**Holiday Activities Fund Programme - SUMMER Grant Application Form**

**\*Please note- this is NOT the form for PRIVATE Providers/Companies**

**Contact:** [**cristina.garcia@youngharrow.org**](mailto:cristina.garcia@youngharrow.org) **for a different form.**

**SUBMISSION DEADLINE DATE – 5.00pm on TUESDAY 30 APRIL 2024.**

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| --- | --- | --- |
| Organisation |  | |
| Contact name |  | |
| Role/Title |  | |
| Email Address |  | |
| Mobile number |  | |
| Do you use WhatsApp? | YES/NO | Number |
| Social Media \*Please list either Twitter, Facebook or Instagram details. |  | |

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| **Please select your organisation type.** | | |
| Registered Charity/CIO or CiC | Registered Number (required): | |
| School \*You **MUST** be Harrow Based | YES | NO |

*Please highlight your answers to the questions below*

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| **Are you a MEMBER/Associate Member of Young Harrow Foundation** | YES | NO |

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| **Have you read and UNDERSTOOD the GUIDANCE and meet ALL of the Criteria listed?** | YES | NO |

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| **Have you been funded to deliver a HAF project through YHF in HARROW before?** | YES | NO |

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| **Are you OFSTED registered?** | YES | NO |

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| **If not, Please briefly explain your exemption below:** |
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| **Do you have a certificate of Exemption?** | YES | NO |

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| **HOW much are you applying for?**  \*PLEASE refer to the amounts listed in the **GUIDANCE** and only apply for the allowance relating to the number of children and young people you intend to deliver to.\*YHF does not award more than 50% of your current turnover. | **TOTAL**  **£** |

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| **If you have not been funded by YHF before please tell us about your track record working with children and young people** |
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100 words max

**POLICIES and Relevant Documentation**

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| Please highlight individually to confirm that you **have all of the documents listed BELOW.**  **\*PLEASE note –** if you have NOT been funded by us before we will need copies of **EVERYTHING** listed below. If we have seen your policies in the past 6 months, we may not request them all again - but we **MUST** see your in-date **INSURANCE** and a **RISK ASSESSMENT** that is relevant to your **SUMMER** programme.  **\*These documents are required within one week from your offer so please make sure all your documents are *up to date.*** We will **NOT proceed** with payment unless submitted on time**.** |

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| --- | --- | --- | --- |
| 1 | In date Safeguarding Policy | YES | NO |
| 2 | In date Health and Safety | YES | NO |
| 3 | Project Risk Assessment - *This will need to be developed specifically in relation to this programme of activities (****not general****) and be pandemic compliant as applicable.*  *\*We will not request the risk assessment in advance but we will need to see it when we visit you.* | YES | NO |
| 4 | In date/relevant Insurance ***(please ensure it covers your delivery period.).*** | YES | NO |
| 5 | In date Equalities and Diversity/ Accessibility and Inclusiveness Policy. | YES | NO |

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| **DBS/Safeguarding**  Any member of staff or volunteer working directly with children and young people will be required to have a current DBS and a safeguarding certificate minimum level 1. (YHF can signpost you to a free online Level 1 for any members of staff working on the Harrow programme that require this training.) **Please highlight to confirm your programme will follow this requirement.** | YES |

**NUMBERS - Please tell us about the NUMBERS and STATUS of the children and young people you plan to have attending?** *Please note this programme is only open to children and young people/ school aged from* ***Reception-Year11***

**\*PLEASE put N/A (not applicable as appropriate)**

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| Status of the CHILDREN or young person attending | **Primary-aged**  Numbers: | **Secondary-aged**  Numbers: |
| **FSM (Free School Meals) Eligible**  Children and young people without SEND |  |  |
| **Not eligible for FSM but facing economic or other disadvantages.**  \*We expect local charities to be aware of the challenges faced locally, especially with families well known to your project. |  |  |
| **Number of SEND *(if applicable).***  **To be eligible for additional support they must have either an EHCP** (Education Health and Care Plan) **or in receipt of DLA** (Disability Living Allowance). |  |  |
| **Number of SEND attending who are FSM eligible.** |  |  |
| PLEASE give the total number under each AGE range: | **TOTAL** – this should be the **total number** of primary age you are applying for. | **TOTAL** - this should be the **total number** of secondary age you are applying for. |
| *Please note that charities MUST have over 75% FSM related places and ideally higher. The numbers your FSM target is based on should not include any paid places. We will give a higher score to those targeting high numbers of FSM as that is the KEY aim of this programme but can subsidise other disadvantages through DVS funding.* |  |  |

**If you charge for places, please let us know how many paid places will be attending your Summer Programme.** \*If this does **not apply** to your organisation please leave blank.

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| **NUMBER of places not included under this grant funding.** | **Primary-aged**  Numbers: | **Secondary-aged**  Numbers: |

**STAFF and Sessions**

**\*** ALL members of staff (including volunteers) working directly with children and young people will be required to have a current DBS and a safeguarding certificate minimum level 1**.**

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| **Please tell us how many PAID staff members will deliver this project?** |  |
| **Please tell us how many VOLUNTEERS will support you to deliver this project?** |  |
| **How many hours in total will you deliver during the SUMMER holidays?**  **\*This must be 64 hours *minimum*** |  |
| **How many hours will each session be?  Sessions must be no less than 4 hours.** |  |
| **How many days will EACH INDIVIDUAL CHILD/YOUNG Person be offered?** |  |
| **Is your project designed specifically for SEND children and young people?**  \*We are aware that children with additional needs may attend – only say YES if it is **SEND specific** offer. |  |

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| **Have you secured a VENUE?** | YES | NO |

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| **If not – please tell us why/your plans to secure one:** |

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| **Venue name and address.**  \*This must be a **Harrow based** project.  If your activities will take place at **more than one** venue in the borough, please give details of each venue. |  |

**About your programme**

**We will use this section to showcase and promote your offer to families on the HAF Section of the YHF website. \*Try to explain it in a simple, engaging way to attract parents/carers and children and young people - to sign up.**

We want to fund programmes that go beyond the typical club activities and ignites imaginations.

So, get creative and let's make this **summer full of FUN**, originality, creativity, or themed adventures!

**\*Remember this is for the website so should be 100 words or less under each section.**

**Project Description**

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| **This will be what people read on the website so really sell the fun factor and range of activities on OFFER:** |

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| **Specific age range of attendees:** |
| **Your experience and something about your qualified team who will deliver the programme:**  \*We will include a line to let the public know that all provisions are required to have staff with full DBS checks and at least level 1 Safeguarding training in place. |
| **Some of the ways you accommodate children with SEND** (if you do/applicable): |

**If you offer SEND places, please indicate which one best describes the level** of support you can offer:

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| --- | --- |
| We have some training or experience in SEND and are able to accommodate children with low-level needs. |  |
| We can sometimes offer some 1:1 support for children with SEND. |  |
| We are a SEND specialist organisation. |  |

**Please tell us HOW your project (including the type of activities) will fully meet the criteria for delivery as set out by DfE.**

**What will you deliver?**

**You can show this by using bullet points under each heading.**

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| 1. The children and young people attending will not only eat more healthily but we will ensure they are engaged in nutritional education by: |
| 1. The children and young people attending will be more active (\**for a minimum of one hour per day) through:* |
| 1. The children and young people attending will take part in a WIDE range of engaging and enriching activities including: |
| 1. The children and young people attending will be safe and feel less isolated: |
| 1. We will signpost parents/carers to other resources and information provided through YHF by: |

**Environment and Sustainability.**

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| The DfE and YHF is committed to sustainable development practices and believes it is important for providers to consider sustainable practices and their impact on the environment. Please confirm that you will make efforts to ensure sustainable development can be reflected in the delivery of your programme. | **Please highlight.**  **YES** |

**Please tell us about any creative ways you have adopted to ensure you are committed to supporting sustainability and the environment:**

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**DELIVERY PLAN and Timetable**

**All delivery must take place during the SUMMER holidays** totalling a *minimum* of **64 hours** over **10 days.**

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| **Project delivery dates.** | Start date: | End date: |

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| **Please give the Delivery DATE for each session.** | **Please give the Session times.** | Please indicate session TYPE with **bullet points** to describe it. | Please indicate session TYPE with one bullet point to describe it. |
| **Venue Based Activities** | **Trip/ Event** |
| Day 1:  Date: |  |  |  |
| Day 2:  Date: |  |  |  |
| Day 3:  Date: |  |  |  |
| Day 4  Date: |  |  |  |
| Day 5  Date: |  |  |  |
| Day 6  Date: |  |  |  |
| Day 7  Date: |  |  |  |
| Day 8  Date: |  |  |  |
| Day 9  Date: |  |  |  |
| Day 10  Date: |  |  |  |

**\*Please ADD boxes for additional days if you are applying for more than 10 days.**

**FOOD**

For this SUMMER programme we are **not partnering** with a FOOD Provider so all APPLICANTS must identify their own food source for this programme.

\*You MUST include the food costs (inc delivery charge if applicable) in your **OVERALL budget**.

ALL food provision is subject to certification requirements and standards (*set out in the Guidance PROVIDER STANDARDS*).

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| We will be providing food in-house  \*Please note that this should be hot and nutritious. | YES | NO |
| We will be sourcing food from an outside provider | YES | NO |

*\*All food provided must meet “school food standards” and you will be responsible for requesting the certificates necessary. Please refer to GUIDANCE for more detail).*

**YOUR BUDGET** We will not accept LUMP sums. This may result in returning your application at the

PRE-assessment stage and if you cannot amend in time for the decision making PANEL it will not be submitted.

The PANEL cannot make a fair assessment/judgement of cost if you simply give a ‘lump sum’.

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| Funding Requested | Amount requested | |
| **Salaries** *(please break this down eg: cost per hour x number of hours x number of staff. Example:* £15 p/h x 6 hours x 2 staff =£180 | £ | |
| **Specialist Tutors/Instructors** *(please give clear* ***break down****) (copies of payments/invoices may be requested as part of monitoring)*  *Example: 1 x specialist instructor x £90 per hour x 4 hours = £360* | £ | |
| **Resources** *(please break this down eg: art materials, sports equipment etc)*  ***\*DfE will not fund gifts/vouchers.*** *Example: 20 x art pads x £2 = £40* | £ | |
| **Activities** (please show an itemised breakdown eg: outings, travel etc. )  *Example:* 10 x child travel passes x £3 = £30 | £ | |
| **Food cost:**  \*Please break this down and ensure it relates to the **number of children** and **number of sessions** you have set out in your application. (This must be part of the allocation per head set out in our GUIDANCE) | £ | |
| **Venue Rental: \***Please note of you are offering paid places we would not expect to cover your full daily rental costs – please request a percentage based on your FSM/Paid place ratio.  \*We expect you to have researched the cost per hour/day even if you have not secured the venue and any GRANT Offer will depend on proof that you have secured the venue.  *Example:* 3 x days x £250 per day = £750 |  | |
| **Overheads** *eg: proportional contribution to core cost,* ***admin****,* ***insurance*** *etc you* ***must*** *show a clear breakdown for these costs. \*This* ***must not*** *equate to more than 15% of your overall budget.*  *Example:* 20% of the organisation's Insurance = £50  Admin support £20 per hour x 5 - £100 | £ | |
| **TOTAL REQUESTED** | £ | |
| **Is the total requested from YHF the total cost of your programme?** | YES | NO |

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| **If you answered NO -** please tell us about any MATCH funding you plan to use towards this programme and the source of these funds: |

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| **Have you secured the match funding?** | YES | NO |

**FINAL Declaration:**

I have read and understood the GUIDANCE and have the authority to complete this application on behalf of my organisation and certify that the information provided in the application form is correct as to the best of my knowledge.

**I have read the Guidance and understand the expectations of this GRANT funding.**

**ALL applicants must complete BELOW.**

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |
| Position in organisation |  |

**Please return your completed application ASAP and no later than:**

**5.00pm on TUESDAY 30 April 2024.**

PLEASE email your FULLY completed application to: [cristina.garcia@youngharrow.org](mailto:cristina.garcia@youngharrow.org)

**If you have not received a confirmation of submission within 24 hours - please call Cristina directly 07789747055. We plan to inform applicants shortly after the PANEL meeting at the end of MAY 2024.**