**SHROPSHIRE COUNCIL**

**WORKING TOGETHER IN SHROPSHIRE**

**Grant Application Form – Wem Area**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Locality:** | | | | | | | | | | | | | | | | | | |
| **Grant / Contract opportunity:** | | | | | | | | | | | | | | | | | | |
| **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) | | | | | | | | | | | | | | | | | | |
| 1. **Provide a brief overview of the aims and objectives of your organisation** | | | | | | | | | | | | | | | | | | |
| 1. **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** | | |  | | |
| (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 | | | | | | | | | | | | | | | | | | |
| **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** | | | |  |
| At least one member of staff / volunteer at every session has attended the basic safeguarding and awareness training course | | | | | | | | **YES** | | |  | | | **NO** | | | |  |
| **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)  Please specify………………………………………………………… | | | | | | | | **YES** | | |  | | | **NO** | | | |  |
| At least one worker in every session having a relevant and current first aid qualification | | | | | | | | **YES** | | |  | | | **NO** | | | |  |
| A process for risk assessing all activities appropriately. | | | | | | | | **YES** | | |  | | | **NO** | | | |  |
| 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** | | | |  |
| **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** | |  | |
| **SYA** | | | | | | | | | |  | |  | | |  | |  | |
| **CLUB MARK** | | | | | | | | | |  | |  | | |  | |  | |
| **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** | | | |  |  | | | | | | | | | | | | | |
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| **TOTAL PROJECT COSTS** | | | |  |  | | | | | | | | | | | | | |
|  | | | |  |  | | | | | | | | | | | | | |
| **Project funding**  List any anticipated grant funding, income, match funding,in- kind contributions, etc. | | | |  | **Confirm status of funding**  Secured/pending | | | | | | | | | | | | | |
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| **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** | *Ensure all children and young people are safe and well looked after in a supportive environment* | |  | | | |  | | | | | | | | | | | |
| **2** | *Narrow the achievement gap in education & work* | |  | | | |  | | | | | | | | | | | |
| **3** | *Ensure the emotional wellbeing of children and young people by focusing on prevention and early intervention* | |  | | | |  | | | | | | | | | | | |
| **4** | *Keep more children healthy and reduce health inequalities* | |  | | | |  | | | | | | | | | | | |
| **5** | *Additional local outcomes to be achieved if appropriate; applicant to insert* | |  | | | |  | | | | | | | | | | | |
| **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:**

[sue.j.thomas@shropshire.gov.uk](mailto: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** |  |
|  |  |