

## **BYCA Holiday Activity Funding Application Form 2010**

**Please read the BYCA Holiday Funding Guidelines before completing this form.**

Please ensure all questions are answered fully using additional sheets of paper as necessary. If you have any questions, please call BYCA on (0117) 903 6495.

### **Section A: Group details**

Name of coordinating group: \_\_\_\_\_ Area of Bristol benefiting: *see Annex 1*

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Name of contact person: \_\_\_\_\_ Position within organisation: \_\_\_\_\_

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Contact address/telephone number/email: \_\_\_\_\_

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Membership of management committee:

Name	Agency	Address	Telephone number

Does your group have a Terms of Reference? **YES/NO** (delete as appropriate)

### **Section B: Details of the proposed scheme**

Please detail how the scheme you are planning meets the funding criteria.

**How does the scheme evidence the Every Child Matters outcomes?**

Please list any identified local aims or targets.

How many children or young people do you expect to benefit from your scheme?

How many do you plan to target?

How will your programme be publicised?

What activities are your group planning to offer?

Please state the proposed age range for the various activities.

If there is a charge to attend your activities, how much is charged per child?

Do you offer any free spaces? If so, how many and how can they be accessed?

Please enclose a draft timetable and transparent budget including income generated from other sources. Please continue on another page as necessary.

Please state how many young people are or will be involved in making decisions as part of your scheme. How will they be involved?

**Section C: Funding details**

How much is the proposed total cost of the scheme?

How much are you applying for?

**Please enclose an estimated budget including details of any in-kind contributions.**

If you are applying to any other sources of funding please detail the amount applied for, what they include and any that have been approved.

**Please also attach a transparent budget including income generated from other sources including parental contributions and funding for staff salaries etc.**

Does your group have its own access to a member's bank account? **YES/NO**  
If **YES**, please complete details below:

Named Account Holder: Account Name: Bank:
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**Section D: Declaration**

We understand that by accepting funding from Bristol Youth and Community Action we agree to use it only for the purposes stated in this application and will not assign it to any other purposes without the written permission of BYCA. We also agree to follow the monitoring and evaluation procedures outlined by BYCA and submit all records relating to the scheme by the relevant deadlines stated:

**February holiday grants**

February holiday application closing date: **January 8<sup>th</sup> 2010**  
 February holiday Monitoring & Reporting Deadline: **March 5<sup>th</sup> 2010**

**Easter and Whitsun holiday activity grants**

Easter and Whitsun holiday application closing date: **January 29<sup>th</sup> 2010**  
 Easter Monitoring & Reporting Deadline: **May 7<sup>th</sup> 2010**  
 Whitsun Monitoring & Reporting Deadline: **June 25<sup>th</sup> 2010**

**Summer holiday activity grants**

Summer holiday application closing date: **May 29<sup>th</sup> 2010**  
 Summer Monitoring & Reporting Deadline: **Sept. 25<sup>th</sup> 2010**

**October holiday grants**

October holiday application closing date: **September 17<sup>th</sup> 2010**  
 October Monitoring & Reporting Deadline: **November 26<sup>th</sup> 2010**

Please note: success of applications is dependent on satisfactory return of all monitoring and evaluation materials relating to previous BYCA grants funded.

Failure to comply may result in the rejection by BYCA of future funding applications. As representatives of the partnership applying for funding, we accept that individual groups hold responsibility for the planning, organisation and delivery of activities funded by BYCA. We understand that BYCA accepts no responsibility for unforeseen events, loss or damages.

Signature of person submitting the form:	Print name:
Date:	

Signature of representatives from each partner group: Print name and state partner group:

Date:	
Date:	
Date:	
Date:	
Date:	

Date:	
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**Section E: Enclosures**

Please tick to confirm the following information is enclosed with your application:

- A copy of the groups Terms of Reference including membership
- A draft programme for your holiday activity programme
- A copy of an estimated budget for the scheme

Please send completed forms to: Nicola Thomas, BYCA Administrator, Kenham House, Wilder Street, Bristol, BS2 8PD.

Successful applicants will be notified by post within 3 weeks of the closing date.

### Estimated Budget

<b>Activity Type</b>					
Number of sessions					
Maximum number of participants					
Age range					
Number of workers required					
Hours per worker					
<b>Expenditure</b>					
Materials and equipment/£					
Hire of specialist support/£					
Transport costs/£					
Entry fees and excursion costs/£					
Fuel/£					
Establishment costs/£					
Food/ refreshments etc./£					
Publicity and administrative costs/£					
<b>TOTAL</b>					
<b>Match funding/ in-kind support</b>					
Staff costs/£ per hour					
Establishment costs/£					
<b>TOTAL</b>					
<b>Income</b>					
BYCA					
Other funding/ fundraising					
Parental contribution					
<b>TOTAL</b>					

**Draft Timetable**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
<b>MORNING</b>							
<b>AFTERNOON</b>							
<b>EVENING</b>							
<b>OTHER</b>							