**Annex ii.**

**HASTINGS OPPORTUNITY AREA.**

**GRANT FUNDING APPLICATION**

**Please send the completed grant application (along with supporting documents) to:** [**hastings.opportunityarea@education.gov.uk**](mailto:hastings.opportunityarea@education.gov.uk)

**The closing date for this grant applications is Friday 8th June 2018**

**Section ONE – YOUR GROUP OR ORGANISATION**

**Q 1** Name

|  |
| --- |
|  |

**Q 2** Address

|  |
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|  |
|  |
|  |

**Q 3** Postcode

|  |
| --- |
|  |

**Q 4** Telephone Number

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| --- |
|  |

**Q 5** Email Address

|  |
| --- |
|  |

**Q 6** Website address

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| --- |
|  |

**Q 7** Twitter name

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|  |

**Q 8** Facebook name

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|  |

**Q 9** When did your group/organisation begin?

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| --- |
|  |

**Q10** What type of group or organisation are you?

Community Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Charity – No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not for profit Company – No. \_\_\_\_\_\_\_

CIC - No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (Please specify)

|  |
| --- |
|  |

**Q11** Is your group part of a larger regional or national organisation?

Yes No

**Q12** Has your group or organisation received funding in the last year?

Yes No

If yes, please give details below of any funding received in the last financial year.

Funder Amount

|  |  |
| --- | --- |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |

**Q13** What does your organisation do?

|  |
| --- |
|  |

**MAIN CONTACT DETAILS:**

**Q14** Name

|  |
| --- |
|  |

**Q15** Role in group or organisation

|  |
| --- |
|  |

**Q16** Daytime telephone number

|  |
| --- |
|  |

**Q17** Mobile phone number

|  |
| --- |
|  |

**Q18** Email address

|  |
| --- |
|  |

**Q19** Address

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|  |
|  |
|  |
|  |

**Q20** Postcode

|  |
| --- |
|  |

**Section TWO – YOUR PROJECT**

**Q21** This grant is:

 For new work

 To build on existing work

**Q22** Please enter the start date for the activities this grant will fund.

**Start date**

|  |
| --- |
|  |

**Q23** Please enter the end date for the activities this grant will fund.

**End date**

|  |
| --- |
|  |

**SECTION THREE – ABOUT YOUR PROJECT**

We will be scoring Questions 24, 26, 29, 30 and 31 on a scoring of 0-5. We will be scoring questions 25,27, 28 on an acceptable and not acceptable criteria.

**Q24.** Please set out below what your project is aiming to achieve and how is aiming to achieve this? This should include the particular characteristics of children and young people that your proposed activity will be focused on ie pupils in receipt of pupil premium, children with specific SEN, children with particular interests that are not currently catered for in Hastings etc. (please use up to 400 words)

**Q25.** Please set out below, what are the essential life skills that your project will aim to promote?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please check the boxes in these tables to show which essential life skills your proposed activity will promote.  Please check boxes that apply. | |  |  | | --- | --- | | **Which Essential Skills will your activity promote?** | | | a. Hard work, self-control, discipline, good time keeping. |  | | b. Resilience, perseverance and persistence |  | | c. Self-confidence, leadership and team working |  | | d. Honesty, integrity and engaged citizenship. |  | | e. Attitude, respect and empathy. |  | | f. Critical thinking, curiosity and problem solving |  | | g. Communication and collaboration, including tolerance and respect |  | |

**Q.26**. Please set out below, where you are aiming to deliver these activities with children and young people and why? Ie. In a local woods as it is a Forest School or in a local museum and name these. (max 100 words)

**Q.27**. Please set out below, how many children and young people you are aiming to engage with. We are interested in numbers of children/young people per activity and total number of children and young people over the course of the project.

**Q.28.** Please set out below, how often you will deliver your activities. Ie will they take place for an hour a week on a weekly basis, will they take place for one day a week over a term? (max 50 words)

**Q.29.** Tell us about the staff that will be delivering these activities. How many staff and what skills and expertise will they have and why? (max 50 words)

**Q.30.**  Tell us about how your project will address any barriers to engagement, likely to be experienced by the target group of children/young people they you are aiming to engage with? (max 100 words)

**Q.31**Tell us about how you will monitor the effectiveness of your activities (max 100 words)

**Section 4 – Project budget**

**Q32** How much money are you   
applying for?

|  |
| --- |
|  |

**Q33** Please use the space below to show what you will spend the money on.

**Activity Amount**

|  |  |
| --- | --- |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |

**Thank you for completing the application.**

Please ensure you have included (where necessary):

* A signed copyof your constitution of set of rules

A signed copy of your latest signed accounts and your previous years accounts, or record of your income and expenditure and balance sheet (if you do not have accounts for the last 2 years)

A photocopy of one bank statement from the last 3 months.

We expect you to send us the following documents:

Child Protection policy

Health and Safety Policy

Equal Opportunities Policy Statement

If you are a CIC please include your CIC 34 report

**DECLARATION:**

1. I am authorised to make an application on behalf of the above organisation
2. I certify that the information contained in this application is correct
3. If the information in this application changes in any way I will inform East Sussex County Council
4. I give permission for East Sussex County Council to record the details of my organisation electronically and to contact my organisation by phone, mail or email with information about its activities and funding opportunities

|  |  |
| --- | --- |
| **Signed:** | **Date:** |

## Referee

Please give the name and contact details of someone outside of your organisation who has agreed to be an independent referee for your application.

**Note: Your referee must sign this form**

|  |  |  |
| --- | --- | --- |
| Name: Link to group/occupation: | | |
| Address:  Postcode | | |
| Telephone: | Email: | |
| **Signed:** | | **Date:** |