

For office use only:

Application No:

Date Received:

Aiming High for Disabled Children
Aiming High Small Grant Revenue Funding,
Disabled Children's Access to Childcare (DCATCH)
and Capital Grant Funding

Application Form 2010/11

Are you applying for: PLEASE TICK ALL BOXES THAT APPLY

Aiming High Small Grant Revenue Funding

Disabled Children's Access to Childcare (DCATCH)

Aiming High Capital Grant Funding

A maximum of 2 applications can be made to each of the above funds.

1. Please read through the guidance notes, Terms and Conditions and the application form carefully before completing the form.
2. Ensure you sign the form at the end.
3. Do not include any additional information.
4. Once completed return to the address on the final page.
5. One signed hard copy of the form **must be received**. Additional copies can be emailed to aiminghigh@staffordshire.gov.uk

ALL APPLICATIONS MUST BE RECEIVED BY 5PM ON 29 JULY 2010

Applicants must complete the relevant sections of the form.

Part A ALL APPLICANTS COMPLETE
Part B For Small Grant Revenue Funding and DCATCH Funding ONLY
Part C For Capital Grant Funding ONLY
Part D ALL APPLICANTS COMPLETE

If you have any questions please contact:

Aiming High Team - 01785 278072 or email –
aiminghigh@staffordshire.gov.uk

PART A – ALL APPLICANTS COMPLETE

A) ORGANISATION INFORMATION	
1. Name of Organisation:	
Address:	
Postcode:	

2. Contact Details			
Name:		Position:	
Telephone Number:		Email Address:	
Website Address:		Company Registration Number:	
Registered Charity Number:		VAT Registration Number:	

3. What type of Organisation are you? Please tick/mark the relevant box(es):	
a) Registered Charity	
b) Community Group with a Governing document	
c) Special School	
d) Mainstream School	
e) Statutory (Local Authority)	
f) Statutory (Health Authority)	
g) Private Company	
h) Social Enterprise	
i) Other	
Please specify:	

4. Provide a brief description of your organisation:

5. What experience does your organisation have of working with disabled children and young people? If your organisation has limited experience provide details of how you plan to develop the skills required to work with disabled children and young people. (Maximum word limit 200 words)

6. If this is a Partnership/Consortium application, list all the stakeholders involved:

GENERAL ACTIVITY DETAILS	
7. What geographical areas will/does the short break or DCATCH opportunity cover? (tick all boxes that apply)	
a) County Wide	
b) Cannock Chase	
c) East Staffordshire	
d) Lichfield	
e) Newcastle Under Lyme	
f) South Staffordshire	
g) Stafford	
h) Staffordshire Moorlands	
i) Tamworth	

8. Will/does your short break or DCATCH opportunity target any of the following groups? (tick all that apply)	
a) Children and young people with autistic spectrum disorders and other impairments, such as severe learning disabilities or who have behaviour which is challenging.	
b) Children and young people with complex health needs which includes those with disability and life limiting conditions and those with physical, cognitive or sensory impairments.	
c) Children and young people aged 11+ with moving and handling needs that require equipment and adaptations.	
d) Children and young people where challenging behaviour is associated with other impairments (e.g. severe learning disability). Children in this group will display behaviour which challenges services or behaviour which causes injury to themselves or others.	
e) Young people aged 14+. The young people who fall into this group are young people who are severely disabled and require services that are appropriate to their age.	
f) Other (please give details below)	
Details of other groups targeted:	

9. Does your short break/DCATCH opportunity target any specific age group? (tick all boxes that apply):	
a) 0 – 4 years	
b) 5 – 10 years	
c) 11 – 13 years	
d) 14 – 18 years	

DISABLED CHILDREN AND YOUNG PEOPLE'S QUESTION – THE FOLLOWING QUESTION WILL BE SCORED BY CHILDREN AND YOUNG PEOPLE. The response will be allocated one minute and then scored by a children and young people's panel.

10. What difference will this project make for disabled children and young people?

PART B - SMALL GRANT REVENUE FUNDING AND DCATCH APPLICANTS ONLY

B) INFORMATION ON YOUR PROJECT

1. Name of Project:

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2. SMALL GRANT REVENUE APPLICANTS ONLY

Priority Groups– please indicate if you will be working with any of the groups below (tick all boxes that apply):

a) Children and young people with visual impairments	
b) Children and young people with hearing impairments	
c) Children and young people from Black and Minority Ethnic groups	
d) Children under 5 years	
e) Children aged 14+ years	

3. Will/does your project provide specialist or universal provision?

Please tick

Short Breaks/DCATCH project providing specialist provision.
‘Specialist’ project provision refers to Short Break activities delivered specifically for disabled children and young people.

Short Breaks/DCATCH project providing universal provision.
‘Universal’ provision covers those short breaks which include disabled children and young people and their non disabled peers.

Other Type of Project (please detail):

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4a. What type of activity or project will/do you provide? (Small Grant Revenue Funding or DCATCH)

Please tick

a) Arts activities e.g. drama, dance, craft	
b) Youth activities/Clubs e.g. youth club	
c) Sports activities/Clubs e.g. football, swimming	
d) Leisure activities e.g. horse riding, play etc	
e) Social activities e.g. trips	
f) Other- please provide details	

4b. What type of activity or project will/do you provide? (This applies to DCATCH applications only)	Please tick
a) Workforce development	
b) Improving information and/or data	
c) Supporting families to make choices	
d) Increasing childcare options	
e) Increasing capacity, inclusion and improving quality	
f) Participation and feedback – consultation with families	

5. When does the activity take place?	Please tick
a) Weekends	
b) After school/evenings	
c) School holidays	
d) Not applicable (please give reasons)	

6. Provide a description of the short break/DCATCH opportunity you are seeking funding to support. All services funded must provide additional/new opportunities. Include how your service will increase/create new opportunities, length of time for activities and frequency of the project e.g. every Tuesday morning for 3 hours. (Maximum word limit 500 words)

7. What are the key outputs and outcomes you want to achieve? i.e. What difference will it make? Think about the difference for disabled children, young people and families rather than the difference for your organisation. (Maximum word limit 250 words)

8. What is the need for the project and how will your project address this need? (Maximum word limit 200 words)

9. How will you involve children/young people and/or parents/carers in the development of this project/activity? (Maximum word limit 200 words)

10. If applicable, approximately how many disabled children and young people/ or parents and carers will take part in your project?

11. If applicable, approximately how many staff/volunteers will access this project e.g. training opportunities?

12. Project Plan - please provide details of your project plan:	
Start Date:	
Completion Date:	
<u>Key Tasks</u>	<u>Date Achieved</u>

PART C - CAPITAL GRANT FUNDING APPLICANTS ONLY

C) INFORMATION ON YOUR PROJECT	
1. Name of Project to be supported by Capital Grant Funding:	
2. Will your project provide specialist or universal provision?	Please tick
Short Breaks providing specialist provision. 'Specialist' provision refers to Short Break activities delivered specifically for disabled children and young people.	
Short Breaks providing universal provision. 'Universal' provision covers those short breaks which include disabled children and young people and their non disabled peers.	
3. What type of activity will/do you provide?	Please tick
a) Arts Activities e.g. Drama, Dance, Craft	
b) Youth Activities/Clubs e.g. Youth Club	
c) Sports Activities/Clubs e.g. Football, Swimming	
d) Leisure Activities e.g. Horse Riding, Play etc	
e) Social Activities e.g. Trips	
f) Other - please provide details	
4. When does the activity take place?	Please tick
a) Weekends	
b) After school/evenings	
c) School holidays	
d) Not applicable (please give reasons)	

5. Provide a description of the short break opportunity you are seeking Capital Grant funding to support. All services funded must provide additional/new opportunities. Include how your service will increase/create new opportunities, length of time for activities and frequency of the project e.g. every Tuesday morning for 3 hours. (Maximum word limit 500 words)

6. Provide a description of how the Capital Grant funding will be spent i.e. What will you purchase with the grant? (Maximum word limit 200 words)

PART D - ALL APPLICANTS COMPLETE

D) POLICIES, PROCEDURES AND INSURANCE			
1. Confirm that you have the following in place.			
Policy, Procedure, Insurance	Is item in place? (If not, please explain why)	Date of policy	Level of cover (Insurance only)
1. Equal opportunities policy			
2. Safeguarding policy			
3. Health and safety policy			
4. Public liability insurance			
5. Employer's liability insurance			
6. Professional indemnity insurance (if required – see below)			
7. Procedures that ensure all staff and volunteers who work with disabled children and young people have the appropriate and up to date CRB disclosure (no more than 3 years old).			

Please note if your project is successful you will be required to provide copies of the above.

Insurance at the following levels is required:	
Small Grant Revenue Funding/DCATCH	Capital Grant Funding
Minimum cover of £2m Public Liability Insurance	Minimum cover of £5m Public Liability Insurance
Minimum cover of £5m Employers Liability Insurance	Minimum cover of £5m Employers Liability Insurance
In addition for services providing: Training/Consultancy/IT systems Minimum cover of £2m Professional Indemnity Insurance <u>MAY BE REQUIRED.</u>	

2. Staffing Information:
a) What will be the levels of staffing on the project?
b) Detail the experience and training of the staff working directly on this project?

3. Are you able to comply with monitoring and evaluation requirements?
Yes <input type="checkbox"/>
No <input type="checkbox"/>

E) REFERENCES		
Please give details of 2 references to support your application:		
	Referee 1	Referee 2
Name:		
Relationship:		
Address:		
Email:		
Telephone Number:		

F) DECLARATION	
I confirm that the information given on this form is true and that my Organisation has formally agreed that I can act on its behalf:	
Signature:	Date:
Name (please print clearly):	
Position in Organisation:	

Please return a signed paper copy of this form to:

Grant Funding
Aiming High for Disabled Children
Staffordshire County Council
Wedgwood Building
Tipping Street
Stafford
Staffordshire
ST16 2DH

An electronic copy of the form should be sent to:
aiminghigh@staffordshire.gov.uk

THE CLOSING DATE FOR APPLICATIONS IS 5PM ON 29 JULY 2010