**Holiday Activity Fund – 2024 application form**

This application form is to apply for funding to deliver **24 days** of face to face holiday activities during Easter (4 days), Summer (12 days), October (4 days) and Christmas holidays (4 days) in 2024.

* If you are completing the application as a word document, please email the form along with your completed provider statement and full budget to [declan.barker@nottinghamcity.gov.uk](mailto:declan.barker@nottinghamcity.gov.uk)
* Please read the guidance document fully before you complete this form
* If you have any queries, please contact [declan.barker@nottinghamcity.gov.uk](mailto:declan.barker@nottinghamcity.gov.uk)

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| **Section 1:** | | | | | | | | | | |
| **Name of organisation** |  | | | | | | | | | |
| **Name of contact 1** |  | | | | | | | | | |
| **Position in organisation** |  | | | | | | | | | |
| **Phone number** |  | | | | | | | | | |
| **Email address** |  | | | | | | | | | |
| **Name of contact 2** |  | | | | | | | | | |
| **Position in organisation** |  | | | | | | | | | |
| **Phone number** |  | | | | | | | | | |
| **Email address** |  | | | | | | | | | |
| **What type of organisation are you?** | *(Charity, CIC, company limited by guarantee etc)* | | | | | | | | | |
| **When was your organisation established?** |  | | | | | | | | | |
| **Is your organisation registered with Ofsted? If no, would you be willing to complete the voluntary registration?** |  | | | | | | | | | |
| **Is your organisation registered as a food business with Nottingham City Council? If no, would you be willing to complete the registration?** |  | | | | | | | | | |
| **How many months’ reserves does your organisation have?** |  | | | | | | | | | |
| **What is the value of protection of public liability insurance does your organisation have?** |  | | | | | | | | | |
| **What percentage of staff within your organisation have completed food hygiene training? Please state the names of staff that have completed the training.** |  | | | | | | | | | |
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| **Section 2:** | | | | | | | | | | |
| **Which areas of Nottingham do you work in? If you are operating multiple sites per day, please list how many sites will operate in the areas.** | | | | | | | | | | |
| Area 1 – Bulwell, Bulwell Forest, Bestwood | | | | |  | | | | | |
| Area 2 – Basford, Berridge, Sherwood | | | | |  | | | | | |
| Area 3 – Aspley, Bilborough, Leen Valley | | | | |  | | | | | |
| Area 4 – Castle, Hyson Green and Arboretum, Radford | | | | |  | | | | | |
| Area 5 – Lenton and Wollaton East, Meadows, Wollaton West | | | | |  | | | | | |
| Area 6 – St Anns, Dales, Mapperley | | | | |  | | | | | |
| Area 7 – Clifton East, Clifton West | | | | |  | | | | | |
| **Please provide name and contact details for the following roles in your organisation:** | | | | | | | | | | |
| **Chair:** | **Treasurer:** | | | **Secretary:** | | | | **Safeguarding Lead:** | | |
|  |  | | |  | | | |  | | |
| **Tell us about your organisation. What sort of activities do you normally provide? Who do you normally work with? What programmes do you currently deliver (outside of the Holiday Activity Fund) that engage Free School Meal children?** |  | | | | | | | | | |
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| **Section 3:** | | | | | | | | | | |
| **Please list the individual dates against each holiday period.** | Easter (4) | | Summer (12) | | | October (4) | | | Christmas (4) | |
|  | |  | | |  | | |  | |
| **What time(s) of day will your provision take place?** |  | | | | | | | | | |
| **Please provide an overview of your proposal stating how it will meet the aims of the Holiday Activity Fund set out in the guidance document.** (500 word limit) |  | | | | | | | | | |
| **How will you know your project has made a difference? What do you see as the wider community benefits of your project?** (200 word limit) |  | | | | | | | | | |
| **At what venue(s) will your project take place? Have these been secured? Please include post codes of all sites.**  **Please ensure you attach a letter of support from the venue, confirming use of the facility for the programme.** |  | | | | | | | | | |
| **How many FSM children do you anticipate will attend your sessions per day:** | Easter | Summer | | | | October | | | | Christmas |
|  |  | | | |  | | | |  |
| **How will you make sure provision is available for children with SEND and how will you engage these families? You should state the level of need you can accommodate.** |  | | | | | | | | | |
| **Tell us about the food you will be serving during your activities? (hot food, cold food, snacks etc) How will you source it and who will provide it?** |  | | | | | | | | | |
| **What signposting will you put in place to ensure families have access to the support they need?** |  | | | | | | | | | |
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| **Section 4:** (please make sure you submit a full budget to [declan.barker@nottinghamcity.gov.uk](mailto:declan.barker@nottinghamcity.gov.uk) before the closing date) | | | | | | | | | | |
| **What is the total cost of your project?** |  | | | | | | | | | |
| **How much money are you applying to Nottingham City Council for?** | (if this is different to the above figure) | | | | | | | | | |
| **Is there any confirmed match/in-kind funding you will contributing? If so, how much and what is the source of funding?** |  | | | | | | | | | |
| **What is the total cost for your Easter delivery?** |  | | | | | | | | | |
| **What is the total cost for your Summer delivery?** |  | | | | | | | | | |
| **What is the total cost for your October delivery?** |  | | | | | | | | | |
| **What is the total cost for your Christmas delivery?** |  | | | | | | | | | |
| **Does your organisation have its own bank account?** |  | | | | | | | | | |
| **Have you talked to any City Council officers about this application?** |  | | | | | | | | | |
| **Have you talked to anyone else about this application?** |  | | | | | | | | | |
| **Is there anything else you would like to tell us about your organisation or your proposal?** |  | | | | | | | | | |

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| **DECLARATION** | | | | |
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| We are authorised to submit this application on behalf of the group named in Section 1. We certify that the information enclosed is correct and undertake to provide clarification as may be needed by Nottingham City Council. We understand we will be expected to provide information on the progress of the project and to monitor expenditure. We agree that Nottingham City Council can use basic information about our application to show how public funding is being used. We also give permission for the information within this form to be recorded and shared within Nottingham City Council as needed to offer good public service and understand that personal information will be treated with the utmost care. | | | | |
|  | | | | |
| *Person submitting the form* | Signature |  | Position |  |
| Name (Capitals) |  | Date |  |
|  | | | | |
| *Chair or Senior Representative* | Signature |  | Position |  |
| Name (Capitals) |  | Date |  |

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| **EQUALITIES MONITORING** | | | |
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| **We do not use this information to help us decide whether we want to fund your project / activity**.  We want to know who is benefitting from our funding so that we can ensure we reach as many people in Nottingham as possible and to identify where there are gaps in support.  You must complete the table to show us what groups of people your project / activity will help.  **Please tick all that apply.** | | | |
| **Ethnic origin of beneficiaries** | | Are most of your beneficiaries | Are some of your beneficiaries |
| White | British |  |  |
| Irish |  |  |
| Eastern and Central European |  |  |
| Other White |  |  |
| Asian / Asian British | Indian |  |  |
| Pakistani |  |  |
| Bangladeshi |  |  |
| Chinese |  |  |
| Other Asian |  |  |
| Black / Black British | Black Caribbean |  |  |
| Black African |  |  |
| Other Black |  |  |
| Mixed / Dual Heritage | White & Black Caribbean |  |  |
| White & Black African |  |  |
| White & Asian |  |  |
| Other (please specify) |  |  |
| Gypsy, Roma or Traveller | |  |  |
| Other Racial Group (please specify) | |  |  |
|  | | | |
| **Age of Beneficiaries** | | Are most of your beneficiaries | Are some of your beneficiaries |
| Under 5 years | |  |  |
| 5 – 13 years | |  |  |
| 14 – 16 years | |  |  |
|  | | | |
| **Types of Beneficiaries** | | Are most of your beneficiaries | Are some of your beneficiaries |
| Men / Boys | |  |  |
| Women / Girls | |  |  |
| People who have a physical, learning or mental disability | |  |  |
| Lesbian, Gay & Bisexual | |  |  |
| People whose gender is different to that assigned at birth | |  |  |
| Families | |  |  |
| Lone Parents | |  |  |
| People on a low income | |  |  |
| Refugees & Asylum Seekers | |  |  |
| Long term unemployed | |  |  |
| Migrant workers | |  |  |
| Young people not in education, employment or training | |  |  |
| Ex offenders | |  |  |
| Homeless people | |  |  |
| People with alcohol / drug addiction issues | |  |  |

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| **CHECKLIST** | | | | | | |
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|  | Have you completed the HAF Provider statement? |  |  |  |  |
|  | Are all questions fully answered? |  |  |  |  |
|  | Has the application been signed? |  |  |  |  |
|  | Have you submitted a full budget? |  |  |  | | |

**AGREEMENT FORM**

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| **Name of Group**  *(Please complete)* |  | |
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| **Grant Approved** | **£** | **Office Use Only** |

**The Organisation acknowledges that any grant is subject to the following conditions:**

1. The grant must be expended in accordance with the request as approved by Nottingham City Council.
2. Use a Nottingham City Council nominated centralised booking system for all HAF provision, ensuring attendance is recorded for each day of provision.
3. The monitoring form (in respect of all expenditure from this grant) must be submitted to Nottingham City Council within 12 months of the date of payment, or 3 weeks after the end of the funded activity (whichever is the sooner). (You will be provided with a monitoring form as soon as it is made available by the DfE)
4. Any unspent grants money must be repaid to Nottingham City Council.
5. By **Friday 23rd February** The Organisation MUST have registered as a provider on the Ask Lion website <https://www.asklion.co.uk/kb5/nottingham/directory/register.page> If Organisations find this process difficult, help will be available from [Nuno.Fernandes@nottinghamcity.gov.uk](mailto:Nuno.Fernandes@nottinghamcity.gov.uk)
6. No later than 4 weeks in advance of the programme commencement dates the Organisation MUST have uploaded all of their planned activity sessions to the Holiday Activities Booking System and the Ask Lion website so that and activity listing can be publicised to schools and FSM families. Details of the activities will need to include:

* Name of activity session
* Full description of activity session – written in an appealing way to attract families
* Pictures of what the provision will look like
* Time and date of activity session
* Full postal address for the activity session – including the postcode
* Contact details, inclusive of a phone number for any questions, and booking instructions

Please note the Holiday Activities Booking system and Ask Lion will publicise these details for free – there is no advertising charge for the Ask Lion website.

1. Any flyers or social media graphics used to promote the activity sessions must use the appropriate branding. This website <https://www.mynottinghamnews.co.uk/templates> has templates available to download. The Organisation using these templates can add their own logo to these templates. If the Organisation wishes to create their own publicity materials, this is permitted, so long as they include the Free Fun and Food emoji face logo, the Department for Education logo and the Nottingham City Council logo. Branding questions can be checked by emailing [Garrick.Leslie@nottinghamcity.gov.uk](mailto:Garrick.Leslie@nottinghamcity.gov.uk)
2. The Organisation must follow the financial procedures set out by Nottingham City Council.
3. The Organisation must maintain a properly constituted management committee or equivalent. This management committee must meet regularly and ensure that these meetings are adequately publicised.
4. If the grant is awarded as a contribution towards salary of a worker, the Organisation must ensure that appropriate written terms and conditions of employment are in place and that a recognised recruitment and selection procedure is followed.
5. The Organisation must take reasonable steps to ensure that effective safeguarding and equal opportunities practice is followed in relation to their management, volunteers, service delivery and employment practices.
6. If the grant is used to pay the wages of employees or sessional workers, the Organisation is responsible for ensuring that these payments comply with the relevant Inland Revenue regulations.
7. The Organisation must undertake suitable and sufficient risk assessment for their project, seeking professional guidance where appropriate from a competent person.
8. The Organisation must comply with and maintain throughout the period of Nottingham City Council funding, all legal requirements and duties relevant to work with children.
9. The Organisation is expected to observe the principles of Nottingham City Council’s Green Charter, a copy of which can be obtained from Nottingham City Council.
10. If the Organisation disbands any items of equipment or furniture purchased with the grant must be returned to Nottingham City Council.
11. The Organisation must maintain a record of all expenditure from the grant and these records must be made available for inspection by Nottingham City Council if requested.
12. The Organisation must submit details of other funding received if requested to do so by Nottingham City Council.
13. Payment of this grant does not constitute any guarantee or commitment to provide further grant aid in subsequent years.
14. If any of the conditions specified above are not fulfilled Nottingham City Council may withhold any or the entire grant and may also require all or part of the grant to be repaid.

**This acknowledgement is signed on behalf of the organisation by:**

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| --- | --- | --- | --- | --- |
| **Chairperson** | |  | **Treasurer/Person responsible for maintaining financial records.** | |
| Signature |  |  | Signature |  |
| Name |  |  | Name |  |
| Date |  |  | Date |  |

**who are authorised by the organisation to agree to these conditions of the grant.**

*(To be completed by Nottingham City Council)*

**This acknowledgement is signed on behalf of Nottingham City Council by:**

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| --- | --- | --- | --- | --- | --- |
| Signature |  | Name |  | Date |  |

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**BANK DETAILS**

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| **Name of Group**  *(Please complete)* |  |

Grants are paid by BACS Transfer, direct in to your organisation bank account. Please ensure the details you give below are correct or payment of your grant may be affected.

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| Name of Bank |  |
|  |  |
| Bank Address |  |
|  |  |
|  |  |
| Post Code |  |
|  |  |
| Bank Sort Code |  |
|  |  |
| Account **NAME** to be credited |  |
|  |  |
| Account **NUMBER** to be credited |  |
|  |  |
| Groups email address  (to send remittance advice to) |  |
|  |  |
| Groups fax number  (to send remittance advice to) |  |

Please return this form to: [declan.barker@nottinghamcity.gov.uk](mailto:declan.barker@nottinghamcity.gov.uk)