****

**Please read before completing:**



* Eligibility – Details can be found on the Summer Activities Fund document.
* This fund must be used to provide free summer activities between

**Saturday 26th June 2021 – Wednesday 11th August 2021**

* The decision making panel will include young people and officers from both South Ayrshire Council, Community Planning and 3rd Sector. There is no appeals process the panels decision is final.
* We are particularly keen on activities where young people are involved in the codesign of the activities and programmes,
* Successful applicants will be required to

1. Sign the award letter to confirm they agree to the terms and conditions
2. Provide a copy of your constitution or other founding document of your organisation
3. Provide your bank details

**Applications returned to** [**Marion.young@south-ayrshire.gov.uk**](mailto:Marion.young@south-ayrshire.gov.uk) **by Thursday 3rd June 2021**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **South Ayrshire Summer Activities Fund 2021** | |  |  | | --- | --- | | **For our use only** | | | Date received |  | | Financial year |  | | Reference |  | |  |

**Section 1 – About you and your organisation**

* 1. What is your organisation’s name, as shown on your constitution?

|  |
| --- |
|  |

1.2 Where in South Ayrshire are you based?

|  |
| --- |
|  |

1.2.1 Which venue(s) and communities will your summer activity programme operate in?

|  |
| --- |
|  |

Tick to confirm that you have read, and your application meets the criteria for this Fund.

1.3 Who is the primary contact for this application? We will contact this person about your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** (please tick): | **Mr**  **Mrs**  **Miss**  **Ms**  **Dr**  **Other** | | |  |
|  |  | | | |
| **Name:** |  | | | |
|  |  | | | |
| **Position in the organisation:** | | | |  | | | |
|  |  | | | |
| **Address and postcode:** | |  | | | |
|  |  |  |  | |
| **Daytime phone number:** | | | |  | | | |
|  | | | | |
| **Mobile phone number:** | | |  | | | |
|  | | | | |
| **Email address:** |  | | | |

We prefer to make contact by email. If you have provided an email address above, please tick to confirm the named contact is happy to be contacted via email.

1.4 Please detail the date(s) and times that you will be delivering your programme.

|  |
| --- |
|  |

1.5 Is this activity open to all young people or is it a closed group.

|  |  |  |
| --- | --- | --- |
|  | Open to all | |
|  | Closed Group *(please provide details)* |  |

1.6 Tell us what your organisation does and the aims and purposes of your organisation?

|  |
| --- |
|  |

1.7 Status – tick all that apply and provide details required.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Voluntary organisation** | |  | **Community Council** | | |  |
| **Registered charity** | |  | **Community Interest Company** | | |  |
| Charity number |  | | Company number | |  | |
| **Company limited by guarantee with charitable status** | |  | **Scottish Charitable Incorporated Organisation (SCIO)** | | |  |
| Company number |  | | Charity number |  | | |
| **Private sector business** | |  |  | | |  |
| Company Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |

1.8 Please tick to confirm that your activity will be provided free of charge.

1.9 Provide the full names and addresses of two people within your organisation who will act as additional contacts for your application.We may have to contact one or more for information. One of the following should be an office bearer who will sign part 2 of the declaration in Section 6.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Contact 1** | **Contact 2** |
| **Name** |  |  |
| **Address 1** |  |  |
| **Address 2** |  |  |
| **Town** |  |  |
| **Postcode:** |  |  |
| **Daytime phone number** |  |  |
| **E-mail address** |  |  |

**Section 2 – Finance**

2.1 Please use the table below to detail the number of children/young people the fund will benefit during your programme.

|  |  |  |
| --- | --- | --- |
| **A** | Total number of days the programme will take place on |  |
| **B** | Total number of children/young people taking part in the programme each day |  |
| **C** | Total number of children/young people over the duration of the programme |  |

2.2 Please provide a breakdown of the funding requested above (please use additional sheets if required)

**Revenue Costs**

|  |  |  |
| --- | --- | --- |
| **Item or Activity** | **Total Cost** | **Amount Requested** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Revenue costs total** |  |  |

**Capital Costs (must not exceed 10% of total funding requested)**

|  |  |  |
| --- | --- | --- |
| **Item or Activity** | **Total Cost** | **Amount Requested** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Capital costs total** |  |  |

**Total funding requested from South Ayrshire Summer Activities Fund**

|  |
| --- |
|  |

**Please detail any other funding you have for this activity (if applicable)**

|  |  |  |
| --- | --- | --- |
| **Item or Activity** | **Total Cost** | **Amount Requested/Available** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

**Please detail any in kind contributions you have for this activity (if applicable)**

|  |  |
| --- | --- |
| **Item or Activity** | **Value** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**Section 3 – Your application in detail**

**Each of your answers in Section 3 should be no more than two or three paragraphs.**

3.1 Please describe the type of activity that you will deliver using our funding and the age range it targets. (300 words max)

|  |
| --- |
|  |

3.2 How will your project benefit the children/young people taking part in the programme? (300 words max)

|  |
| --- |
|  |

3.3 How will you promote the programme to children/young people and their families (300 words max)

|  |
| --- |
|  |

3.4 How were children and young people involved in the co-design of this application? (300 words max)

|  |
| --- |
|  |

3.5 Please detail the partners involved in delivering your programme.

|  |
| --- |
|  |

3.6 Please give details of why you feel your programme is exceptional and justifies additional funding allocated to it (please give details) (300 words max)

|  |
| --- |
|  |

3.8 Do you plan to use any of the funding to provide free food during your activities?

|  |  |  |
| --- | --- | --- |
| **Yes** |  |  |
| **No** |  |  |

3.9 Please identify which priority groups are targeted by your programme and how.

|  |  |
| --- | --- |
| **Children from low-income households** |  |
| **Children from those priority family groups identified in the Tackling Child Poverty Delivery Plan** |  |
| **Children from families who have been shielding during the pandemic and whose ability to engage in activities and socialise will have been very limited** |  |
| **Children with a disability or additional support need** |  |
| **Care experienced children and young people** |  |
| **Young carers** |  |
| **Children in need of protection** |  |
| **Children supported by a child’s plan** |  |
| **Children who have undergone significant transitions during lockdown or will experience them this year, including starting in ELC, starting primary school, moving to secondary school, and leaving school** |  |
| **Any other young person that is deemed to benefit from taking part** |  |

|  |
| --- |
|  |

**Section 5 – Bank details**

Please provide your **bank or building society account** details in order that we can arrange to pay your funding electronically (by BACS).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bank or Building Society Name** | | |  | |
| **Address** |  | | | |
| **Sort code** |  | **Bank Account number**  **or Building Society roll number** | |  |
| **Account name** |  | | | |

**Section 6 – Declaration**

|  |  |
| --- | --- |
| **Name of your organisation** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 1 - The main contact named in question 1.3** signs Part 1 | |  | **Part 2 An office bearer listed at question 1.9 who is not related to the main contact named in question 1.3** signs Part 2 |
| **\* Signature** |  |  |  |
| **Name** |  |  |  |
| **Position in organisation** |  |  |  |
| **Date** |  |  |  |

**Protection Notice**

South Ayrshire Council acts as Data Controller for the purposes of the Data Protection Act 1998. We are fully registered under the Act and ensure we comply with the protections the Act affords you. This notice explains how the information you supply will be used, and how you can remove it from our records. Please read this carefully.

**How will the information we collect be used?**

We require you to provide certain information so that we can adequately assess your funding application. We may also wish to pass your details to others who have specialist knowledge required to deal with your application. So that we can do this we may be required to pass your details to third parties who carry out these services for us.

**May we share your personal details with our partners? Yes  No**

We may also wish to use your information to send you marketing information. This may include information on programmes, services, and products we provide such as seminars and training opportunities that may be of interest to you. If you would like to receive marketing information, please indicate your preferred format for the marketing communications. Please tick the relevant box(es):

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone** | **Mail** | **Email** | **Do not contact** |

We would also like to use your information to customise our products and services to serve you better, by providing more tailored products and services and to help us understand your needs better e.g., though internal research, data analysis and market research. So that we can do this we may pass your details to other parties who carry out surveys, questionnaires, and customer evaluations for us. If you would like to be contacted for market research in the following formats, please tick the relevant box(es):

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone** | **Mail** | **Email** | **Do not contact** |

We would also like to pass your details to others who we feel may be able to provide you with information or services which may be of use to you. If you would like to receive marketing information from our partners in the following formats, please tick the relevant box(es):

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone** | **Mail** | **Email** | **Do not contact** |

**Please email your form and documents to:**

* [**Marion.young@south-ayrshire.gov.uk**](mailto:Marion.young@south-ayrshire.gov.uk)
* Applications must be received by Thursday 3rd June 2021