

SHROPSHIRE COUNCIL WORKING TOGETHER IN SHROPSHIRE

Grant Application Form

Name of Locality: Tern and Severn Valley Local Joint Committee

Project Name:

1. Name of Organisation

2. Address of Organisation

3. Lead contact details

Role within organisation

Telephone

Email

4. What type of Organisation are you and what is your legal status? E.g. Registered Charity (give registration details) / limited company / constituted group.

(Note that proof of a recent financial statement or bank account may be requested, particularly for awards of over £500.00)

5. Provide a brief overview of the aims and objectives of your organisation

6. Provide a brief account of your experience of delivering this type of work

Pass / Fail questions

7. Can you confirm that you are able to satisfy the following level of Insurance if you are awarded Grant Funding?

Public Liability (Min £5 million)

YES

NO

Employers Liability (Min £5 million)	YES		NO	
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(Note: Other specific insurances may be required depending on the service delivered. You will be required to attach a photocopy of insurance certificates and policy schedules detailing these amounts of cover after you are awarded Grant Funding as stated above)

QUESTIONS 8a AND 8b

Answer question 8a. for grants used to support completely **new** youth activities

Or

Answer question 8b. for grants **under £500** used to purchase equipment or to support **additional** youth activities that enhance existing activities being provided by existing groups (Please contact the community enablement officer if you are unsure which section to answer)

8a. Can you confirm that you are able to satisfy the following minimum level of experience and qualification to ensure that all children and young people are safe?

Safeguarding policies and procedures in place which include:

All relevant staff and volunteers have undertaken DBS checks.	YES		NO	
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At least one member of staff / volunteer at every session has attended the basic safeguarding and awareness training course	YES		NO	
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Health & Safety Policies and Procedures in place which include:

At least one worker in every session having a level 3 youth worker qualification (or equivalent)	YES		NO	
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Please specify.....

At least one worker in every session having a relevant and current first aid qualification	YES		NO	
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A process for risk assessing all activities appropriately.	YES		NO	
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A process of consent that covers data protection, medical information and consent to take part in activities both in the home location and away.	YES		NO	
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8b. Can you confirm that you are able to satisfy minimum levels of experience and qualification to ensure that all children and young people are safe through at least basic membership of the Shropshire Youth Association (or equivalent)?

	YES		NO	
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SYA				
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CLUB MARK				
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Other; Please specify

Scored questions

9. Describe what activities you will provide with the funding, how often the activities will take place, where and who for; you should also explain how your activities will meet local need and be inclusive.

10. FUNDING

Amount of Funding required	£
Period funding required for (Please state when work will start and finish)	

Project Costs

Please provide details of what the funding will be spent on.

Project costs List anticipated items of expenditure below	£	
Expenditure		
TOTAL PROJECT COSTS		
Project funding List any anticipated grant funding, income, match funding, in-kind contributions, etc.		Confirm status of funding Secured/pending
TOTAL PROJECT FUNDING		

11. How will the activities meet the Shropshire children, young people and families' outcomes and any other related local outcomes (complete only relevant boxes)?

	Outcomes	Activities	Evidence and measures
1	<i>Ensure all children and young people are safe and well looked after in a supportive environment (over and above the requirement at questions 11 & 12)</i>		
2	<i>Narrow the achievement gap in education & work</i>		
3	<i>Ensure the emotional wellbeing of children and young people by focusing on prevention and early intervention</i>		
4	<i>Keep more children healthy and reduce health inequalities</i>		
5	<i>Additional local outcomes to be achieved if appropriate; applicant to insert</i>		

12. How will this funding help to sustain youth activity in the long term?

13. Please provide contact details for two references to support your application:

(Ideally at least one of these would come from other funders for whom you have provided a similar service. If you are a new organisation and are unable to provide references, please discuss with Shropshire Council.)

I am applying on behalf of my organisation to Shropshire Council for financial support in the provision of youth activities.

I confirm that the information provided is correct to the best of my knowledge

Signed:.....

Name:

Position in Organisation:

Date:

Please return completed grant application / invitation to quote form electronically to:

Communityenablement@shropshire.gov.uk

and

Signed hard copy to:

**Community Enablement
Shropshire Council,
Abbey Foregate
Shrewsbury
Shropshire
SY2 6ND**

Check list	TICK
Group constitution (if appropriate)	
Minimum insurance requirements	
Safeguarding policy & procedures	
Health and safety policy and procedures	