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|  | **2025/26****Additional****Project Details** |  |
| **Application Summary – Project overview form** |
|  |
| **Organisation Name:** |  | **Total Grant sought from AU.** **£** |
| **Project Name:** |  | **Total number of days** |  |
| **Staff Ratios:** |  | **Total number of places each day** |  |
|  |
| **Who is your customer group(s)?** |
| **Please tell us about your customer group** Do you offer a universal service for all children or is your service specific to children with SEND.Who are your primary users - for instance, ASD, Learning Disability, Emotional wellbeing, ORYoung Carers |
|  |
| **Customer Age range:** (0-25) |  |
| **Customer charge per session** | Flat rate£ | Tier 1£ | Tier 2£ | Tier 3 £ | Tier 4£ | Young Carer £ | Family £ |
|  |
| **Delivery Plan- Including Proposed dates.** |
| Please detail below the proposed dates of delivery, the frequency, duration, capacity, and location*.*  |
| **Name of Activity:** |
| **Month of Delivery** | **Specific Dates of sessions** | **Number of****Sessions****per** **month** | **Number of****hours per****session** | **Number of CYP per session** | **Location if** **delivering from** **various sites** |
| April**Q1** |  |  |  |  |  |
| May**Q1**  |  |  |  |  |  |
| June**Q1** |  |  |  |  |  |
| July**Q2** |  |  |  |  |  |
| August**Q2** |  |  |  |  |  |
| September**Q2** |  |  |  |  |  |
| October**Q3** |  |  |  |  |  |
| November**Q3** |  |  |  |  |  |
| December**Q3** |  |  |  |  |  |
| January**Q4** |  |  |  |  |  |
| February**Q4** |  |  |  |  |  |
| March**Q4** |  |  |  |  |  |
|  | **TOTALS** |  |  |  |  |
|  |
| **Times of activity?** (Specify times not number of hours) |  |

|  |
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|  **Project Budget and Finances** |
|  |
| Please use the template below to give details on the cost break down of the revenue grant you are applying for. There are expenditure and income field please complete all sessions. If there are areas that are not listed, then please put in your own descriptions. Bullet point explanations for each cost point are required in column **C** |
|  |
| **A**) Description/ Item | **B**) Cost | **C**) Explanation / cost breakdown |
|  |
| Staffing Cost: (include NI and pension contributions) |  |  |
| Volunteer Costs: |  |  |
| Training costs: |  |  |
| Technology & Connections:*This cost as associated with this project activity, and to include marketing.* |  |  |
| \*\*Activities for CYP: |  |  |
| Rent/ Venue Costs |  |  |
| Utilities |  |  |
| \*\*Other Equipment: |  |  |
| \*\*General Organisational costs: This could include back-office staff, running costs, equipment. |  |  |
| \*\*Other: |  |  |
|  Total Project Costs | £ |  |
|  |  |  |
|  Projected Customer Income(C*ustomer fees*) | £ |  |
|  Other income  *(Additional Grants/Funding)* | £ |  |
| Overall, AU Grant Amount Sought | £ | ***This figure is Total Cost minus Customer fee and other income*** |