**Application Form:**

**North Birkenhead Cradle to Career Service Collaboration Fund**

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| **Your details** |
| Name:  Organisation/Service Name:  Your Role:  Address:  Phone Number:  Email: |

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| **Section 1 - Project Description** |
| Project Name:  Applicants  *(please include any and all services & organisations involved in the delivery of the project)*:  Proposed Project Start Date:  Proposed Project End Date:  *Please note that all projects must be completed by* ***30th June 2023*** *including the return of any unused funds.*  **In no more than 200 words, could you summarise what issue your project aims to address and what you want to achieve?**  **The Collaboration Fund aims to improve support available for children, young people and families in North Birkenhead, by funding pilot projects that do the following. Please tick which of these aims your project supports:**   * Address needs identified in and with a community * Plug gaps in existing services to enable a truly cohesive local offer to be developed * Be easy to access for children, young people and families * Take creative and preventative approaches to local provision   **Does your project meet any of the aims of the 10-Part Childhood Offer? (Please tick all that apply)**   * 1. Happy Health Pregnancy * 2. Positive birth experience * 3. Form Strong Attachments * 4. Opportunities to play and explore * 5. Engage in Learning * 6. Opportunities for hobbies and socialisation * 7. Learn and develop self-care * 8. Learning/advice on employment, education and training * 9. Have your health needs met * 10. Benefit from good parenting |

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| **Section 2 - Project Summary** |
| This part of the application will ask for a breakdown of your project’s aims, beneficiaries and budget. |
| **Aim(s)**  Please list your project’s main aim(s). What are you trying to achieve?  **Project Beneficiaries**   1. What is the particular need of your project beneficiaries?   *E.g. young people who aren’t in education or employment, families where there is an SEND need*   1. How old are they?   *E.g. between 16 and 25*   1. How are they connected to North Birkenhead?   *E.g. they live in North Birkenhead, they go to school there, they live on a particular estate in North Birkenhead*  **Key Activities/Deliverables**  What will you do to achieve your aim(s)? Please describe your planned project activities/deliverables. (You will be asked to list these in more detail later)  **Budget**   |  |  | | --- | --- | | Total Projected Cost of Project: | £ | | Total requested from the Service Collaboration Fund: | £ |   **Project Partners**  Who are the key partners involved in this project? What are their main roles/what are they contributing?        **Sustainability**  Do you plan to continue delivering this project once the Collaboration Fund grant has finished? *If yes please give details below. If no, please explain.* |

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| **Section 3 - Identify: Why project is needed** |
| The Collaboration Fund aims to improve support available for children, young people and families in North Birkenhead, by funding pilot projects that do the following. Please tick which of these aims your project supports:   * Address needs identified in and with a community * Plug gaps in existing services to enable a truly cohesive local offer to be developed * Be easy to access for children, young people and families * Take creative and preventative approaches to local provision   How do you know your project is needed in this area?  *What have you researched to find out why this project is needed? Please summarise the data and evidence you have gathered. E.g. statistics, a summary of consultation, anecdotal evidence.*  How is your project addressing a gap in services in the area?  *Are there similar projects in this or other areas that you know of? How is your project meeting a different need or meeting a need differently?*  How will you ensure your project is easy to access for children, young people and families?  *Will children, young people and families need a referral to access your project? Will there be a cost for children, young people and families? Where will the project be located?*  How is your project meeting a need creatively and/or taking a preventative approach? |

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| **Section 4 - Design: Your detailed implementation plan** |
| **Implementation Plan**  Please fill in the table below for each activity. This will help us understand how your key activities will help achieve your project aims and how much it will cost.   |  |  |  |  | | --- | --- | --- | --- | | **Key Activity** | **How will this activity achieve your aim(s)?** | **Timeline of activity** | **Resources needed** | | *E.g.* Healthy Eating Packs for Families | *E.g.* Promote healthy eating for families and children | *E.g.* x1 a month | 1. *E.g. Workbooks x250* | | 1. *E.g. Questionnaires x500* | |  | |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | |  | |  | |  | | 4. |  |  |  | |  | |  | |  | |  | | 5. |  |  |  | |  | |  | |  | |  |   **Budget**  Please include a cost model/ budget breakdown of your project.  **Are you expecting to receive or apply for any Gifts In Kind or Match Funding for this project?**  If yes,please list the details of the application or agreement below:  *Please note that we will require a monitoring plan, regular reporting and proof of spend if you are successful.* |

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| **Section 5 - Monitoring, Impact & Evaluation** |
| **Monitoring and Impact**  If you are successful, we will agree a reporting schedule with you to share key monitoring and impact data. You will also agree to take part in any project level evaluations that Cradle to Career undertakes.  How will you monitor progress and demonstrate impact of your project? *Please include key measurements or data you will collect and share, e.g. case studies, number of people trained.* |

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| **Section 6 - Delivery: Who is collaborating together** |
| Who are the main partners involved in this project? Please outline your working arrangements with this partner/s for the project (inc. roles, responsibilities and fund management).  Why have you chosen to partner with this organisation(s)? |

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| **Section 7 - Assurance** |
| I have examined and confirm that I have read and completed the information provided in Sections 1-6 to the best of my knowledge. I understand that if any of the information I have provided is false it may result in the discontinuation of my application.  I agree:  That this offer and any contracts arising from it shall be subject to the Terms and Conditions of the contract and all other terms (if any) issued with the Fund; and  To supply the services in respect of which its offer is accepted in such quantities, to such extent and at such times as ordered; and  That this offer is made in good faith and that I have not fixed or adjusted the amount of the offer by or in accordance with any agreement or arrangement with any other person.  That, to the best of my knowledge, there are not any conflicts of interest or any circumstances that could give rise to a conflict of interest in the performance of the proposed contract. All actual or potential conflicts of interest are to be resolved prior to the submission of applications. In the event that any actual or potential conflict of interest comes to my attention, I will immediately notify Right to Succeed.  Name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Affiliate  Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *This assurance must be signed by an authorised signatory for the named organisation.* |

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| **Section 8 - Sharing Policies** |
| Alongside your application, please submit your budget breakdown/cost model and the following documents for **each partner**:   * Data Protection Policy * Finance Policy * Health & Safety Policy * Safeguarding Policy * Most recent annual financial report * Most recent charity annual report   Please note we may also ask for the following, depending on your application and project.  Depending on the application, we may also ask for   * Public Liability Insurance (Date) * Young Person Risk Assessment   If you do not have one of the above documents for an organisation, please explain below why this is the case: |

**Please submit your application via email to** [**cradle2career@righttosucceed.org.uk**](mailto:cradle2career@righttosucceed.org.uk)

**The deadline for applications is 21st March 2022.**

**Contact and Queries**

If you have any questions or would like further support, please contact Tom Staples at- [tomstaples@righttosucceed.org.uk](mailto:tomstaples@righttosucceed.org.uk)

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