**‘Healthy Holidays’ (HAF) Summer Application Form 2021**

|  |  |
| --- | --- |
| Name of Organisation/Groups involved |  |
| Name of your project/s |  |
| Lead contact name |  |
| Lead contact email |  |
| Lead contact number |  |

**Eligibility Checklist: If you are unable to tick yes at this point but have a valid reason and a plan in place to be able to change the ‘no’ to a ‘yes’ by the time the project goes live, please comment in the box below with your plan and assurances.**

Comments:

|  |  |  |
| --- | --- | --- |
| **Eligibility Checklist** | **Yes** | **No** |
| Does your organisation have a Safeguarding Policy, a named Safeguarding Lead and knowledge of the local procedure/necessary contacts?  |  |  |
| Are all staff DBS checked and have they completed Safeguarding Training? |  |  |
| Have you completed risk assessments for your project and activities being offered and do they ensure that your provision is following the current Covid-19 Government regulations? |  |  |
| Do you have adequate first aid provision and a trained First Aider on site? |  |  |
| Do you have appropriate insurances in place? |  |  |
| Are your facilities and equipment fit for purpose and appropriate to the activity and its participants? |  |  |
| Do your staff or your food provider have Food Hygiene certificates in place? |  |  |
| Have you planned for a daily physical activity offer that meets the Physical Activity Guidelines for Children and Young People (5-16 years), which states that all children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes every day? |  |  |
| Have you planned for age-appropriate fun and enriching activities that provide children with opportunities to develop new skills or knowledge, to consolidate existing skills and knowledge, or to try out new experiences? |  |  |
| Do you have an element of nutritional education each day aimed at improving children’s knowledge and awareness of healthy eating? These do not need to be formal learning activities and there is no prescribed length of time for these activities. |  |  |
| Have you costed and planned for at least one meal a day that meets School Food Standards?  |  |  |
| Do you have resources and the awareness of where to signpost parents/carers for practical or emotional support?  |  |  |
| Will you be working with families to educate them regarding sourcing, preparing nutritious and low-cost food? |  |  |
| Do you have the ability and resources to collect the necessary data and feedback for Torbay Council and the DfE?  |  |  |

**Project Details**

*If you have multiple projects, please complete a table for each one (you may need to copy and paste the table to be able to do this). Please note that questions with an Asterix (\*) will be scored questions.*

|  |  |
| --- | --- |
| **Project Name** |  |
| **Venue** |  |
| **Dates** |  |
| **Times** |  |
| **Age Group** |  |
| **\*Physical Activities** (Please give an overview of the types of activities that you will deliver) Max 100 words |  |
| **\*Food Offer** (Please explain what food will be provided i.e. hot or cold, take away etc.) Max 100 words |  |
| **\*Enrichment activities** (Please give an overview of the types of activities that you will deliver) Max 100 words |  |

|  |  |
| --- | --- |
| **Project 2 Name** |  |
| **Venue** |  |
| **Dates** |  |
| **Times** |  |
| **Age Group** |  |
| **Activities**  |  |
| **Food Offer** |  |
| **Enrichment Activities** |  |

**Additional project delivery considerations**

|  |  |  |
| --- | --- | --- |
| **Who can access your project?**  | **HAF eligible only****Total places:** | **HAF eligible and Paid Places** **Total places:**  |
| **\*What provision is available for children with SEND? Max 50 words** |  |
| **\*How will you promote your project to ensure that places are used? Max 50 words** |  |
| **\*How will bookings take place? Max 50 words** |  |
| **\*How will you collate information about those attending? Max 50 words** |  |
| **\*How will you collect permission from parents or carers to share their children’s data? Max 50 words** |  |
| **Please name your Safeguarding Lead, the safeguarding training that they have completed, who the training provider was and the date in which this was undertaken.** Please note, we will need to seek confirmation i.e. a copy of a completion certificate should your application be successful |  |
| **Have you previously delivered services on behalf of Torbay Council?** (this will not impact on your application, but it helps us to identify whether you will need to complete a Finance Information sheet) | **Yes** | **No** | **Not sure** |

**Finance details**

|  |  |  |
| --- | --- | --- |
| **Venue:** | **Per project** | **Per child** |
| **Cost of venue hire** |  |  |
| **Cost of activities** |  |  |
| **Cost of food** |  |  |
| **Staffing costs** |  |  |
| **Capital/equipment costs** |  |  |
| **Travel costs**  |  |  |
| **Additional costs/overheads** |  |  |
| **Total** |  |  |

|  |  |  |
| --- | --- | --- |
| **Venue 2:** | **Per project** | **Per child** |
| **Cost of venue hire** |  |  |
| **Cost of activities** |  |  |
| **Cost of food** |  |  |
| **Staffing costs** |  |  |
| **Capital/equipment costs** |  |  |
| **Travel costs**  |  |  |
| **Additional costs/overheads** |  |  |
| **Total** |  |  |

**Additional Information and Added Value**

Are there any areas of potential conflict in receiving funds from Torbay Council or in relation to the HAF Programme?

Do you have any additional information that you would like us to know that we have not already asked you about in detail? i.e. signposting experience/plans, health and safety protocols etc. Max 100 words

Are there any points of your project that would be considered as ‘added value’ i.e. match funding, additional funding from philanthropists or local businesses, volunteering opportunities or anything you offer above what we are commissioning that doesn’t use HAF funding? Max 100 words

|  |  |
| --- | --- |
| Name of person submitting the application  |  |
| Are there any additional documents attached to this application?  |  |
| Date submitted |  |

**For office use only:**

|  |  |
| --- | --- |
| **Reviewed by:** |  |
| **Matrix scores:** |  |
| **Are other proposed projects in the same are?** | **Details:** |
| **Area/s covered** | **Schools/Area:** | **No. of FSM eligible children:** |
| **Funding awarded** | **Yes****Date informed:** | **No****Date feedback given:**  |