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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Delivery Plan - Including Proposed dates.** | | | | | | | |
| Please detail below the proposed dates of delivery, the frequency, duration, capacity, and Location*.* . O**ne service per application, separate delivery plans will be required for each proposed activity.** *Eg Saturday club am/pm – Fully days during school holidays* | | | | | | | |
| **Name of Activity:** | | **Organisation name:**  **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) | | | |  | | | |
| **Activity Location address**  Please provide the full address of the site where activities will be held, including the postcode. | | | |  | | | |