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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | 2026/27 Grant Additional Project Application Form for all grant values | | | | | | |  | | | | |
|  | | | | |  | |  | |  | | |  | | | | |  | | | |
| **Application Summary** | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | |  | | | *These will be your figures from pages 2 & 8* | | | | | | | | |
| **Organisation Name:** | | | |  | | | | | | | **Total Grant sought from AU:** | | | | | | | | **£** |
| **Activity Title:** | | | |  | | | | | | | **Total number of sessions in project:** | | | | | | | |  |
| **Delivery Location(s):** | | | |  | | | | | | | **Total number of places in project:** | | | | | | | |  |
| **Staff Ratios:** | | | |  | | | | | | | **AU contribution per place per session:** | | | | | | | | **£** |
|  | | | | | | | | | | | | | | | | | | | |
| **Your customer** | | | | | | | | | | | | | | | | | | | |
| Please describe your customer group.  Do you offer a universal service for all children, or is your service specifically for children with SEND (Special Educational Needs and Disabilities)?  Who are your primary users? (e.g., children and young people with ASD, learning disabilities, emotional wellbeing needs, or young carers) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Customer Age range:** (0-25) | | | | | | | | |  | | | | | | | | | | |
| **Customer charge per session** | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Pocket Size Pitch – 75 words max** | | | | | | | | | | | | | | | | | | | |
| Briefly describe your activity for families. Include what the activity is, where it takes place, and when (days and times). Mention what young people will do during the session (e.g., sports, drama, crafts, computing, fishing, or a mix). This helps us assess your application and may be shared on social media. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | |  | | | | |  | | |
| **How frequent will the activity run?** | | | | | | | | | | | | | | | | | | | | |
| Weekly | | Biweekly | | | | Monthly | | | School Holidays | | | | | Other: Please state | | | | | |
|  | |  | | | |  | | |  | | | | |  | | | | | |
| **Delivery Plan- Including Proposed dates.** | | | | | | | | | | | | | | | | | | | |
| List the dates, frequency, session length, number of places, and location.  Include total hours for overnight breaks.  If using one location, fill in one section.  For multiple services, provide a separate plan for each (e.g., Saturday club, holiday sessions, sleepovers). | | | | | | | | | | | | | | | | | | | |
| **Activity Title** | | | **Organisation:**  **Activity Name:** | | | | | | | | | | | | | | | | |
| **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 if known) | | | | | | | | | |  | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Location address** | | | | | | | | |
| Please provide the full address of the site where activities will be held, including the postcode. | | | | | | | | |
|  | | | | | | | | |
| **Personal Care Support** | | | | | | | | |
| Will your staff provide physical assistance with personal care?  This may include help with toileting, washing, dressing, or applying skin/sun cream. | | | | | | | | |
|  | | | | | | | | |
| **Medication Administration** | | | | | | | | |
| If you plan to give prescribed or over-the-counter medication, do you have the necessary procedures and insurance in place? | | | | | | | | |
|  | | | | | | | | |
| **Section One – Company Details** | | | | | | | | |
|  | | | | | | | | |
| **Name of Organisation, Company or Agency:** |  | | | | | | | |
| **Lead Contact:** |  | | | | | | | |
| **Contact Telephone:** |  | | | | **Contact Mobile:** | | | |
| **Contact Email:** |  | | | | | | | |
| **Organisation Structure** | **CIC (limited by guarantee)** |  | **CIO (including social enterprises)** | | |  | **Charity**  **Reg No.** | |
| **CQC**  **YES / NO** | **Ref No** | **Ofsted**  **YES / NO** | | | **URN**  **what register?** |  | |
| **Regulated Activity**  Is your proposed activity regulated by | **YES / NO / NA** | **Membership no.** | | | **Name of regulatory body:** | | |  |
| **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 Mobile:** | |
| **Contact telephone:** |  | | |  | | | | |
| **Contact Email:** |  | | | | | | | |
|  | | | | | | | | |
| **Contact Details for Bookings and Enquiries** | | | | | | | | |
|  | | | | | | | | |  | | |
| **Contact Name:** |  | | | | | | | | **Contact Mobile:** |
| **Telephone Number:** |  | | | |  | | | |
| **Email Address:** |  | | | | | | | |
| **Weblink to AU activities or booking portal** |  | | | | | | | |
|  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please describe in detail the types of **activities or services** that children and young people will experience as a result of this grant. Consider including:  The range of activities offered (e.g., arts and crafts, sports, outdoor adventures, sensory play, life skills workshops).  How these activities are tailored to meet the needs, interests, and abilities of the young people.  Any specialist support or staff involved (e.g., SEND-trained staff or mentors).  How the activities promote inclusion, confidence, independence, and wellbeing.  **Typical Day Example**  outline what a typical day looks like for a young person using your service — from arrival to departure — highlighting key activities, support provided, and the overall experience.  This helps us understand the daily experience and how the grant will enhance or expand your current provision. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Demonstrating Need**  Please explain how you know there is a need for your project or service. You may refer to:   * Customer feedback * Research * Case studies * Local data or insights   Relevant supporting documents should be submitted with your application. | | | | | | | | | | |
|  | | | | | | | | | | |
| **If your project is currently running, please also include:**   * Current uptake of places * Waiting list details: how it’s managed, current numbers, and how long individuals have been waiting | | | | | | | | | | |
|  | | | | | | | | | | |
| **Sustainability and Development**  Please explain how your organisation plans to sustain and develop its services. Where possible, include details on: | | | | | | | | | | |
| * **Customer fees and how they support your service** * **Volunteering and its role in delivery or development** * **Partnership working with other organisations** * **Use of non-statutory funding or support from other grant-giving bodies**   Describe how each of these contributes to your organisation’s long-term sustainability. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Section Three: Delivery Outcomes and Evaluation** | | | | | | | | | | |
| **Intended Outcomes:**  Outline the key outcomes you expect for children and young people because of this project. This may include formal and informal learning. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Feedback and Improvement:** Explain how you will gather, analyse, and use feedback from service users to evidence impact. Outline some improvements that could be made to your provision through customer feedback**.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Previous AU Grant Support:**  If your service has previously received Activities Unlimited funding, please include supporting materials such as:  Links to your YouTube channel  Photographs or video diaries  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. | | | | | | | | |  |
| *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** | | | | | | | | | | |
| 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:** | | | | | | | | | | |
| **Section Seven – Revenue Grant- Cost Breakdown Template** | | | | | | | | | | |
| Please use the provided template to detail the **cost breakdown** of the revenue grant you are applying for. The template includes fields for both **expenditure** and **income** — please complete **all sections**.  If a cost area is not listed, feel free to **add your own descriptions.**  For each cost item, provide a **bullet point explanation** in **Column C** to clarify what the cost covers and how it directly supports this project. | | | | | | | | | | |
|  | | | | | | | | | | |
| **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 sought (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 Instructions** | | | | | | | | | | |
| * Please submit your application pack and supporting documents electronically. * The application form **must** be completed in Word format. * If you are unable to provide an electronic signature, your email submission will be accepted as a formal signature. * Please send your completed application to [AUProvision@suffolk.gov.uk](mailto:AUProvision@suffolk.gov.uk) * Applications deadline: **Activities Unlimited by midnight on Sunday, 26th October 2025.** | | | | | | | | | | |
| **If additional documents are being included with your application, please list them below** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Declaration**  By submitting your application, you confirm that the information provided in the application form and any supporting documents is, to the best of your knowledge, a true and accurate reflection of your application. | | | | | | | | | | |
| Name | | | | | |  | | | | |
| Signature | | | | | |  | | | | |
| Role within organisation | | | | | |  | | | | |
| Date | | | | | |  | | | | |