

## Fun and Food 2023 Application Form

It is important that you read the guidance notes before completing this application form.

Please complete this form fully

Applications received after the closing date will not be considered

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

The closing date for completed application forms is:

Wednesday 15<sup>th</sup> February 2023 at Noon

If you require any assistance with the completion of this application form please contact:

East Durham Area Action Partnership (AAP)

Telephone: 03000 260054 or E-Mail [eastdurhamaap@durham.gov.uk](mailto:eastdurhamaap@durham.gov.uk)

### Lead Applicant Details

First Name		Surname	
Group/Organisation/School			
Position held in group/organisation			
Address			
Postcode			
Contact telephone number			
Email address			
Project Name			

- Please provide a detailed description of what activity your project will deliver (all provision must be face to face and include the provision of enriching activities and a healthy meal, this should be hot food where possible)

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Blank light blue area for project details.

2. Who will deliver the project? (this can be staff within your organisation or an external organisation providing activities)

Blank light blue area for answer to question 2.

3. Where will the project be held (please provide venue address and postcode)

Blank light blue area for answer to question 3.

4. How many sessions will your project deliver? E.g. 2 sessions per week for 3 weeks = 6 sessions

Blank light blue area for answer to question 4.

5. What are the planned dates and times?

Blank light blue area for answer to question 5.

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## 6. Please give a brief description of the healthy food you plan to deliver as part of your activity

Please note: this should be hot food where possible

Meal Time	Example	Healthy food you plan to deliver
Breakfast	Cereal, toast, crumpets, fruit	
Snacks	Fresh fruit, yogurt, popcorn	
Lunch	Pasta, jacket potatoes with fillings, yogurt, fruit	
Drinks	Water, milk, no sugar juice	

## 7. Please tell us about the unique numbers of children and young people that will be supported through your project

Please note: This is NOT the number of sessions that they will attend

Age Group	
Primary School Age (4 to 11)	
Secondary School Age (11-16)	
Total (A)	

## 8. Cost of project/activity

Please tell us how much funding you need for your project/activity and provide us a breakdown (staffing/room hire/resources/food etc) of what the funding will be used for (include VAT where applicable)

Item	Fun and Food Funding	Match Funding	Total
Total cost of project (B)			

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**Cost per child per session: (Total cost (B) divided by number of sessions, divided by number of children (A))**

E.g. £1200/3 sessions = £400 divided by 20 children = £20 per child, per session.

**9. If you have indicated above that you will receive match funding, then please complete table below**

Funder	Amount £	Secured Y/N
<b>Total match funding</b>		

**Approximately, how many hours are spent by volunteers to make this activity or project happen?**

**10. How will you ensure your project targets and engages with those most in need? (have you linked with local schools to identify young people who receive Free School Meals and other children and young people that are identified as vulnerable e.g: looked-after children, children with additional needs and/or an EHC plan (education, health and care), children assessed as otherwise vulnerable, children living in areas of high deprivation)**

**11. How will you gather feedback from children, young people and parents/carers at the end of the activity period? (consider using methods such as evaluation sheets, case studies, comment boxes)**

Children/Young people	Parents/Carers

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## 12. DfE National Standards to meet through your provision (Please outline how your provision will meeting the DfE Framework Standards)

DfE National Standard (further detail included in guidance notes)	Do you meet the following standards	Do you require support in meeting standards
Food Provision	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Enrichment activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical Activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Increasing Awareness of Healthy Eating, Healthy Lifestyles and Positive Behaviours	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signposting and referrals and supporting families	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safeguarding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 13. What are the main risk factors for this project and how will you address them?

## 14. Supporting Information about your group/organisation (AAP applications only)

What type of group/organisation are you (cross one box only)

Registered Charity in England:	<input type="checkbox"/>	Charity registration number:	<input type="text"/>
Community Association:	<input type="checkbox"/>	Voluntary organisation :	<input type="checkbox"/>
Company limited by Guarantee:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Company number:	<input type="text"/>
Social Enterprise:	<input type="checkbox"/>	Other (please state):	<input type="text"/>
When was the group set up?	Month: <input type="text"/>	Year:	<input type="text"/>
Do you have a constitution/governing document? (please include a copy with your application)			Yes <input type="checkbox"/> No <input type="checkbox"/>

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Do you have a bank account with at least two unrelated signatories? (please include the latest signed annual accounts and a bank statement within last three months)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organisation have the valid and relevant insurance to deliver this project/activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Public liability insurance*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Affiliation to a Governing body*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other insurance*	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Please give details:	

### 15. Working with young people, children and/or vulnerable adults

Does your group have safeguarding policies that are appropriate to your work and the project/activity you are asking us to fund, and do you review these regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all staff and volunteers hold current, valid DBS clearance for their role within the organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organisation have an up to date Health and Safety Policy in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organisation have all necessary risk assessments in place for the project/activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organisation check the qualifications of any staff/volunteers used for delivery?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 16. Provision of Food

Are food handlers trained in food hygiene OR supervised by someone who is trained in food hygiene? (Food handlers should be given instruction with regards to allergens)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered as a Food Business?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Equality & Diversity**

The Equality Act 2010 states that it is unlawful to discriminate against people on the grounds of age, disability, gender, pregnancy and maternity, transgender, race or ethnicity, religion or belief and sexual orientation. It is Durham County Council's policy to treat everyone fairly, with respect and dignity including making reasonable adjustments for disabled people. We also have legal responsibilities to ; Eliminate discrimination, harassment and victimisation · Advance equality of opportunity, and · Foster good relations. We expect all projects to comply with equality legislation and to ensure fair treatment for all those involved.





Please confirm that you understand this requirement and will ensure your project complies with it.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm that it is your policy to consider the needs of disabled people and make reasonable adjustments to allow them equal access.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**NOTE: It is your responsibility to have all necessary policies and procedures in place which we may ask to inspect at any time.**

**17. Declaration**

Please complete the following declaration and sign it in the appropriate place below.

- I confirm that, to the best of my knowledge and belief, all of the information in this application form is correct, any information found to be false or misleading may lead to the application being withdrawn.
- I understand that you may ask for additional information at any stage of the application process.
- This application form must be signed by the named contact for the project who is someone from your organisation that is over 18 years old who is authorised to make the application.

Signed:		Date:	
Print name:			
Position in group/school:			

If you are unable to provide an original or electronic signature, please provide an email with the following wording in the body of the email:

- I confirm that the information given in this application is true.
- I understand that any Offer of Grant will be subject to terms and conditions and I confirm that the organisation has the power to accept this grant if the application is successful and to repay the grant if the conditions are not met.
- I confirm that I am authorised to sign this declaration on behalf of the applicant organisation.
- I understand that if I make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process or if I knowingly withhold any information, this could make our application invalid and the organisation will be liable to repay any funds.

**Declaration of Interest**

If you, a member of your family, a business partner or close friend will benefit financially or otherwise from this expenditure please give details below:



## Data Protection Act 2018

Durham County Council complies with all relevant statutory obligations. Personal information processed by the Council will be handled in accordance with the Council's privacy statement, which can be accessed here [www.durham.gov.uk/dataprivacy](http://www.durham.gov.uk/dataprivacy).

If you have any concerns about how your data is handled, please contact either the Data Protection Officer at [DPO@durham.gov.uk](mailto:DPO@durham.gov.uk) or the Information Commissioner's Office [casework@ico.org.uk](mailto:casework@ico.org.uk)

Please return completed application form to:

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