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|  | | | | | | | | 2025/26 Grant Application Form | | | | | | |  | | | | | | |
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| **Application Summary** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | |  | | *This information is bought forward from page2 & 8* | | | | | | | | | | | |
| **Organisation Name:** | | | |  | | | | | | | | | **Total Grant sought from AU.**  **£** | | | | | | | | |
| **Project/ Activity Name for publicity:** | | | |  | | | | | | | | | **Total number of sessions in project** | | | | | | |  | |
| **Delivery Location(s):** | | | |  | | | | | | | | | **Total number of places in project** | | | | | | |  | |
| **Staff Ratios:** | | | |  | | | | | | | | | **AU contribution per place per session** | | | | | | | **£** | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **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  £ | | | | Family  £ | | | | Tier 2  £ | | | Tier 3  £ | | | Tier 4  £ | | | | | Young Carer £ |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Pocket Size Pitch – 75 words only** | | | | | | | | | | | | | | | | | | | | | |
| In 75 words how would you sell your activity to families? They will need to know exactly what the activity is, where (location) and when it is (days and times). What will the young person participate in during your session? (like; sport/ drama/ dance/ arts& craft/ computing/ fishing or a mix of activities)  We also need this information to assess your grant application. We may use this text on our social media pages. | | | | | | | | | | | | | | | | | | | | | |
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| **How frequently will the activity run?** | | | | | | | | | | | | | | | | | | | | | | |
| Weekly | | Biweekly | | | | Monthly | | | School Holidays | | | | | Other: Please state | | | | | | | |
|  | |  | | | |  | | |  | | | | |  | | | | | | | |
| **Delivery Plan- Including Proposed dates.** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Please detail below the proposed dates of delivery, the frequency, duration, capacity, and location*. (For overnight breaks 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.** *E.g., 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) | | | | | | | | | | | | |  | | | | | | | | |

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| **Section One – Company Details** | | | | | | | | |
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| **Name of Organisation, Company or Agency:** |  | | | | | | | |
| **Correspondence address:** |  | | | | | | | |
| **Website Address:** |  | | | | | | | |
| **Social Media Accounts:** |  | | | | | | | |
| **Lead Contact:** |  | | | | | | | |
| **Contact Telephone:** |  | | | | **Contact Mobile:** | | | |
| **Contact Email:** |  | | | | | | | |
| **Organisation Structure** | **CIC (limited by guarantee)** |  | **CIO (including social enterprises)** | |  | **Charity**  **Reg No.** | | |
| **Special School** |  | **Sole Trader** | |  | **Other:** | | |
| **Financial Capacity:**  **Form latest audited Accounts.** | **Annual Turnover:** | | **Annual Surplus:** | | **Reserve Funds:** | | | **Vat Reg No.** |
| **Public Liability Insurance** | **Insurer:** | **Policy Number:** | | | **Amount Insured:** | | **Expiry date:** | |
| **Employers Liability insurance** | **Insurer:** | **Policy Number:** | | | **Amount Insured:** | | **Expiry date:** | |
| **Regulated Activity**  Is your proposed activity regulated by | **CQC**  **YES / NO** | **Ref No** | | | **Ofsted**  **YES / NO** | | **URN**  **what register?** | |
| **Regulated by a specific activity body.** | **YES / NO / NA** | **Membership no.** | | | **Name of regulatory body:** | | | |
|  | | | | | | | | |
| **Contact Details for Data Returns and Administration** | | | | | | | | |
|  | | | | | | | | |
| **Contact Name:** |  | | | | | | | |
| **Contact telephone:** |  | | | **Contact Mobile:** | | | | |
| **Contact Email:** |  | | | | | | | |
|  | | | | | | | | |
| **Contact Details for Booking Activities and Enquiries** | | | | | | | | |
|  | | | | | | | | |
| **Contact Name:** |  | | | | | | | |
| **Telephone Number:** |  | | | | **Contact Mobile:** | | | |
| **Email Address:** |  | | | | | | | |
| **Weblink to AU activities or booking portal** |  | | | | | | | |
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| **Address of the site where the activities will be held:** | | | | | | | | |
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| **Section Two – Operational details** | | | | | | | | | | | |
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| **Please describe in more detail what activities/services the children and young people will experience as a result of this grant. What does a typical day look like for a young person using your service?**  Please be as specific as possible when describing the type and content of work you want to carry out (not your organisational history). | | | | | | | | | | | |
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| **How do you know there is a need for your project/service?**  (Supporting documents should be sent in with your application in relation to **Customer feedback Research/Case Studies**) | | | | | | | | | | | |
| Please include the following points:  **How do you know your project is needed?**  For project currently running please detail:   * **Current up take on places:** * **Waiting list: How you manage your waiting list, current numbers, how long they have been waiting.** | | | | | | | | | | | |
| **How will you sustain and develop your services?**  Detail how your organisation | | | | | | | | | | | |
| Please try to include as many of the following points and explain how they support your organisations:   * **Customer fees** * **Volunteering** * **Partnership working** * **The use of non-statutory funding/other grant giving organisations** | | | | | | | | | | | |
| **Please tell us how you would manage an unexpected business interruption?**  Do you have contingency planning in place to keep supporting your service users | | | | | | | | | | | |
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| **Section Three: Delivery Outcomes and Evaluation** | | | | | | | | | | | |
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| Please tell us your intended outcomes from the project.  How will you gather, analyse and use the feedback from your service users to evidence and improve your provision? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| If your service has been previously supported through Activities Unlimited grants, please provide supporting information, such as links to your YouTube channel, photographs, video diaries and your most recent customer feedback. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Please inform us which levels of disability need, listed below will have access to your project | | | | | | | | | | | |
| **Level 1** | Activities for families with SEND children and young people to enjoy together | | | | | | | | | |  |
| **Level 2** | For children and young people with SEND - Inclusive mainstream activity - group supervision only | | | | | | | | | |  |
| **Level 3** | For children and young people with SEND - supervision provided but no qualified carers on-site (for providers to able to manage personal care needs and/ or behavioural issues and respond using appropriate approaches) | | | | | | | | | |  |
| **Level 4** | For children and young people with SEND, qualified carers on-site  Complex health needs, and /or behavioural issues, requiring 1:1 support to ensure personal and public safety. | | | | | | | | | |  |
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| **Section Four: Combatting Climate Change** | | | | | | | | | | | |
| Does your organisation have an Environmental Policy? | | | | | | | | | | | |
| Yes | | | No | | | Working towards | | | | | |
| **Section Five: Your Organisation** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Please provide a brief history of your organisation, the main service delivery in Suffolk (100 words)  If you have previously had funding from AU grant- Do Not Complete. | | | | | | | | | | | |
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| For voluntary sector organisations. Please tell us what is the purpose/the objects of your organisation? This should be your organisation's legal objects or aims, as stated in your governing document e.g. constitution or memorandum and articles of association or your statement of purpose. | | | | | | | | | | | |
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| Due diligence overview: | | | | | | | | | | | |
| How many staff and volunteers do you currently employ? | | | | | Staff | | | Volunteers | | | |
| How many active members are there on your organisation's governing body/board? | | | | |  | | | | | | |
| Please detail any quality assurance or kite marks held by your organisation. (Name/date gained/expiry) | | | | |  | | | | | | |
| Do all staff, volunteers, and members of the governing body have regular DBS checks? | | | | |  | | | | How often are DBS checks refreshed? | | |
| Do all staff, volunteers, and members of the governing body access Safeguarding training? | | | | |  | | | | How often are refreshers held? | | |
| Do your Designated Safeguarding Leads & deputies have enhanced DSL training? | | | | |  | | | | How often are refreshers held? | | |
| Please detail First Aid arrangements and number of qualified staff required on site. Also detail the qualifications held by those who may be in attendance at project. | | | | |  | | | | | | |
| Please describe your process for identifying, recording, and controlling risks for the delivery of this project. | | | | |  | | | | | | |
| Please describe how your organisation will promote your project safety. | | | | |  | | | | | | |
| *Please note: if successful in being awarded a grant, you will be required to complete a full Safeguarding Self-assessment as part of the Quality Assurance. We will also be requiring you to supply signed copies of up-to-date policy and procedure documents.* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Section Six – Existing Funding** | | | | | | | | | | | |
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| Please detail any other funding you currently receive from **Suffolk County Council.**  Also detail any Service Agreements or Funding Arrangements with any other **public sector body.**  Please indicate yes/no if this funding directly relates to your proposed project in this application. | | | | | | | | | | | |
| **Funder** | | | | **Amount** | **Purpose** | | | | | **YES / NO** | |
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| **Comments:** | | | | | | | | | | | |
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| To comply with *EX State Aid de Minimis* rules, PRIVATE Sector applicants have to be able to answer YES to the following questions: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Does your company employ less than 250 employees?** | | | | |  | | | | | | |
| **Have you received less than €200,000 in public aid in the last 3 years?** | | | | |  | | | | | | |
|  | | | | | | | | | | | |
| Please detail any match funding or other funding (NOT from Suffolk County Council or any other public sector body) that has been applied for to support delivery of this project. | | | | | | | | | | | |
| **Funder** | | **Amount** | | | | | **Purpose** | | | | |
|  | |  | | | | |  | | | | |
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| **Comments:** | | | | | | | | | | | |

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| **Section Seven - 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** | | | | | |
| *\*\* please tell us how these costs relate directly to this project delivery and to the children and young people you work with. bullet points can be added to 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*** | |
|  | | | | | |
| What is the unit cost of each young person’s session place at this project?  To work this out do the calculation as below | | | | | |
| £ | Sessions | | Places | | Hours |
| Grant Value sort (Divided by) | Total Number of sessions (Divided by) | | Number of places to be attended Per session. (Divided by) | | The number of hours in a session. |
| **Calculation Totals** | £ | | Cost per session per child  £ | | Cost per hour  £ |
| **Section Eight - Application Submission** | | | | | |
|  | | | | | |
| The preferred submission of application pack and supporting information is electronically.  If you are unable to provide an electronic signature, we will treat your email of submission as a formal signature. \*\* | | | | | |
|  | | | | | |
| Please return your applications to [**AUProvision@suffolk.gov.uk**](mailto:AUProvision@suffolk.gov.uk) | | | | | |
|  | | | | | |
| Applications must reach Activities Unlimited by midnight **Sunday 27th October 2024** | | | | | |
|  | | | | | |
| If additional documents are being included with your application, please list them below | | | | | |
|  | | | | | |
|  | | | | | |
| Your signature confirms that the information contained within your application and that of any supporting documents, is to the best of your knowledge, a true and accurate reflection of your application\*\* | | | | | |
|  | | | | | |
| Name | | |  | | |
| Signature | | |  | | |
| Role within organisation | | |  | | |
| Date | | |  | | |