***Office Use Only***

Grant Ref

ESF Community Grants

COVID-19 Annex 1

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| **1. Organisation details** - Please complete all of your organisation details in the boxes below | |
| Organisation Name |  |
| Contact Name |  |

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| --- | --- | --- |
| Do you intend to commence delivery before lockdown restrictions are eased? | **Yes** | **No** |

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| 1. **Describe any changes made to your normal delivery you have put in place in the light of the Covid-19 situation? (E.g. to include virtual/e-learning).** |
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| 1. **What steps will you put in place to be able respond quickly and safely to learner demand?** |
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| 1. **Describe how your ESF project includes essential requirements such as 'social distancing', regular hand-washing, Personal Protective Equipment (PPE) if appropriate?** |
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| 1. **What other workplace requirements will you put in place to ensure that learners can be safe in their environment? E.g. staggered sessions.** |
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| 1. **How will you be able to meet all the requirements of the ESF Community Grants programme, including those for establishing eligibility, evidence gathering, Individual Learner Plans, IAG, 1:1 support, follow up progression etc.** |
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| 1. **What steps will you take to ensure you are still able to achieve the outcomes outlined in section 4 of the application form due to the current Covid-19 restrictions?** |
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| **2. Declaration** –Please read the below declaration | | |
| * We confirm that the information in this form is correct. If an ESF Community Grant is awarded, it will only be used for the purpose given and according to any conditions specified. * We agree to provide all additional documentation required. * We understand that we will be liable to repay any grant monies received if it is found that any information supplied is incorrect or if any grant monies that may be awarded are not used as indicated in this application. * We agree to Hartlepool Borough Council carrying out a credit check as part of the application process. * We understand that if a grant is awarded, the details of that grant may be subject to further contractual negotiation. | | |
| **Full name** |  |
| **Position held** |  |
| **Date (day/month/year)** |  |

*Please send your completed COVID-19 Annex 1 form to:* [ESF.CommunityGrants@hartlepool.gov.uk](mailto:ESF.CommunityGrants@hartlepool.gov.uk)