if any member of our governing body, staff or volunteers acts dishonestly or negligently in respect of this grant;
	4. if we close down or become insolvent.
14. These terms and conditions will apply until we have spent the grant and submitted all related documentation.
15. We agree to the values and principles of joint working as set out in the funding agreement.

**London Borough of Merton**

**Cost of Living Fund:**

**Merton Food Distribution Hub Grant 2025-27**

**Application Guidance Notes**

|  |
| --- |
| **General guidance for completing the application form** |
| * Please answer all the questions and aim to address all the points requested in the form and on the Food Hub funding webpage: https://www.merton.gov.uk/communities-and-neighbourhoods/funding/food-hub-grant
* We do not expect small organisations to have sophisticated documentation or processes. However, we will expect you to have something in place which is reasonable for your size and income and to fill in every section of this form.
* Please type *a* ***maximum of* 400 words** in each box (apart from Section B, question 10, where the maximum is 700 words). You will not be penalised for using fewer words and we would prefer your answer to be clear and focused rather than trying to use the full quota. Do not send any supplementary information at this stage.
* In Section B, question 11 we have asked you to set out the outputs and outcomes for your service. Please refer to the following National Council for Voluntary Service (NCVO) [definitions](https://www.ncvo.org.uk/help-and-guidance/strategy-and-impact/impact-evaluation/about-impact-and-evaluation/understanding-the-language-of-impact-and-evaluation/#/) when responding to these questions.
* Please note the following key dates:

|  |  |
| --- | --- |
| Opportunity for informal meeting with commissioner to discuss proposals | 12 February 2025, 4-5pm |
| Deadline for Cost of Living Fund: Merton Food Distribution Hub bids  | 20 February 2025, 5pm |
| Panel meeting to make funding recommendations, followed by Chief Officer decision | w/b 24 February 2025 |
| Notification of funding decision | By 7 March 2025 |
| Funding commences for successful applicant(s) | March or April 2025 |

 |

|  |
| --- |
| **Section C: Finances** |
| **Your organisation’s finances**Please give us an overview of the income and expenditure of ***your organisation***. Your governance structure will determine how this is completed. The amounts should be for the whole legal entity the service is part of. If you are a branch of a registered charity, you should complete this for the whole charity. If you are a subsidiary company and the company is a distinct legal entity, then it would be prepared for that company only. These amounts should come from your latest audited or independently examined financial accounts. The headings follow the format for preparing your organisation accounts in accordance with the Charities SORP (FRS102) – “Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2019) CHARITIES SORP (FRS 102) (second edition October 2019).For organisations such as CICs, who are not regulated by the Charity Commission please refer to Companies House for further guidance: [Companies House - GOV.UK (www.gov.uk)](https://www.gov.uk/government/organisations/companies-house) If you are a very small organisation (with income of under £25,000) that prepares receipts and payments accounts, please complete Section C in the same way.If you require help, contact Merton Connected Core Services Team using the email address coreservices@mertonconnected.co.uk marking your query in the subject box “'Civic Pride Fund Query”. If your financial accounts are more than one year old at the time of completing this application, ***please enclose your most recent management accounts which include an income and expenditure account and balance sheet (where applicable)*** with the form. The format of these accounts will not affect the scoring of your application; they are to demonstrate your current financial position.Income section – CHARITIES SORP (FRS 102) includes the following sub-heading* Income from Donations and Legacies – all grants received which have a general nature which are not conditional on delivering certain levels or volumes of services.
* Income from Charitable Activities – all grants received for services under contractual arrangements and performance related grants with specific conditions.
* Income from Other Trading Activities – this would be income from membership fees, fundraising and charity shop sales. Income from other trading activities includes income earned from both trading activities to raise funds for the charity and income from fundraising events.
* Investment Income
* Other Income

We also require a list of grants received detailed separately in the table provided.* Notional grants should be included in your accounts in accordance with the CHARITIES SORP (FRS 102).  If they are **not**, then please provide details of these amounts in the space provided. Examples of donated services and facilities would include rent, utilities, transport and other services such as payroll.
* The information on staff and volunteers should also be for the whole organisation.
* The number of staff is the same as disclosed in your audited/independently examined accounts in accordance with the CHARITIES SORP (FRS 102). It should include all part-time and sessional staff employed during the year rounded up to the full time equivalent.

**Funding required for your service(s)*** Please tell us about the finances *relating to the service(s)* that you are requesting funding for. Tell us the total income and expenditure associated with this piece of work even if you are not asking us to fund the full amount.
* Only complete the column(s) relating to the year(s) for which you are applying for funding.
* The Expenditure headings should give sufficient detail to show where the money is spent. For example, list staff costs (including on-costs) as one heading, volunteer expenses, rent, utilities, transport, etc. Include any donated services or facilities that relate specifically to this service separately in accordance with CHARITIES SORP (FRS 102).
* If you have already received funding from elsewhere to supplement this application, please indicate this in the Income section and indicate whether or not this funding has been confirmed with \*. Detail any other income you expect to receive in connection with this service (e.g. charging for activities). Also include all donated services and facilities received from elsewhere and state the source.
* Please tell us how many hours you anticipate volunteers will contribute to your service each year.  This should include time your Trustee/ Management Committee members spend on governance.
* In the ‘funding requested’ section, do not list management and overheads costs separately, instead include an appropriate contribution for management and overheads in the cost of each service/ activity, using full cost recovery. Also include the in-kind amount for donated services and facilities (notional funding) to provide a figure for the total funding requested. The total of this box should equal the difference between the income and expenditure boxes.
* It is important that you identify *all*your service costs and overheads.  We will only fund you if you can demonstrate that your organisation and the service are financially viable.
* Please note that the total annual funding available for this programme is fixed and we are not able to offer inflationary uplift in years 2 of the programme.
 |

|  |
| --- |
| **Section D: Documents we need from you** |
| * We will ask for these documents **if your application is successful**. Please do not send them in now.
* Merton Connected can provide you with model policies as an aid to developing these and can advise on how to obtain a DBS check. Please email the core services team using the email address coreservices@mertonconnected.co.uk. Alternatively, please refer to the following for advice and support with obtaining a DBS check: <https://www.gov.uk/government/organisations/disclosure-and-barring-service> and <https://checksdirect.co.uk>
 |

|  |
| --- |
| **Section E: Sign off** |
| * The form should be signed by two senior members of your organisation’s Trustee Board, Management Committee or Board of Directors who have the authority to enter into contractual agreements. Ideally, these should be different to the contact named in Section B.
* Please email the form to voluntary.sector@merton.gov.uk by 5pm on 20 February.

If you have any questions about the form or guidance notes, please contact Amanda Roberts on 020 8545 4685 or voluntary.sector@merton.gov.uk. |