**Young Manchester**

**Holiday Playscheme Fund 2018 - 19**

GRANT APPLICATION FORM



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Introduction and Can I Apply

Please read the grant prospectus before you continue. This will help you to complete all sections of this application form correctly.

We’ve given a word limit for some of the questions in this form. We will only look at the information you give us within this word limit.

This application form is for grants of between £1,000 to £10,000. If you are applying for more than one grant you must use a separate application form for each one. Organisations are permitted to apply for up to three grants maximum.

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| **Can I apply?** |

**We can only accept applications to this programme from organisations that meet the criteria below. Please use the checklist to make sure you are eligible to submit an application.**

Yes No

**Is your group a voluntary or community sector organisation?** ☐ ☐

**To apply for this grant your organisation must have and be able to produce when asked:**

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| a safeguarding policy | ☐ |
| a health and safety policy and/or procedures | ☐ |
| accounts, or an income and expenditure sheet | ☐ |
| a bank account in your organisation’s name | ☐ |
| evidence (e.g. minutes) of Board / Management Committee meetings in line with your constitution | ☐ |
| a list of Board / Management Committee members including their roles | ☐ |
| a governing document (i.e. Constitution) | ☐ |
| relevant insurance | ☐ |

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| **IMPORTANT – if you have not been able to tick all the boxes above, we won’t be able to consider your application and you should not fill in the rest of this application form.** |

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| **Section 1: About you** |

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| **1.1 Details of you and your organisation** | | | |
| Name of organisation | |  | |
| Address of organisation including postcode | |  | |
| Organisation’s website and / or social media addresses (if applicable) | |  | |
| Main contact person | Name |  | |
| Role |  | |
| Contact address (if different to organisation address) |  | |
| Telephone number |  | |
| Email address |  | |
| Second contact person | Name |  | |
| Role |  | |
| Contact address (if different to organisation address) |  | |
|  | Telephone number |  | |
|  | Email address |  | |
| Is your organisation incorporated? | | Yes ☐ No ☐ | |
| What is the status of your organisation e.g. charity | |  | |
| Please supply any relevant registration or reference numbers. i.e Ofsted number | | Name | Reference/Number |
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| Date your organisation was established | |  | |
| **Formally Listed Partners** | | | |
| **Organisation** | | **Contact name** | |
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| **1.2 Tell us about your organisation’s vision, values and activities** (200 words) |
| The type of work you do, who you engage with, what outcomes you achieve. |
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| **Section 2: About your activities** |

What are you applying for funding for? Tell us about your proposed activities, why they are needed and how they are going to make a difference.

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| **2.1 Name of activities** |  |

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| **2.2 Tell us about your proposed activities.** (600 words) |
| What you plan to do, who with and how. Be as specific as possible and include numbers where appropriate. Your activities must support at least one of the objectives of the grant programme. This fund covers Summer 2018 and Easter 2019. Please include the number of children and young people you expect to engage in your activities. |
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| **2.3 When and where will your proposed activities take place?** |
| What dates/weeks will your proposed activities take place? What will be the main location for your proposed activities? |
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| **2.4 What age are the children and young people you propose to work with?** |  |

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| **2.5 How do you know there is a need for your activities?** (300 words) |
| What work have you done to identify the need, from engagement with people or from research on national/local trends. Tell us what made you decide these activities are needed. |
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| **2.6 Who will benefit from your activities and how have/will they be involved in shaping them?** (300 words) |
| Which individuals and/or communities are being engaged and involved? People might receive a service, and they might also be involved in setting an activity up and running it; let us know who will be doing what and which parts of Manchester they come from. |
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| **2.7 Activities Coverage** | |
| Which areas do your beneficiaries mainly come from?  (If your activities are city-wide tick all the boxes) | |
| North Manchester  East Manchester  Central Manchester  South Manchester | ☐  ☐  ☐  ☐ |

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| **2.8 Objectives** | |
| Tick at least one the objectives of the grant programme your activities will support. | |
| **Objective 1** - To increase the number of play activities over holiday periods, in priority areas of the city where there is less provision | ☐ |
| **Objective 2** - To increase the numbers of disabled children accessing play services. | ☐ |
| **Objective 3** - To increase access to high quality outdoor play opportunities, with particular focus on increasing play opportunities in parks, streets and open spaces. | ☐ |

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| **2.9 How will your activities achieve the key outcomes for children and young people?** | |
| These must closely relate to the objectives you ticked above and should be no longer than 50 words. Please check the guidance to ensure that you are clear about how an outcome is defined in this application. | |
| Outcome 1 – Safe |  |
| Outcome 2 – Happy |  |
| Outcome 3 – Healthy |  |
| Outcome 4 – Successful |  |

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| **2.10 Describe how you will meet the monitoring requirements of this grant (including monitoring the outcomes you have identified above).** (250 words) |
| What will you keep records of, what systems or approaches will you take? |
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| **Section 3: Budget and Finance** |

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| **3.1 What is the total cost of your activities?** |
| **£** |

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| **3.2 How much money are you requesting from us?** |
| **£** |

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| **3.3 If the grant amount requested is less than the total cost of the activities, identify where the difference will come from and whether you have secured this funding** |
| We do not require matched funding but value the ability of the voluntary and community sector to bring additional funding to individual projects and to the city. |
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| **3.4 Complete the table below showing expenditure directly related to this application e.g. staffing, rent, stationery, equipment. If you include running costs, itemise these.**  **You should provide a detailed breakdown of your staffing costs.** | |
| **Expenditure Item** | **£** |
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| **Total** |  |

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| **3.5 How have you worked out your costs?** |
| Explain the thinking behind your costs and how they represent good value. Where you have included a contribution to core costs then you need to explain how this has been worked out. |
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| **Section 4: Management** |

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| **4.1 How will you ensure the successful delivery of these activities?** (400 words) |
| We want to know about your management approach and previous experience of managing similar activities successfully. |
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| **4.2 Explain how you will ensure the safety of people who use services, or work or volunteer for your organisation.** (300 words) |
| Safeguarding of both children and adults is a priority for us. We need to know that all organisations that get grant-funding are actively protecting people involved with their service. |
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| **Section 5: Declarations** |

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| **5.1 Declare any interests of employees or board / management committee members that may be relevant to your application**. |
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**5.2 Declaration**

“I declare that the information given on this application form is accurate to the best of my knowledge and that I am authorised to submit this application.

I understand that I must notify Young Manchester of any significant changes to the application and that misleading information can invalidate this application.”

**Signatory One**

This must be the main contact named above.

“I understand you may contact me during assessment and I confirm I am authorised by the organisation for this purpose and that you may rely on any further information supplied by me.”

Name

Position

Signature

Date

**Signatory Two**

This should be the chair or person of similar authority in your organisation. This person must be different to signatory one.

“I confirm this application has been authorised by the management committee or other governing body.”

Name

Position

Signature

Date

**Final Checklist**

Before sending us this form please check

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| You have answered every question? | ☐ |
| You have signed and dated the form? | ☐ |

We prefer to receive applications by email, so please returnthis form to[**applications@youngmanchester.org**](mailto:applications@youngmanchester.org)with the **name of your organisation** and the title:

**‘Young Manchester Holiday Playscheme Fund Application’**

If you want to send a hard copy, please send it to:

Young Manchester

Centurion House

129 Deansgate

Manchester

M3 3WR

Please ensure that you receive confirmation by email or in writing that your form has been received.

**This form must reach Young Manchester by 5pm on Friday 15th June 2018. Applications submitted after this deadline will not be considered.**

**Feedback**

It is not obligatory to fill in this part of the form and none of your answers to this section will affect the outcome of your application. However, we value your feedback and will use it to improve our grant processes in the future.

1. How did you hear about this grant programme?

2. Did you have all the information you needed to complete the form?

Yes No

3. Was the application form easy for use?

Yes No

4. If you answered no to either of the questions above then please explain how the application form and information could be improved?