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| --- | --- |
| **Question**  | **Response**  |
| *Name of organisation:*  |  |
|   |
| *Address of organisation:*  |  |
|   |
| *Website address:*  |   |
|   |
| *Email address:*  |  |
|   |
|  |   |
| *Social media handles:* |
|  |   |
|  |
| *Contact phone number:*  |  |
|   |
| *Company or Charity number:*  |  |
|   |
| *Ofsted grading (if applicable):*  |   |
|   |
| *Please give a brief overview of your organisation and its aims:* |  |
|  |
| *Please give a summary of what you plan to deliver for the HAF programme?:*  |  |
|   |
| *How many places will be available per session for FSM children and young people?:*  |  |
|   |
| *Will you be providing other places on the programme for non-eligible children and young people?:* *(if “yes” please state how these will be funded including cost for privately paying families.)* |  |
|   |
| *What dates are you delivering?:*  |  |
|   |
| *What times are you delivering (start and finish)?:*  |  |
|   |
| *Please upload your proposed timetable of sessions throughout this programme, including the date, location, and times of your activities:*  |  |
|   |
|   |
| *What age range will your provision cater for?:*  |   |
|   |
| *Please include how your activity meets the HAF Programme's standards around* ***food*** *for children and young people:* *Please include how your activity meets the HAF Programme's standards around* ***food information regulations*** *for children and young people:**Please include how your activity meets the HAF Programme's standards around* ***enriching activities*** *for children and young people:**Please include how your activity meets the HAF Programme's standards around* ***physical activities*** *for children and young people:**Please include how your activity meets the HAF Programme's standards around* ***nutritional information*** *for children and young people:**Please include how your activity meets the HAF Programme's standards around* ***food education******for families and carers:****Please include how your activity meets the HAF Programme's standards around* ***signposting a referrals for families****:*  |   |
|   |
| *What is the total amount of funding you are requesting from HAF?:*  |  |
|   |
| *Please outline how you are funding any additional costs outside of this application, if applicable:*  |  |
|   |
| *Please upload a detailed budget breakdown of what funding you need with details of how the funding will be spent, including a breakdown of spend e.g food, activities, staffing, venues etc.:*  |  |
|   |
| *Please provide the delivery venue name and address (including postcode):*  |  |
|   |
| *Which wards in Oldham do your target participants live?:*  |   |
|   |
|  |   |
|   |
| *Telephone number for booking enquiries:*  |   |
|   |
| *Please outline how children and young people can be booked on to your provision including webform link, if applicable:**Please outline how you will ensure eligible children and young people attend your HAF provision:*  |  |
|   |
| *How will your provision be inclusive to everyone, including children with Special Educational Needs or Disabilities (SEND) and children with varying dietary requirements?:*  |   |
|   |
| *Do you have a kitchen in which you can prepare hot food?:*  |   |
|   |
| *If you have a kitchen, and it has a kitchen star rating, please indicate the rating:*  |  |
|   |
| *If you cannot provide hot food, please tell us the name of the organisation preparing your hot food and its star rating?:**Please confirm that the organisation preparing your hot food will do so in line with the school meal standards:*  |  |
|   |
| *A condition of the funding is that all providers use the HAF programme's standard data collection and monitoring forms. This will include collecting data including names, address and DOB of participants. Are you able to gather this information and share with Oldham Council when asked following the holiday period?:*  |   |
|   |
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|   |
| *Please upload your safeguarding policy:*  |  |
|   |
| *Please provide the details of your Safeguarding Lead, please include their name, contact telephone number, and email address:*  |    |
|   |
| *Please upload your public and employee liability insurance documentation (Public liability insurance coverage must be at least £10,000,000. Employee liability insurance coverage must be at least £5,000,000):*  |  |
|   |
| *Please upload your health and safety policy:*  |  |
|   |
| *Please upload your organisations policy or statement on accessibility and inclusiveness:*  |  |
|   |
| *Applicants from the voluntary, community or faith sector must hold the Quality in Action Award via Action Together, or agree to achieve the award as a condition of the grant.:*  |  |
|   |
| *Declaration:*  |   |