

**SHROPSHIRE COUNCIL**

Thriving Children and Families Grant Application Form

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| **Name of Town or Parish Council** | | |
| 1. **Address of Organisation** | | |
| 1. **Contact Person:**   **Tel No:**  **Mobile No:**  **Fax No:**  **Email:** | | |
| 1. **Amount of Grant Funding required £** | | |
| 1. **Match Funding (as part of this grant fund, we will require match fund that demonstrates how the work can continue past the end of the Shropshire Council funding)** | | |
| 1. **What are the aims and objectives of your proposed project?** | | |
| 1. **What VCSE organisations would you work with as partners? (or types of organisations if this is not known)** | | |
| 1. **This project should be focused on supporting Children and Young People and families in your area, however, there may be others who would benefit, or children with specific characteristics. Can you please describe the people/service user groups who will benefit from your project? (Please tick each box which is applicable – you may tick more than one box)** | | |
| Older people  Physical disability    Learning disability  Mental Health needs | Ethnic Minorities  Young People  People seeking training  People living in rural areas | Unemployed people  People on a low income  People visiting rural areas  Other, please detail:  **……………………………………**  **……………………………………**  **……………………………………** |
| **9a. What provision/interventions/activities will you provide with the Grant Funding?** (Please give a full description)  **9. b will need to demonstrate how they support** [**The Shropshire Plan**](https://www.shropshire.gov.uk/the-shropshire-plan-2022-2025/) **and the Shropshire Integrated Place Partnership Priorities. These are:**     * **Children's and Young People’s Strategy** * **Prevention/Healthy Lifestyles/Healthy Weight** * **Mental Health, Workforce** * **Community Capacity & Resilience with the VCSE** * **Local Care and Personalisation (incl. involvement)** * **Supporting Primary Care Networks** * **Integration and One Public Estate** * **Tackling health inequalities**   Please describe below how your proposal supports one or more these principles, providing a brief description for each principle supported.  **9c. It is important that you are able to demonstrate the effectiveness and outcomes with the work in relation to the above priorities and principles.**  Please detail below how you will do this, including outcomes, measures and performance indicators as appropriate. | | |
| 1. **Please explain how the activity proposed would be sustained following the end of this one off funding** | | |
| 1. **How do you know what services are needed in your local area? (responses should include information that might be available through the Joint Strategic Needs Assessment, through Co-production and through local feedback forums – and others)** | | |
| 1. **Can you confirm that you are able to satisfy the following level of Insurance if you are awarded** **Grant Funding? Yes / No**   Public Liability: £5 million  Employers Liability £5 million  (Note : Other specific insurances maybe required depending on the service delivered. You will be required to attach a photocopy of insurance certificate and policy schedules detailing these amounts of cover after you are awarded Grant Funding as stated above) | | |
|  | | |
| 1. **Describe how you will recruit staff or grant fund a provider to deliver the service. How will you ensure that a provider has robust recruitment processes for volunteers and what checks do you carry out on them?**   (Continue on a separate sheet if necessary) | | |

In applying for Grant Funding from Shropshire Council I undertake on behalf of

(NAME OF ORGANISATION) to abide by the principles and codes of practice set out in the Shropshire Voluntary and Community Sector Compact.

**Signed:…………………………………………………………………………………………**

**Name:…………………………………………………………………………………………..**

**Position in Organisation:…………………………………………………………………..**

**Date:………………………………………………**