**This application form is for Amazing Summer Grants: Applications can be submitted for amounts between £500 and £5,000.**

**Please read these notes and the accompanying Information Sheet before you complete the application form.**

**Eligibility**

**Please read the criteria for the Fund carefully. This can be found in the Information Sheet**

This funding is only for summer activity programmes for children and young people aged 5-16 years old, that will run between Tuesday 2nd July and Tuesday 20th August 2024.

All organisations must have safeguarding arrangements in place including PVG checks of volunteers, a child protection policy, first aid certifications, and appropriate food and hygiene arrangements in place.

**When will you receive your funding?**

Successful applicants will receive payment in advance of the summer holidays starting by BACS payment.

**Decision-making process**

Once an application has been considered, the decision of the assessment panel is final, and the application will not be considered again. There is no appeals process, but we try to give comprehensive feedback to unsuccessful applicants if requested.

If your funding application is successful, you will be required to sign a form to state that you accept our award conditions before we make any payment to you.

The assessment panel will be made up of young people from D&G Youth Council, Officers from Dumfries and Galloway Council and Third Sector Dumfries and Galloway, but the majority will be young people.

**For assistance in completing your application form please refer to Information Sheet for Application Form**.

On completion of the form, you must email your application to us at the details at the end of the form. Note you must sign and print off the declaration page (section 6) and scan or photograph it to us, included in the email with this form. **Applications must arrive with us by 12 noon on Wednesday 8th May 2024.**

Applications can include capital costs, but these must not exceed 10% of the total funding requested, more details can be found in the information sheet

If you wish to enclose information to support your application, please do not send originals unless there is no alternative.

**Note incomplete applications will not be considered by the scoring panel.**

Please ensure you answer all the questions, and the required documentation is submitted with the application to avoid disappointment. There is considerable advice for applicants on our website and from [Third Sector, Dumfries & Galloway](http://thirdsectordumgal.org.uk/). If you are still unsure what is required, please contact us by email AmazingSummer@dumgal.gov.uk or call us on 01387 260243.

**Equality Act**

Like other public bodies, the Council must meet the requirements of the Public Sector Equality Duty under the Equality Act and the Human Rights Act. We are keen therefore to promote an equality and human rights culture within any organisation we fund or support. We would therefore encourage you to embed equality and diversity practices within your own organisation and those with whom you work by fostering an accessible and inclusive working environment for all your staff and volunteers and ensuring that your services are accessible, and users’ experiences and outcomes are positive.

**Closing date**

The closing date for the Summer Programme Fund **is 12 noon on Wednesday 8th May** Applications received after this time will not be considered.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Amazing Summer Grants 2024: Application for Financial Assistance** |

|  |
| --- |
| **For our use only** |
| Date received |       |
| Financial year |       |
| Reference |       |

 |  |

Please read the Information Sheet before you start.

**If you would like some help understanding this or need it in another format, please phone 01387 260243 or email AmazingSummer@dumgal.gov.uk**

# Section 1 – About you and your organisation

* 1. What is your organisation’s name, as shown on your constitution (set of rules your organisation follows)?

|  |
| --- |
|  |

1.2 Which areas do you operate in?

|  |
| --- |
|  |

1.2.1 Which venue(s) and communities will your summer activity programme operate in?

|  |
| --- |
|  |

Tick to confirm that you have read, and your application meets the criteria for this Fund. [ ]

1.3 Who is the primary contact for this application? We will contact this person about your application, and they should also sign the declaration in Section 6.

|  |  |  |
| --- | --- | --- |
| Title (please tick): | **Mr** [ ]  **Mrs** [ ]  **Miss** [ ]  **Ms** [ ]  **Dr** [ ]  **Other** [ ]  |       |
|  |  |
| Name: |       |
|  |  |
| **Position in the organisation:** |       |
|  |  |
| Address and postcode: |       |
|  |  |  |  |
| Daytime phone number: |       |
|  |
| Mobile phone number: |       |
|  |
| Email address: |       |

We prefer to make contact by email. If you have provided an email address above, please tick to confirm the named contact is happy to be contacted via email. [ ]

1.4 Please detail the days/date(s) and times that you will be delivering your programme or activity?

|  |
| --- |
|  |

1.5 Are you registered with Care Inspectorate?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

If Yes please provide us with your registration number:

1.6 Tell us what your organisation does and the aims and purposes of your organisation?

|  |
| --- |
|       |

1.7 Status – tick all that apply and provide details required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Unincorporated, constituted organisation** |  | **Community Council** |  |
| **Scottish Charitable Incorporated Organisation (SCIO)**Charity Number  |  | **Company limited by guarantee with charitable status**Company Number  |  |
| **Community Interest Company** |  |  |  |

1.8 Please tick to confirm that your activity will be provided free of charge.

1.9 Provide the full names and addresses of two people within your organisation who will act as additional contacts for your application.We may have to contact one or more for information. One of the following should be an office bearer who will sign part 2 of the declaration in Section 6.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Contact 1** | Contact 2 |
| **Name** |       |       |
| **Address 1**  |  |       |
| **Address 2** |       |       |
| **Town** |       |       |
| **Postcode:** |       |       |
| **Daytime phone number** |       |       |
| **E-mail address** |       |       |

**Section 2 – Finance**

2.1 Please use the table below to detail the number of children/young people the fund will benefit during your programme.

|  |  |  |
| --- | --- | --- |
| **A** | Total number of days the programme will take place on *(as detailed in 1.4)*  |  |
| **B** | Total number of children/young people taking part in the programme each day  |  |
| **C** | Total number of children/young people over the duration of the programme *(A x B)* |  |

***We will only fund for young people aged 5-16 (up to 25 for care experienced young people).***

2.2 Please provide a breakdown of the funding requested below (please use additional sheets if required)

**Revenue Costs- Project Costs**

|  |  |  |
| --- | --- | --- |
| **Item or Activity** | **Total Cost** | **Amount Requested** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Revenue Costs** |  |  |

**Capital Costs (must not exceed 10% of total funding requested from Summer of Play)**

|  |  |  |
| --- | --- | --- |
| **Item or Activity** | **Total Cost** | **Amount Requested** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Capital Costs** |  |  |

**Match Funding- Please detail any other funders**

|  |  |  |
| --- | --- | --- |
| **Funder** | **Amount**  | **Confirmed (Yes or No)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Match Funding** |  |  |

**Total funding requested from Amazing Summer Fund**

|  |
| --- |
|  |

**Please detail any in kind contributions you have for this activity (if applicable)**

|  |  |
| --- | --- |
| **Item or Activity** | **Value** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**Section 3 – Your application in detail**

3.1 Please describe the type of activity that you will deliver using our funding **and** the age range it targets. (300 words max)

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| --- |
|  |

3.2 How will your project benefit the children/young people taking part in the programme? (300 words max)

|  |
| --- |
|       |

3.3 How will you promote the programme to children/young people and their families? (300 words max)

|  |
| --- |
|       |

3.4 How were children and young people involved in the co-design of this application? (300 words max)

|  |
| --- |
|       |

3.5 Please detail the partners involved in delivering your programme, and provide contact details, if any. (300 words max)

|  |
| --- |
|  |

3.6 Please give details on how you will target the 6 priority groups identified within the Child Poverty Plan and give information on how any booking system will ensure its targeted to these groups (if applicable) (300 words max)

|  |
| --- |
|  |

3.7 Would you be able to deliver this programme if you were awarded less than the amount you have applied for? If yes, how? (max 100 words)

|  |
| --- |
|  |

3.8 Please identify and detail how your programme identifies with one or more of the priorities listed in the information sheet.

|  |  |  |
| --- | --- | --- |
| **Priority 1**  |  |  |
| **Priority 2** |  |  |
| **Priority 3** |  |  |
| **Priority 4** |  |  |
| **Priority 5** |  |  |
| **Priority 6** |  |  |

3.9 Please identify which priority groups are targeted by your programme

|  |  |
| --- | --- |
| **Lone parent families** |  |
| **Families which include a disabled adult or child** |  |
| **Larger Families (3 or more children)** |  |
| **Minority ethnic families** |  |
| **Families with a child under one year old in the household** |  |
| **Families where the mother is under 25 years of age** |  |

Please provide details on how you will target the priority groups selected above (maximum of 300 words)

|  |
| --- |
|  |

**Section 4 – Checklist**

**Please tick the appropriate boxes below.**

|  |  |  |
| --- | --- | --- |
| 4.1 | The main contact named in question 1.3 has signed part 1 of the declaration in Section 6. | [ ]  |
| 4.2 | A different person has signed part 2 of the declaration in Section 6 | [ ]  |
| 4.3 | We require a copy of your organisation’s constitution or memorandum and articles of association (the set of rules your organisation follows) if applicable. I have enclosed a copy of this document. | [ ]  |
| 4.4 | All staff and volunteers have full and clear PVG certificates for working with children and young people | [ ]  |
| 4.5 | You understand that you must complete the monitoring form and any unspent monies must be returned at the conclusion of your programme | [ ]  |
| 4.6 | You **must** enclose your organisation’s most recent set of annual accounts. Your accounts must be certified (examined or audited) if your annual turnover is over £100,000.**Our organisation was formed within the past calendar year – no accounts available**. Tick this box, enclose a copy of your most recent bank statement, and go to Section 5.**I have enclosed a copy of my most recent set of annual accounts**Date of accounts enclosed:  | [ ] [ ]  |
| 4.7 | You **must** enclose your organisation’s most recent annual report (if available) | [ ]  |

If your annual turnover is over £100,000, give the details of the person who examined your organisation’s most recent set of accounts. This person should not be a member of your organisation.

|  |  |
| --- | --- |
| Name: |       |
|  |  |
| **Address and postcode:** |       |
|  |  |
| **Daytime phone number:** |       |
|  |  |
| **Job title:** |       |
| **Experience and qualifications:**(if any) |       |

|  |
| --- |
|  |

**Section 5 – Bank details**

Please provide your **bank or building society account** details in order that we can arrange to pay your funding electronically (by BACS).

|  |  |
| --- | --- |
| **Bank or Building Society Name** |       |
| **Address**  |       |
| **Sort code** |       | **Bank Account number****or Building Society roll number** |       |
| **Account name** |       |

**Section 6 – Declaration**

**Make sure you understand the conditions of the declaration and that you have the appropriate authority from your organisation to sign it. The main contact named in question 1.3 must sign part 1 of the declaration. Another contact named at question 1.10 and who is not related to the main contact must sign part 2 of the declaration below.**

* As far as we know, the information in this form is true and accurate. We are authorised by the organisation to make this application and sign this declaration on their behalf. We understand that it may be a criminal offence to receive funding after giving false information, in which case you will cancel the funding and claim back any money we have received. We agree that you can check, with others, the information on this application form and any supporting documents. If you award funding based on the information in this form, we confirm on behalf of the organisation that the activities we carry out will be as described in this form. We agree on behalf of the organisation that you, or your appointed agents, can examine any documents necessary to show that the activities have been carried out. On behalf of the organisation, we will meet all your funding conditions shown in the award letter you send us.
* We agree that our organisation has its own UK based bank or building society account in the legal name of the organisation applying, which requires at least two unrelated people to authorise all cheques and withdrawals (this means any spouse, civil partner, a person with whom the signatory is living; and any parent, grandparent, child, stepchild, brother, or sister of the signatory (and their spouse)).
* We agree on behalf of the organisation that if there are any changes to the activities not agreed in writing with you beforehand, or if the activities do not go ahead for any reason, you can claim back all or part of any funding you have paid, as appropriate.
* **We agree that if the application is successful, we will acknowledge your funding contribution in all correspondence and publicity associated with our organisation, including letterheads, websites, e-mails etc. We will use your logo, preceded by the words, “Supported by”.**
* We agree that you may make the information we have given on this form available to the public, and you may use it for publicity purposes.
* You are required to report the actual uptake of the summer activity programme and return any unused money to Dumfries and Galloway Council.

|  |  |
| --- | --- |
| **Name of your organisation as at question 1.1.** |       |

|  |  |  |
| --- | --- | --- |
| Part 1 - The main contact named in question 1.3 signs Part 1  |  | Part 2 An office bearer listed at question 1.9 who is not related to the main contact named in question 1.3 signs Part 2 |
| \* Signature |  |  |  |
| Name |       |  |       |
| Position in organisation |       |  |       |
| Date |       |  |       |

\* Note signatures must be signed in blue ink so we can clearly see this is an original signature.

**Protection Notice**

Dumfries and Galloway Council acts as Data Controller for the purposes of the Data Protection Act 1998. We are fully registered under the Act and ensure we comply with the protections the Act affords you. This notice explains how the information you supply will be used, and how you can remove it from our records. Please read this carefully.

**How will the information we collect be used?**

We require you to provide certain information so that we can adequately assess your funding application. We may also wish to pass your details to others who have specialist knowledge required to deal with your application. So that we can do this we may be required to pass your details to third parties who carry out these services for us.

**May we share your personal details with our partners? Yes [ ]  No [ ]**

We may also wish to use your information to send you marketing information. This may include information on programmes, services, and products we provide such as seminars and training opportunities that may be of interest to you. If you would like to receive marketing information, please indicate your preferred format for the marketing communications. Please tick the relevant box(es):

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone [ ]**  | **Mail [ ]**  | **Email [ ]**  | **Do not contact [ ]**  |

We would also like to use your information to customise our products and services to serve you better, by providing more tailored products and services and to help us understand your needs better e.g., though internal research, data analysis and market research. So that we can do this we may pass your details to other parties who carry out surveys, questionnaires, and customer evaluations for us. If you would like to be contacted for market research in the following formats, please tick the relevant box(es):

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone [ ]**  | **Mail [ ]**  | **Email [ ]**  | **Do not contact [ ]**  |

We would also like to pass your details to others who we feel may be able to provide you with information or services which may be of use to you. If you would like to receive marketing information from our partners in the following formats, please tick the relevant box(es):

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone [ ]**  | **Mail [ ]**  | **Email [ ]**  | **Do not contact [ ]**  |

**How you can request that information about you is removed**

If at any time you wish your details to be removed from our database, please contact or you can call us on 01387 260243. When you contact us, please tell us your full name; the name of your organisation; and your address including postcode.

**Please email your form and documents to: AmazingSummer@dumgal.gov.uk**

**Applications must be received by 12 noon on Wednesday 8th May 2024**

**Do not post a printed application form if you have sent your application by email – please send us the signed declaration page only.**

## Please do not staple, ring-bind or fold this form.