Holiday Activity and Food Programme -

Small Grants Available to Run Healthy Holiday Clubs for 5-16 year olds

Expression of Interest Form

1. Your Details

|  |  |
| --- | --- |
| Name of Lead Organisation |  |
| Name of Contact Person |  |
| Position in Organisation |  |
| Telephone Number |  |
| Mobile Number |  |
| Email |  |
| Address |  |

1. Partnerships

Please name any partners you are working with on this Expression of Interest

|  |  |  |
| --- | --- | --- |
| Name of Partner Organisation |  |  |
| Contact Name |  |  |
| Contact Number |  |  |
| Email |  |  |

1. Your Organisation

Does your organisation have the following? Please tick the appropriate box and attach as requested

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A management committee/board | Yes |  | No |  |  |  |
| Bank Account in the organisation’s name, with a minimum of 2 signatories | Yes |  | No |  |  |  |
| Constitution/Written Set of Rules | Yes |  | No |  | Attached |  |
| Public Liability Insurance (min £1million) | Yes |  | No |  | Attached |  |

Is your organisation? Please tick the appropriate box

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A Registered Charity | Yes |  | No |  |
| A Company Limited by Guarantee | Yes |  | No |  |
| A Community Interest Company | Yes |  | No |  |
| Governed by a national organisation | Yes |  | No |  |
| Governed by a regional organisation | Yes |  | No |  |
| Other: Please Specify | | | | |

If you are a Registered Company; please give your Company Registration Number and Date of Registration

|  |  |
| --- | --- |
| Company Registration Number |  |
| Date of Registration |  |

If you are a Registered Charity; please give your Charity Registration Number and Date of Registration

|  |  |
| --- | --- |
| Charity Registration Number |  |
| Date of Registration |  |

Please give a brief summary of the focus of your organisation and include any experience of similar programmes or work

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1. Your Policies and Procedures

Please attach the following documentation

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| --- | --- | --- |
| Safeguarding Policy and Procedure including DBS and recruitment | Attached |  |
| Health and Safety Policy and Procedure | Attached |  |
| Inclusion and Accessibility Policy and Procedure | Attached |  |

1. Ofsted registration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your organisation/provision already registered with Ofsted? | Yes |  | No |  |
| If yes, what is your registration number? |  | | | |
| If no, upon checking the guidance is your organisation/provision required to register with Ofsted? | Yes |  | No |  |
| If yes, have you started the application process? | Yes |  | No |  |

1. Your Proposed Programme

Which holiday period(s) are you applying for funding for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Summer | Yes |  | No |  |
| Christmas | Yes |  | No |  |

Can you meet the following requirements?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summer**: 4 hour sessions, 4 days a week, 4 weeks of the holidays (or 16 x 4 hour sessions over the 6 week period) | Yes |  | No |  |
| **Christmas**: 4 hour sessions, 4 days a week, 1 week of the holidays (or 4 x 4 hour sessions over the 2 week period) | Yes |  | No |  |

Where are you planning to deliver your holiday clubs from? Please list the addresses of all venues you plan to use and the communities they will be easily accessible from

|  |  |
| --- | --- |
| Address | Communities |
| **E.g The Brookfield Centre, Lime Grove, Swinton, S64 8TQ** | **Swinton**  **Kilnhurst** |
|  |  |
|  |  |
|  |  |

Would you consider expanding to other areas of the borough if the panel identifies any gaps? Please name any further community areas you could work in

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What age group (s) are you planning to target?

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| --- | --- | --- | --- | --- |
| 5-7 years | Yes |  | No |  |
| 8-11 years | Yes |  | No |  |
| 12-16 years | Yes |  | No |  |
| Other range between 5-16 years – please specify: | | | | |

Would you consider increasing your age range if the panel identifies any gaps? Please specify other ages you could support

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|  |

How many individual children would you expect to attend your programme?

|  |  |
| --- | --- |
| Over Summer |  |
| Over Christmas |  |

Please give details of your model/timetable of delivery (times, group size, staffing ratios, activities, number of places each day etc) with a focus on the aims of the project

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Please give details of how you would meet each of the minimum standards:

**Food (including ability to meet School Food Standards)**

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| --- |
|  |

**Enriching Activities**

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|  |

**Physical Activities (including meeting the physical activity guidelines)**

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|  |

**Nutritional Education**

|  |
| --- |
|  |

**Food Education for Families**

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**Signposting and Referrals**

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Please give details of how you will ensure your provision is inclusive and how you support children and young people with SEND

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1. Marketing, Evaluation and Organisation

Please give details of how you would market and promote your holiday clubs including the targeting of the eligible children

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Please give details of how you would manage booking on and registering with your club, and how you will manage demand

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Please give details of how you will monitor and evaluate your provision including financial monitoring, and return this to the authority

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1. Volunteers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have an existing volunteer policy and active volunteers? | Yes |  | No |  |
| Are you planning on using your own volunteers for this programme? | Yes |  | No |  |
| Would you be able to offer volunteer placements from the Rotherham Heroes volunteers on this programme | Yes |  | No |  |

1. Breakdown of Costs

Please use the description/breakdown box to include rates of pay, hourly hire rate, unit costs, numbers of staff/items, item description etc. We are keen to understand project costs to achieve best value for money in awarding funding

Summer

|  |  |  |
| --- | --- | --- |
|  | Description/Breakdown | Total Amount (£) |
| Staffing |  |  |
| Venue Costs |  |  |
| Materials |  |  |
| Equipment |  |  |
| Food |  |  |
| Promotion |  |  |
| Management Costs |  |  |
|  |  |  |
| TOTAL PROJECT COST |  |  |

Christmas

|  |  |  |
| --- | --- | --- |
|  | Description/Breakdown | Total Amount (£) |
| Staffing |  |  |
| Venue Costs |  |  |
| Materials |  |  |
| Equipment |  |  |
| Food |  |  |
| Promotion |  |  |
| Management Costs |  |  |
|  |  |  |
| TOTAL PROJECT COST |  |  |

1. Declaration

I confirm that I am authorised to sign this application on behalf of the group / organisation, and the information given in the application is, to the best of my knowledge, true and correct.

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |
| Position in Organisation |  |
| Date |  |