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| **Autumn/Winter 2025/26 – Warm Spaces Funding**  **Expression of Interest** |

Please complete this form fully and return it by e-mail no later than **12 noon on Monday 3rd NOVEMBER 2025** to [commissioning@torbay.gov.uk](mailto:commissioning@torbay.gov.uk) putting **WARM SPACES EOI** in the Subject line.

**Please ensure you have read the Guidance document thoroughly before applying.**

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| SECTION 1 ORGANISATION AND ELIGIBILITY | | | | | | | | | | | | | |
| * 1. Full name of the organisation submitting this expression of interest | | | | | | |  | | | | | | |
| * 1. Which best describes your organisation structure?   *(Select one – only constituted and not-for-profit organisations with one of these structures may apply)* | | | | | | |  | Constituted neighbourhood committees, residents’ associations, community groups and voluntary organisations.  Social enterprises  Community interest companies  Community benefit societies  Charities and trusts | | | | | |
| * 1. If your organisation is registered with the Charity Commission or Companies House, please provide registration number: | | | | | | |  | | | | | | |
| * 1. Address of the organisation submitting this expression of interest   *(if applicable please provide the registered office address)* | | | | | | |  | | | | | | |
| * 1. Will your initiative meet all the Commissioner Requirements set out in part C the Guidance?   To be eligible your project must meet these. | | | | | | | | | | | Yes  No | |  |
| * 1. Which of the Council’s Health and Wellbeing priorities will your Warm Space initiative meet? (*Tick all that apply)*   To be eligible your project must meet at least one priority | | | | | | | | | | | | | |
| Support people’s mental wellbeing and enable connection to their community | | | | |  | Keep people out of hospital | | | | | |  | |
| Support the health, wellbeing and independence of older people | | | | |  | Support digital inclusion and access for people in the community | | | | | |  | |
| Offer a child-friendly space which connects families to their community | | | | |  | Provide access to physical activity and/or green space | | | | | |  | |
| * 1. Where will your project take place? (*Tick all that apply)* | | | | | | | | | | | | | |
|  | Brixham | | Paignton | | Torquay | | | | Other |  | | | |
| *Your project MUST take place within the Torbay Local Authority Area boundary. If you have selected Other, please provide details:* | | | | | | | | | | | | | |
| SECTION 2: PROPOSED WARM SPACE DETAILS | | | | | | | | | | | | | |
| * 1. Where will the Warm Space be located?   *please provide address – if it is the same as the address you provided above, write “address as above”* | | | | | | | | | | | | | |
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| * 1. What are the proposed opening hours?   *Please provide days and times, and any expected closures (e.g. over the Christmas period)* | | | | | | | | | | | | | |
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| 10. Please list any additional activities, services, or support you already offer at the same site, or plan to offer as part of the Warm Space initiative *(up to 300 words)* | | | | | | | | | | | | | |
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| 11. How much money are you applying for? | | | | | | | | | | | | | |
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| 12. What do you intend to spend the money on?  *Please provide a breakdown (up to 250 words)* | | | | | | | | | | | | | |
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| 13. Is your Warm Space accessible to people with disabilities (not just physical)?  *If so, please explain how and any adjustments you make or plan to make (up to 150 words)* | | | | | | | | | | | | | |
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| 14. Do you agree to operate your warm space in line with the Torbay Warm Spaces Charter (provided in the Guidance)? | | | | | | | | | | | | | |
| Yes  No | | | | | | | | | | | | | |
| 15. Please use the space below to explain further how the Warm Space will help to deliver the priorities you have stated in Q5 and Q6 in section 1 above?  *(up to 250 words)* | | | | | | | | | | | | | |
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| SECTION 3: ORGANISATION PAYMENT DETAILS | | | | | | | | | | | | | |
| If your application is successful, we want to ensure payment of funding can be made as soon as possible. Payment will be made to successful applicants by Torbay Communities, on our behalf.  *Please provide details of the account into which any awarded funding should be paid, below. Please ensure you have checked this carefully, as neither Torbay Council nor Torbay Communities can be responsible for delay or non-payment resulting from errors on the part of the applicant.* | | | | | | | | | | | | | |
| Account Name | |  | | | | | | | | | | | |
| Sort Code | |  | | | | | | | | | | | |
| Account Number | |  | | | | | | | | | | | |
| Completed By | | | | | | | | | | | | | |
| Name (*in block capitals*): | | | |  | | | | | | | | | |
| Telephone number: | | | |  | | | | | | | | | |
| Email address: | | | |  | | | | | | | | | |
| Signed[[1]](#footnote-2) | | | |  | | | | | | | | | |
| In the capacity of *(state official position e.g. director, manager etc.):* | | | |  | | | | | | | | | |
| Date: | | | |  | | | | | | | | | |

1. Electronic signatures are permitted [↑](#footnote-ref-2)