

# HAF Programme application Form

Please complete all sections and please do not attach any additional sheets to this form. We may request additional information at assessment. Please note the word count.

## SECTION A: ABOUT YOUR ORGANISATION

Name of organisation:

Contact address:

Postcode:

Contact names and details:

	Main Contact	Alt. Contact
Name:		
Position:		
Telephone:		
Mobile:		
Email:		

What are your organisation's main or current activities (100 words)?

Does your organisation work with volunteers? If yes, how many?

**Is your organisation:**

A registered charity?

Charity Number:

Applying for charitable status?

A company limited by guarantee?

Company Number:

Other (e.g. social enterprise, playscheme, residents' group, CIC):

**When was your organisation established?** Year:  Month:

**Are you part of, or affiliated to, a larger organisation?**

(If yes, please give details, including head office address)

**How many people are involved in your organisation?**

Full time paid staff:  Part time paid staff:

Management Committee members/Trustees:

**Bank account details:** (This should be an account in the name of your organisation with at least two signatories.)

Name of Bank/Building Society:

Account Name:

Account Number:

Sort Code: 

<input type="text"/>	<input type="text"/>	<input type="text" value="-"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-"/>	<input type="text"/>
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## Section B – Programme details

**Brief description of your programme (100 words)?**

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Start Date	
Number of weeks (Minimum 4)	
Number of days per week (Minimum 4)	
Number of hours per day (minimum 4)	

**Will the food element of your programme be provided in-house or by an external provider? Please give details.**

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**Please fill in a sample activity timetable below:**

Monday	Tuesday	Wednesday	Thursday	Friday

**Please fill in a sample menu below:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Lunch					
Snacks					
Evening meal					

**Which ward will your programme be based in? If children/young people from other wards will also be involved, tell us which wards they live in.**

Age range of children/young people	
Estimated number of children/young people per week	
Estimated % of children in receipt of free school meals	

**How will you ensure that children/young people on free school meals will have access to your programme and what methods will you use to promote it at a local level? (100 Words)**

**Is your project aimed at a particular group or groups of children? (100 Words)**

**How will you ensure that children, young people, and families are involved in planning within your programme? (100 words)**

**How will you monitor and evaluate your programme and record details of those taking part? (50 Words)**

**Please describe the policies and procedures you have in place to ensure the safety and well-being of children, young people, families, staff and volunteers. (100 words)**

**Please tell us how you will ensure that children, young people and families will be signposted to other agencies for advice and support (100 words)**

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**Do you need any additional support or training around any of the following? (This is for information purposes only)**

<b>School Food Standards</b>	
<b>Safeguarding</b>	
<b>Reporting/Monitoring</b>	
<b>Other (please specify)</b>	

## SECTION C: FINANCIAL INFORMATION

How much are you requesting?

£

**C4.** Please give details of the costs for the project:

(please break down as appropriate e.g. hourly rates, hours per day/week etc)

	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
<b>TOTAL</b>	£

Please attach suppliers' or providers' cost estimates or quotations if available.

## DECLARATION

Before signing the declaration, please ensure you have completed all the sections in this application form, and that you have enclosed the documents requested on the checklist below where applicable. **PLEASE NOTE YOUR APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNED DECLARATION.**

1. Please enclose the following documents with this application (tick boxes on the checklist):

The constitution / set of rules of your organisation

Your organisation's latest annual accounts, or income/expenditure statement for the last 12 months

A copy of your organisation's most recent bank statement OR letter of confirmation from a community group that will accept funds on your behalf

A copy of your organisation's Safeguarding Policy if your organisation works with children, young people or vulnerable adults

2. I am an authorised representative of the organisation. To my best knowledge, the information provided in this application form is correct.

Signature

Print name

Position in organisation

Date

Supporting documentation can be sent to:  
Grants, LCVS, 151 Dale Street, Liverpool L2 2AH  
**CLOSING DATE FOR APPLICATIONS**