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| **Delivery Plan - Including Proposed dates.** |
|  |
| Please detail below the proposed dates of delivery, the frequency, duration, capacity, and Location*. For (overnight break count all hours included in the break), (if you only deliver from one base then just fill in the first box)*. **If your application is for more than one service, separate delivery plans will be required for each proposed activity.** *Eg Saturday club am/pm – Fully days during school holidays – sleep over club.* |
|  |
| **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) |  |