Building Life Chances: Early Years Small Grants





Grant Application Form

Please note: ALL sections of the application form MUST be completed.

If a box is not relevant, please indicate this by stating N/A (not applicable).

1. You and your Organisation

|  |  |
| --- | --- |
| Organisation name |  |
| Address (including post code) |  |
| Telephone Number |  |
| Email Address |  |
| Website (if applicable) |  |
| Main Contact Person |  |
| Contact details (if different from above) |  |

|  |  |  |
| --- | --- | --- |
| √ | What type of organisation are you?  (Tick the relevant option and complete the relevant information) | |
|  | A Registered Charity | Charity Number: |
|  | Community interest company or social enterprise | Registration Number: |
|  | Any other not-for-profit company | Registration Number: |
|  | Registered Early Years Provider | Ofsted Registration Number: |
|  | Private Provider | Company registration Number: |
|  | Local Authority/District | Please specify: |
|  | Private, Voluntary & Independent Early Years Setting | Please specify |
|  | Any Other | Please specify: |

1. You and your Organisation cont.

|  |  |
| --- | --- |
| Date your organisation was established |  |
| Please describe the purpose of your organisation |  |

|  |  |  |
| --- | --- | --- |
| Financial Information/details | | |
| Accounts Overview | Annual turnover/income: | Current unrestricted reserves: |
| Bank Details (where the money will be transferred to if your application is successful) | | |
| Bank Name |  | |
| Bank Sort Code |  | |
| Bank Account Number |  | |
| Bank Account IBAN |  | |

1. Plan and Budget

|  |  |
| --- | --- |
| Initiative / idea name |  |
| When and where will this initiative take place? |  |
| Postcode of the planned initiative/idea |  |
| Please describe your planned initiative/idea |  |
| How many children under 5 will be included in/benefit from this initiative/idea? |  |
| Please explain how you will deliver your initiative safely, i.e., risk assessments and safeguarding practises. |  |
| Which of these criteria does your initiative support? | |  |  | | --- | --- | | 1. Support the wellbeing of children under 5 |  | | 2. Support the social development of children under 5 |  | | 3. Improve the school readiness of children under 5 |  | |

|  |  |
| --- | --- |
| Budget | |
| What is the total cost of your initiative/idea? |  |
| How much money are you applying to us for (maximum £2,500)? |  |
| Please provide a budget breakdown for the grant you are requesting, showing how the grant will be spent |  |

1. Target demographic

|  |  |
| --- | --- |
| Ethnicity | |
| Primary ethnic group supported |  |
| Other ethnic groups that will benefit – please tick the relevant boxes below: | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | All ethnicities |  | Black Caribbean and white |  | White | |  | African |  | Other Black |  | White British | |  | Asian & Asian British |  | Caribbean |  | White East European | |  | Asian & White |  | Chinese |  | White Gypsies & Travellers | |  | Other Asian |  | Indian |  | White Irish | |  | Bangladeshi |  | Mixed |  | Other White | |  | Black African and White |  | Other Mixed Ethnicity |  | Any Other (please state) | |  | Black and Black British |  | Pakistani | | |

1. Supporting Information

Along with your application please provide the following:

* A copy of your organisation’s registration certificate or governance certificate (your companies house confirmation or charity registration document).

In addition to this please confirm that you have the following in place: -

* A copy of recent accounts
* Relevant safeguarding policy and procedures
* A copy of a recent bank statement
* Equality policy
* Public Liability insurance policy
* Covid safety procedures

We do not require copies of these to be sent in with your application. Please be aware that Hertfordshire County Council may require copies of these should the need arise.

I confirm that I have the above requirements in place and can produce them if required

Signed ………………………………………………………………………………… Date………………………………………..

**Evaluation**

Whilst not a requirement, you may wish to provide any testimonials showing the difference your initiative/organisation has had on children under 5.

If successful, would you be willing to present to the Building Life Chances Steering or Stakeholder group on this initiative and its outcomes?

This would be **in addition to** the reporting document stipulated in the application brief.

Please note this is not a scored answer and will not affect the award decision.

|  |  |
| --- | --- |
| I understand the activity reporting and evaluation requirements. | Signed: …………………………………………………………………………..  Date: ……………………………………………………………………………… |
| I am willing to give a presentation | Yes/No |