

**Short Breaks Small Grants**

**Application Form**

**September 2017 – April 2018**

**Organisation Contact Details**

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Telephone Number:** |  |
| **Email:** |  |

**Lead Contact Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Address (if different to above)** |  |
| **Telephone Number:** |  |
| **Email:** |  |

**Project Details**

|  |  |
| --- | --- |
| **Project Name** |  |
| **Proposed Project Start Date** |  |
| **Proposed Project End Date** |  |

**Please read the Bidders Instructions carefully before answering the questions.**

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| **Question 1 – Description of Project** Please provide a clear outline of the project that you will fund from this Grant, this must include: * What is your project
* Description of activities
* How your project will be delivered
* Location(s) where your project will be delivered
* When will your sessions run- i.e term time only, Monday evenings 6pm – 8pm.

(*Maximum 200 words*, *the maximum marks achievable for this question are 5)* |
| Word Count:  |

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| **Question 2 – Target Group(s)**Please describe who your target group is, i.e. a particular disability type and/ or age range and how your project meets their needs?Please include how many young people will be “new” to your service, and how you ensure your young people are Short Breaks young people (ie) not in receipt of any other services? *(Maximum 500 words - the maximum marks achievable for this question are 10)* |
|  Word Count: |
| **Question 3 – Experience:** Please describe your organisation’s experience of delivering the proposed activities to your target group, including any evidence of success. Please include the training and experience of the staff that will be delivering the service*(Maximum 500 words - the maximum marks achievable for this question are 10)* |
| Word Count:  |

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| **Question 4 – Safeguarding:** How will you ensure disabled children and young people are kept safe? Include details of staff expertise, training, your polices and procedures. Please include your volunteers.(*Maximum 200 words - the maximum marks achievable for this question are 5)* |
| Word Count:  |

**Questions 5 & 6 – Young People’s Questions**

It is important that the views of children and young people with disabilities are part of the evaluation of applications. Therefore, questions 5 & 6 have been provided by and will be assessed by a panel of children and young people with experience of accessing short breaks. Please ensure that your answers to these 2 questions are aimed at children and young people, avoiding any jargon, etc. Also be aware that they may not have seen the rest of your application.

For these 2 questions, you may include any attachments, i.e photos, feedback forms etc and / or links to websites. Any supporting material must bear the name of the Bidder and the question number and be submitted as a separate document via YORtender and must not be embedded within this Application Form.

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| **Question 5**Please explain why you have chosen this project, include any evidence of demand from disabled children and young people. *(Maximum 250 words - the maximum marks achievable for this question are 5) plus attachments* |
| Word Count: |

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| **Question 6** Please provide evidence of how disabled children & young people are provided choice and control of their short break?*(Maximum 250 words - the maximum marks achievable for this question are 5) plus attachments* |
| Word Count: |
| **Question 7: Financial Project Breakdown****In the table below, please provide a breakdown of the total cost of the proposed project. Please include any funding secured from other sources including from your own resources.****ESTIMATED EXPENDITURE**

|  |  |
| --- | --- |
| **Description of Expenditure** | **Cost** |
| e.g. Staff costs | £ |
| Volunteer expenses | £ |
| equipment | £ |
| materials | £ |
| Venue hire | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **TOTAL** | **£** |

**ESTIMATED INCOME / IN KIND**

|  |  |
| --- | --- |
| **Description of Income / In kind** | **Cost** |
| Volunteer time  | £ |
| Admission charges | £ |
| Fund raising | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **TOTAL** | **£** |

|  |  |
| --- | --- |
| **TOTAL AMOUNT OF FUNDING APPLIED FOR** | **TOTAL £** |

*This question will not be scored, but may be used to support your answer to Question 9.* |
| **Question 8 – Volumes and Unit costs**Please indicate how many places you will deliver and complete tables 1-4 below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Proposed Activity** | **No of sessions per year** | **No of hours per session** | **No of disabled children**  | **Total no of hours per year** |
| eg. | Football (once a week term time only | 39 | 2 | 10 | 780 |
|  | Swimming (all year round)  | 50 | 1 | 10 | 500 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Totals** | **89** | **-** | **20** | **1280** |

|  |  |  |
| --- | --- | --- |
| **2.** | **Total Amount of Funding Applied for** (answer to Question 5) | **£** |
| **3.** | **Average Cost per session (\* from answer in step a. below)** | **£** |
| **4.** | **Unit Cost is the average Cost per hour per child (\* from answer in step b. below)** | **£** |

 ***\* Calculation**** 1. *Total Cost = Cost per session (£)*

*Total Number of sessions per year* * 1. *Total Cost = Average cost per hour per child (£)*

 *Total number of hours per year**This is the Unit Cost question – and will score 10% of the total score available.* |

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| **Question 9 - Value for Money****Please explain how the activities for this price offer value for money?***(Maximum 200 words - the maximum marks achievable for this question are 5)* |
| Word Count: |

**CHECKLIST FOR APPLICANTS**

**As a final checklist please refer below:**

* I have read and understand the criteria and notes for applicants.
* I have answered **all** of the questions on the application form.
* I have told you how much funding I am applying for (Question 7)
* I can provide the following documents when required, (**do not submit at this stage but must be provided before the Project can start.**

 **Please tick as appropriate**

A copy of appropriate and current Insurance policy documents for the organisation.

A copy of the organisation’s Equal Opportunities Policy.

A completed Safeguarding Section 11 Self Assessment.

**Sign (Electronic)** ………………………………

**Print Name** ….…………..........

**In addition, please ensure that you retain a copy of your application for your own records.**

**DECLARATION**

I certify that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that providing any false/misleading information will render this application void/invalid and that you may ask for additional information at any stage of the application process.

I also understand that should this application be successful, the information contained in this application will be included as Appendix C of the Grant Agreement and form part of the Agreement.

**This submission should be signed by 2 people authorised by the management committee.**

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| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of First Signatory (please print)  | Name of Second Signatory (please print)  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position in the Organisation (please print)  | Position in the Organisation (please print)  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | Date |

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*Any Question or support can be sought from The Specialist Inclusion Project*

*The Specialist Inclusion Project.*

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