

**Bradford Council 2020 - Holiday Activities and**
**Food programme (HAFP)**

**Application Form**

**IMPORTANT INFORMATION**

**Please carefully read the attached guidelines document before continuing.** If your project does not meet the basic criteria, your application will not be considered.

* The size of grant awarded will reflect the number of children you intend to work with.
* We do not require supporting documents at this stage but if you are successful, we will request copies of relevant documents which must be received before releasing any grants.
* Please note the word count limits on some of the questions
* We may contact you for further information, but please try to provide enough detail in the application form for us to understand your project.
* Owing to the current Covid 19 situation safety measures will need to be put in place to ensure risk is minimized. Please ensure you tell us how you would accommodate these measures. Please refer to the government guidance, links are given in the supporting grant application guidance sheet.
* If you need any additional information, please contact amerjeat.sarai@bradford.gov.uk, ensuring you start the email subject line with the word ‘query’ and provide your contact details for us to get back to you.
* **Please submit your completed application to Amer at** **amerjeat.sarai@bradford.gov.uk** **by the 12 noon of 21st July 2020.**

**Bradford Council 2020 - Holiday Activities and Food programme (HAFP)**

**Application Form**

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| **About your organisation** |
| Name of Organisation |  | Address  |  |
| Main contact person for this application |  |
| Position |  |
| Email address |  |
| Phone number |  |
| **Type of Organisation**  |
| **Please select only one box**[ ]  Social Enterprise [ ]  Charity (No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **Project Summary**
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| 1: Due to the current Covid-19 situation please tell us your plans regarding the measures you will put in place for health and safety? (Max 150 words) |

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| 1. **Project Details**
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| **How many vulnerable/disadvantaged children will you be supporting directly through this award?**  |
| **How many days’ activities do you plan to provide?** First Day/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Day/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total number of days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **What is the expected running time (in hours) of a typical session?**1. \_\_\_\_\_\_\_\_\_\_\_hours |
| **What age range(s) do you plan to support?** [ ]  5 - 11yrs [ ]  11-16yrs[ ]  Both |
| **Where will the activity take place? (Venue name, address & postcode)** |
| **What difference do you anticipate the project will make in the lives of vulnerable/disadvantaged children ?**(Max 150 words) |

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| 1. **YOUR APPLICATION**
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| *How many vulnerable/ disadvantaged children will you be working with:* |
| **Project Budget Breakdown** |
| **3: Please detail:****Total Project Cost: £…………..** |
| **How much are you applying for? £**  |

**Please carefully read the Declaration overleaf and ensure the form is signed by a person who is appropriately authorised to act on behalf of the organisation and agree to the Declaration and commitments outlined.**

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| **DECLARATION** |
| * I confirm that the organisation named in this application has given me the authority to complete this application and sign this Declaration on its behalf.
* I understand that the information provided will be used in the evaluation process to assess this organisation’s suitability to receive grant funding for this application.
* **I give permission for Bradford Council to record and process the information** in this form electronically and in paper form and to contact our organisation by phone, mail or email with regard to this application.
* I understand and agree that should this application be successful, the organisation will be required to sign a formal Funding Agreement and provide a signed copy of a bank statement, paying-in slip or bank letter for the account into which the grant is to be paid.
* **I understand that, if successful, relevant safeguarding, health & safety and insurance policies will be requested by Bradford Council prior to the release of any grant funds**
* I understand and agree that acceptance of an award includes the requirement to **participate in the gathering of management information for Bradford Council, in particular,** all Grant recipients will be expected to
	+ report on child level attendance at each session for each project funded through this Award
	+ provide the name, date of birth and postcode for every child/young person attending each session.
	+ Provide data on the range of activities and number of meals provided.
	+ All data will be collected and processed in compliance with GDPR.
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| **Signature** |  |
| **Name** |  |
| **Position (job title)** |  |
| **Date**  |  |

Please return your completed and signed application form to amerjeat.sarai@bradford.gov.uk as soon as possible; the final deadline for applying is Tuesday 21st July 12 noon 2020.