**The Great Childhoods Ambition Community Fund**

**Application Form for Large Grants**

1. **Organisational information**

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| --- | --- |
| Organisation name |  |
| Address |  |
|  |
| Website / Social Media links |  |
| Contact name |  |
| Contact email |  |
| Contact role |  |
| Contact phone number |  |
| Organisation type (eg: charity/CIO etc.) |  |
| Registration number (if applicable) |  |
| Does your organisation have: |  |
| A board or committee of at least 3 unrelated people registered on Companies House/Charity Commission etc.?  | YES NO |
| Adequate insurance in place for the activities it delivers?\* | YES NO |
| A Children’s Safeguarding Policy in place? | YES NO |
| Do you have relevant DBS checks for staff and volunteers in direct contact with young people? | YES NO |
| A GDPR policy?\* | YES NO |
| Organisation’s number of paid staff (highlight/circle as appropriate) | 0 1-5 5-10 11-25 26-50 Over 50 |
| Organisation’s number of volunteers (highlight/circle as appropriate) | 0 1-5 5-10 11-25 26-50 Over 50 |

\* *If successful, you may be asked to provide copies of these*

1. **Please briefly describe your organisation and what you do in up to 300 words** (we want to understand your track record of doing this kind of work)

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1. **A) Which of the Great Childhoods Ambition priority areas will your project specifically contribute towards?**

*Please highlight or put a cross against just the ones that apply below*

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| --- | --- |
| 1 - BelongChildren and young people feel part of their community. We support them to have resilience and engage positively in their local area |  |
| 2 - ExploreAll children and young people have opportunities to explore and understand the wider world. Reduce the barriers to developing cultural capital and special experiences in the arts, sports and travel. |  |
| 3 - DreamChildren and young people are inspired to think boldly about their future. We provide opportunities to learn about a wide range of careers and experiences that ensure they are ready for the world of work. |  |
| 4 - GrowChildren and young people thrive and succeed as they grow up in Barnsley. We ensure they have opportunities to be healthy, confident and learn new things. |  |
| 5 - ConnectChildren, young people and families have access to a connected and responsive system of support. We develop digital and systematic changes to the infrastructure around them to reduce barriers to access to support. |  |

**B) Which age group(s) are you planning to work with?**

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| --- | --- |
| Support for families during Pregnancy |  |
| Birth to pre-school age (0-4) |  |
| Primary School age (4-11) |  |
| Secondary School age (11-16) |  |
| 16-18 year olds |  |

**C) Please select the nature of this funding:**

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| **Funding for a totally new project** |  |
| **Continuation funding** (e.g. your funding is due to run out soon and this would enable it to continue) |  |
| **Expansion funding**(e.g. this is delivered in another area and this funding would fund it elsewhere) |  |
| **Diversification funding**(e.g. you provide this support to one cohort, this would allow you to provide it to children or young people in a different cohort) |  |
| **Other**Please explain in the box below |  |
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**D) In which communities in Barnsley do you plan to work with children or young people for this project? (max 300 words)**

Please be specific in your answer and list the local areas, council wards or schools you plan to target. Alternatively, tell us about specific communities you want to work with– please explain it in the way that makes sense for your project. For example, you might plan to work with a particular group of children, like young carers, across the whole of Barnsley. Please tell us if you plan to work with other schools, clubs, community groups, charities or other partners and whether you have worked with them in the past.

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1. **Please tell us:**
* **what activities you plan to do during the 18 month period**
* **how that will contribute towards the Great Childhoods Ambition priority/ies you have selected above**
* **how you will identify and engage with children, young people and families to attend the proposed activity/service (max 500 words in total for all three)**

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1. **Are you commissioned by the council to provide any of the proposed services / do you receive any other council funding for this activity?**

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| --- | --- | --- | --- | --- | --- |
| **YES** |  |  | **NO** |  |  |

(if you are already receiving GCA money, please contact us first by email to discuss your request before working on an application. This does not include organisations who have only received GCA funding for summer activities, since those activities will have finished before 1st October).

1. **How many children or young people would you expect your project to support?**

We understand that some activities are lighter touch and others are more intensive, so please explain:

* How many young people you’d like to engage in each activity
* how often you would expect to work with children or young people doing the different activities you’d like to do (an hour a week? a day a month? A one-off activity? How many children or young people would you support for each activity?).

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1. **Outline how you have decided that there is a need for these activities, with the age group you want to work with, in the community you have identified.** *If you have links to research or evidence, please feel free to include these. (max 300 words)*

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1. **Safeguarding:**

**Who is the designated safeguarding lead for your organisation?**

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**Please describe your processes when a safeguarding concern is raised:**

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1. **Delivery Plan and expected impact -** Please complete the table below

**Activity:** We would like to know what activities you plan to do each quarter. This could be things you are doing in preparation, like recruiting a new member of the team, training volunteers or doing marketing, as well as the actual activities you plan to do with the young people.

**Outputs**: tell us how many young people you plan to work with in each 3 month period and how many sessions, events or activities you plan to deliver (this does not have to be the same each quarter)

**Outcomes:** think about how you will be able to explain at the end of the project how you have made a difference. Have a look at Page 2 of the FAQs and think about how you can demonstrate that you’ve made a specific difference in your chosen objective.

For example, on the theme of “Belong”, by the end of the project, you might be aiming to say something like “80% of the young people who participated tell us they feel more a part of their community than they did a year ago” . Or, on the theme of “Explore”, you might aim to demonstrate that children enjoyed trying an activity they hadn’t done before and how this could have a longer lasting effect on them. So, the **output** might be that you arranged the activity for 20 children. But the **outcome** might be that 75% of those children reported to you that their confidence improved as a result of trying the activity and also say that they would now be more willing to try new activities in future.

We understand that this might be a bit confusing for organisations who have not reported in this way in the past, so please contact us if you have questions.

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| --- | --- |
|  | **Oct to Dec 2025** |
| Activities |   |
| Outputs |   |
|  | **Jan to March 26** |
| Activities |   |
| Outputs |   |
|  | **April to June 26** |
| Activities |   |
| Outputs |   |
|  | **July to Sept 26** |
| Activities |   |
| Outputs |   |
|  | **Oct to Dec 26** |
| Activities |   |
| Outputs |   |
|  | **Jan to March 27** |
| Activities |   |
| Outputs |   |
|  | **Summary for the 18 month period:** |
| Total **Outputs** for the 18 month period of the grant |   |
| What **Outcomes** do you aim for the project to have? |   |

1. **How will you know if your project has been successful? What will have changed or improved? How will you be able to evidence this? (max 300 words)**

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1. **Breakdown of amount requested for the 18 month period**

*Please complete the template below to show us your costs. However, if you prefer to use Excel or your own template, please feel free to send us that instead.*

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **A** | **Staff costs for 18 months** | **Total Amount** | **What will this pay for and how did you reach this figure?** |
|  | Detail any staff roles to be funded. Include pension and NI contribution. Ensure you say how many hours of staff time this is to pay for each week and what the person will do |
|  |   | £ |  |
| **B** | **Project costs** | **Total Amount** | **What will this pay for and how did you reach this figure?** |
|  | E.g room hire, volunteer expenses, client travel, marketing etc. Please list each item on a separate line. If you include a regular cost like room hire, please say how many hours per week and what the charge per hour is |
|  |   |  £  |   |
|  |   |  £  |   |
|  |   |  £  |   |
|  |   |  £  |   |
| **C** | **Overheads**  | **Total Amount** | **What percentage of the total is this?** |
|  | Contribution to core costs e.g. utilities, rent etc (this can be no more than 13% of the total) |  £  |   |
|  | **TOTAL PROJECT COSTS A + B + C** |  £ |  |  |
| **D** | **TOTAL GRANT REQUESTED IN OCT 25**  | £ |  |
|  | (normally about a third of the grant) |  |  |  |
| **E** | **TOTAL GRANT REQUESTED IN APR 26**  |  | £ |  |
|  | (normally about two thirds of the grant) |  |  |
|  | **GRAND TOTAL GRANT REQUESTED (D + E)** | £ |  |
|  | (can not be more than £30,000) |  |  |  |
|  | If the grant does not cover all of the project costs, how will you pay for the rest? |  |
|  |   |
|  |  |  |  |  |

 **Amount of current unrestricted/free reserves that your organisation holds:**

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| --- |
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**Is there anything else you would like to tell us about the organisation’s finances over the next 2 years? (optional)**

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**Successful applicants will be required to attend a free half day introductory meeting to the Great Childhoods Ambition. This will include meeting other successful applicants.**

**Please tell us who is likely to attend this meeting which is from 12pm – 4pm on Weds 22nd October.**

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| --- |
| Name: |
| Position: |

1. **Bank details.**

Please provide your bank details and a copy of your bank statement (no more than 3 months old).

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| --- | --- |
| Bank  |  |
| Bank account name |  |
| Bank sort code |  |
| Bank account number |  |
| Does this account require 2 or more signatories (highlight/circle/delete as appropriate) |  YES NO |

1. **Checklist for submission**

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| --- | --- |
| Have you attached your governing document? |  YES NO |
| Have you attached your safeguarding policy? |  YES NO |
| Have you attached a bank statement dated in the last 3 months |  YES NO |
| Have you attached a copy of your latest Annual Accounts |  YES NO |
| Do you agree for BMBC and Barnsley CVS to use the information provided to contact you and promote your organization on their website and social media sites |   YES NO |
| Barnsley CVS will contact you with information and funding opportunities relevant to your organisation. If you do not wish to receive this, please put a cross in the “Opt Out” box: | To Opt Out, please put a cross in the box here:  |

1. **Please sign**

|  |  |
| --- | --- |
| Print name |  |
| Sign |  |
| Date |  |

**Please return your application by email to funding@barnsleycvs.org.uk by 9am on Monday 8th September.**

**No applications received after this deadline will be considered.**

**If you have any questions, please contact us on the email above or call us on 01226 448796**