****

Holiday Activity and Food Programme**.**

## Organisations Details

Please provide the following information about your organisation

|  |  |
| --- | --- |
| Legal name of organisation |  |
| Registered address |  |
| Local office address (if different from above) |  |
| Named contact |  |
| Telephone number of named contact |  |
| Email address of named contact |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant Requested:** **Project One Project Detail** **Please select Grant Type Grant Type A** **[For childcare places in existing schemes/clubs]** [ ] **Funding will be given on places booked.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project name**  | **Category** **(select all that apply)** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** |
| **District**  | **Venue/ location** **& postcode**  | **Premises type\*****(e.g. leased, owned, rented)** | **Target Ages of CYP**  | **No. of FSM CYP per day** | **No. of Non FSM per day\*\*** | **Total no. days to be delivered**  | **Total no. FSM places to be provided (E x G)** |
|  | [ ] Existing places in existing club[ ] New places in existing club[ ] New places in new club[ ] Priority area[ ] Rural area[ ] Other |  |  |   |  |  |  |  |  |

\* If any of the above premises are hired (included gifted or not charged), please provide written confirmation from the premises’ owner that your organisation has consent to use the premises for the purpose of providing the activities described in this application. This could be in the form of an email attached to your application email. \*\* (column F above) These places should not be funded using the grant. Costs of places for non-FSM children should be recovered through charges to parents/carers (some of these fee paying parents may be eligible for government support through Tax Free Childcare.)**Project One Financials**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Cost of food per child per day**
 | 1. **Cost of place per child per day***(This should be no more than your daily rate to fee paying customers up to a maximum of £25 per place per day.)*
 | 1. **Total Administration costs**

*(This total should only be for the administration of the FSM eligible children and up to a maximum of 10% of project value.)* | **Calculation (i)**Total funding requested = columns a + b + c x total FSM x No. days to be delivered   | **Calculation (ii)**Total cost per child place, per day =Calculation column (i) ÷ total FSM ÷ No. days*(this figure includes cost of place + food + admin and all other costs)*  |
| **£** | **£** | **£** | **£** | **£** |

 |

\*If you are applying for multiple projects, please copy and past the above boxes and fill them out with the relevant information.

## Quality Questions.

## Q1. Service Delivery

For each section under section ‘4. Provision’ of the specification please:

* Demonstrate a clear explanation you will meet the requirements;
* How the design will be flexible, so service users receive the most appropriate support;
* How you will approach a lack of engagement from the families or other difficulties.

### Age Group Sessions

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 500

### Food / Plan For Excess Food

Please attach example menus.

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 500

### Enriched activities

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 500

### Physical Activities

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 500

### Nutritional Education

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 500

###

### Food education for families and carers

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 500

### Signposting and referrals

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 500

### Impact of COVID-19

Explain how the provision will differ to that outlined above if a face-to-face service isn’t possible.

Please include example of what will be included in the food parcels.

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 1000

## Q2. Diversity and inclusion

Many of the children and young people eligible to benefit related free school meals are from various cultural backgrounds and many have EHCPs. Please describe how you will make your services inclusive. Please specify:

* How you will cater for children and young people with restricted mobility including wheelchair users;
* How you will cater for children and young people with physical and sensory disabilities impairment such as deafness;
* How you will cater for children and young people with learning difficulties such as autism.
* How you will cater for various cultural dietary rules.

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 500

## Q3. Systems and Processes

Describe what systems and processes your organisation has in place to ensure that you continually improve services, including using consultation and feedback from all relevant stakeholders and covering:

* How you plan to approach continuous improvement
* How you will monitor and evaluate the impact of the service
* How stakeholders will be involved in continuous improvement

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 250

## Q4. Workforce

Demonstrate the quality, skills and knowledge expected of your staff and how this will contribute to a high-quality service for all service users covering:

* Skill sets required, qualities and qualifications/experience
* Your approach to the recruitment, staff training and development in order to deliver this service.

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 250

## Q5. Safeguarding

Please evidence how you will assess/manage risk and handle any suspected safeguarding issues and ensure that those at risk are safeguarded from harm? Please cover:

* Understanding of the client group;
* How you will retain client confidentiality and maintain a balance between confidentiality and safeguarding;
* Risk management and assessment processes;
* Understanding of the Company’s Safeguarding process/policy;
* Staff and manager responsibilities;
* Safer recruitment;
* Describe your approach to initial and ongoing DBS checks.

|  |
| --- |
| ***Please enter response here*** |

Maximum number of words: 750

## Q6. Organisational Policies

Please indicate which of the following policies you have in place:

|  |  |
| --- | --- |
| Policy | Indicate in boxes below. |
| Behaviour management policy |  |
| CSE risk policy |  |
| Medication management policy |  |
| Physical restraint policy |  |
| Safeguarding policy |  |
| SEND policy |  |
| Complaints policy |  |
| Equal Opportunity/Diversity policy |  |
| Health & Safety policy |  |
| Lone working policy |  |
| Modern day slavery policy |  |
| Whistle Blowing procedure |  |
| Information sharing policy |  |
| Data protection policy |  |
| Confidentiality policy |  |
| Others – please specify. |  |
|  |  |
|  |  |

If your quotation is accepted, we will require a copy of the policies.

## Q7. Insurance

Please specify what level of insurances you hold.

|  |  |
| --- | --- |
| Policy Covering | Value |
| Employers Liability |  |
| Professional Indemnity |  |
| Public Liability  |  |
| Administration of Medicine |  |
|  |  |

If your quotation is accepted, we will require a copy of the policy certificates.

## Q8. References

Please provide contact details for up to three local authorities that you have provided similar services for:

|  |  |
| --- | --- |
| Name of Local Authority | *[Insert details in this column]* |
| Contact Name |  |
| Job Title |  |
| Email Address |  |
| How long you have been under contract with the LA. |  |
| **Name of Local Authority** | ***[Insert details in this column]*** |
| Contact Name |  |
| Job Title |  |
| Email Address |  |
| How long you have been under contract with the LA. |  |
| **Name of Local Authority** | ***[Insert details in this column]*** |
| Contact Name |  |
| Job Title |  |
| Email Address |  |
| How long you have been under contract with the LA. |  |

By completing section Q9 you consent for us to contact the referees if required.