**LCVS COVID19 Self-Isolation Framework: Expenses Claim Form**

**Please complete all sections and please do not attach any additional sheets to this form. We may request additional information at assessment. Please note the word count.**

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| section A: about your Organisation | | |
| **Name of organisation:** |  | |
| **Contact address:** | |
|  | |
| Postcode: | |

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| --- | --- | --- |
| **Contact names and details:** | | |
|  | **Main Contact** | **Alt. Contact** |
| Name: |  |  |
| Position: |  |  |
| Telephone: |  |  |
| Mobile: |  |  |
| Email: |  |  |

|  |  |  |  |
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| **Is your organisation:** | | | |
| A registered charity? |  | Charity Number: |  |
| Applying for charitable status? |  |  |  |
| A company limited by guarantee? |  | Company Number: |  |
| Other (e.g. social enterprise, playscheme, residents’ group, CIC): | | | |
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| **When was your organisation established?** | Year: |  | Month: |  |

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| **Tell us about your organisation (100 words):** |

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| **Bank account details:** (This should be an account in the name of your organisation with at least two signatories.) | | | | | | | | | |
| Name of Bank/Building Society: |  | | | | | | | | |
| Account Name: |  | | | | | | | | |
| Account Number: |  | | | | | | | | |
| Sort Code: |  |  | **-** |  |  | **-** |  |  |

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| **If you are successful in your claim, to whom should the cheque be made payable?** (NB This should be an organisation, not an individual. If you do not have a bank account for your organisation, please provide details of a community organisation that will accept the grant on your behalf.) |
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| **section B: YOUR CLAIM** | | | |
| **Name of organisation** |  | | |
| **Example** | **March-July 2021** | **August- September 2021** |
| 1. **Description of services provided (Maximum 50 words)** | Food and medicine delivery service and telephone/driveway visiting scheme. Daily welfare checks via telephone. |  |  |
| 1. **Number of self- isolating individuals supported** | 25 |  |  |
| 1. **Number of volunteers** | 5 |  |  |
| 1. **Volunteer expenses (excluding travel)** | £5 lunch x 5 volunteers x 28 days = £700 |  |  |
| 1. **Employee costs** | 1 x manager @ £18 p/h x 28 hrs = £504  2 x delivery drivers x @ £11 p/h x 56 hrs each = £1,232 |  |  |
| 1. **Overheads up to 10% – you can claim up to 10% of your employee costs (see point 5) as overhead.** | Manager: 10% of £504 = £50.40  Drivers  10% of £1,232 = £123.20 |  |  |
| 1. **Capital items (please note: we can only reimburse capital costs up to 10% of the total claim value. However, do provide full details of your capital expenditure)** | 2 x mobile phones plus contract for drivers = £300  Poster printing and leaflet drops = £1250  Total = £1550 |  |  |
| 1. **Travel expenses** | Bus travel for volunteers = £68  Petrol = £100 |  |  |
| 1. **Food and essential items costs (provided to the people you supported)** | £1,500 |  |  |
| 1. **Training** | Food hygiene training x 5 volunteers = £450 |  |  |
| 1. **Other** | Poster design costs = £450 |  |  |
| 1. **TOTAL AMOUNT** | £6,727.60 |  |  |

**NOTE: If your request includes capital expenditure valued over 10% of the total amount requested, your award may be adjusted/reduced to reflect a reduction in the capital element reimbursed. In the example above, the request was for £1,550 towards capital for a project costing £6,727.60. The amount awarded for capital is therefore capped at 10% of £6,727.60 (£627.60). The amount awarded in total is therefore adjusted to £5,805.20.**

**Costs claimed for cannot have been previously funded by restricted grant funding provided specifically to cover them. (If you covered these costs from your own reserves or from non-allocated/unrestricted donations, you may still claim).**

**DECLARATION**

Before signing the declaration, please ensure you have completed all the sections in this claim form, and that you have enclosed the documents requested on the checklist below where applicable.

PLEASE NOTE YOUR CLAIM CANNOT BE PROCESSED WITHOUT A SIGNED DECLARATION.

1. Please confirm that you have and can provide a copy of the following documentation in support of your claim (tick boxes on the checklist):

|  |  |
| --- | --- |
| The constitution / set of rules of your organisation |  |
| Your organisation’s latest annual accounts, or income/expenditure statement for the last 12 months (or bank statements if your organisation is under 12 months old) |  |
| A copy of your organisation’s most recent bank statement |  |
| A copy of your organisation’s Safeguarding Policy if your organisation works with children, young people or vulnerable adults |  |
| All insurance cover required by law, including employers’ liability insurance and public liability insurance |  |
| A health and safety policy that complies with current legislative requirements |  |
| Risk assessment processes as applicable |  |
| Equal opportunities policies or statements that you operate (e.g. relating to race, gender, disability, religion, age and sexual orientation) that complies with all legislation |  |
| **2. Please confirm that all of the costs claimed for are not already funded by restricted grant funding provided specifically to cover them. (If you covered these costs from your own reserves or from non-allocated/unrestricted donations, you may still claim).** |  |

**3. I am an authorised representative of the organisation. To my best knowledge, the information provided in this claim form is correct.**

|  |  |
| --- | --- |
| Signature |  |
| Print name |  |
| Position in organisation |  |
| Date |  |

**Please return this form as a WORD document via email to** [**covidresponse@lcvs.org.uk**](mailto:covidresponse@lcvs.org.uk) **using the header “COVID REIMBURSEMENT CLAIM”** **PLEASE NOTE: Forms sent in other formats may not be processed Supporting. Documentation can also be sent to: Capacity Building Team, LCVS, 151 Dale Street, Liverpool L2 2AH. If you have any questions, contact Capacity Building on (0151) 227 5177.**

**CLOSING DATE FOR CLAIMS is 5PM Thursday 21st October.**