Office use only

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| : |  | Ref: |  | Rec’d: |  | Sig page rec’d: |  |



Family Hub - Network Community Champions 2023

Small Grant Application Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | What is your organisation/group called? *Give the organisation/group name as it appears on the bank account.* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **2** | | Describe the aim of your organisation/group and what your main activities are. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **3** | | Please give us your contact details (this person will be known as the Grant Contact): | | | | | | | | | | | | | | | |
| Title |  | | First name | | | |  | | | Surname | | |  | | |
|  | | | | | | | | | | | | | | | |
| Position in group | | | | |  | | | | | | | | | | |
| Contact Address | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Postcode: | | | |
|  | | | | | | | | | | | | | | | |
| Your phone number if we need to talk to you: | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | |  | | | |
| Your email address. | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |
| **4** | | Full address of where your activities will be based: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Postcode: | | | | |
|  | | | | | | | | | | | | | | | |
| **5** | | Identify the ward and neighbourhood/s you are applying to represent (Please specify): *Maximum of 3 areas per organisation/group.* | | | | | | | | | | | Ward:  Neighbourhood/s: | | | | |
| Ward:  Neighbourhood/s: | | | | |
| Ward:  Neighbourhood/s: | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **6** | | **What** activities will be supported/delivered if you are successful in applying for the grant? *Please give a description of the activities/groups you deliver and will link advocating the Family Hub and Start for Life offer as a FH (Family Hub) Network Community Champion (as outlined within section 2 of the guidance notes e.g., promoting key messages/opportunities, signposting families to services, accessing training, contributing to partnership meetings, promoting volunteer opportunities, sharing parent/carer voice etc).* | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
| **7** | | **How** will you achieve the following? *(Being more accessible, better connected, relationship focussed):* | | | | | | | | | | | | | | | |
| ***B1. More Accessible*** *(a clearly branded and communicated, simple point of access for earliest help and support):* | | | | | | | | | | | | | | | |
| ***B2. Better Connected*** *(statutory, private, voluntary, faith and community sector working together):* | | | | | | | | | | | | | | | |
| ***B3. Relationship-focussed*** *(Family hubs provide* *a central point of access to family services; relationships are the key - building on family strengths):* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **8** | | **When** will the activities take place?  *As this funding is a one-off payment which can be used to drive the progress of joining up services to work collaboratively,* *ultimately offering families a seamless pathway of support that meets their needs, please tell us when/where and how often activities will take place.* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **9** | | **Who** can take part? *Please give details of who you expect to attend, for example their ages, details of groups with protected characteristics etc and the volume of people expected to attend.* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **10** | **How** will this grant support in these ways of working becoming embedded in practice and self-sustaining post March 2025? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **11** | | **Why** do you think your organisation is best suited to drive these ways of working as a Family Hub Network Community Champion? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **12** | | If your activity will be delivered in an open space or in premises that are not owned by your organisation, have you obtained **written** **permission** from the landowner/landlord? Please tick √ the relevant box below:  *(If this is not applicable to your organisation please tick the N/A box)* | | | | | | | | | | | | | | | |
| Landowner / Landlord Consent | | | | | | Yes | |  | | | | No |  | N/A |  |
| Any other required consent(s) | | | | | | Yes | |  | | | | No |  | N/A |  |
|  | | | | | | | | | | | | | | | |
| **13** | | Have you taken advice about your insurance requirements and does your organisation have adequate **insurance** in place both for any items of equipment purchased and for the activities it delivers? Please tick √ the relevant box below: | | | | | | | | | | | | | | | |
| Yes | |  | | No | | | |  | **If no**, the application will be rejected at this stage | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **14** | Please provide ideas as to how you will spend the grant fund, demonstrate how you will support better connection, enhancing delivery to support Family Hub signposting and messages across your service delivery and activity to support building the Family Hub network (e.g., a display board, sensory resources, releasing staff to link with the free training offer etc): | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | Feedback  We are interested in your suggestions for improvements to this form. Any comments you have about the grants process as a whole are also welcome. Please write your views below. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Please note**: ***You must have a bank account in the name of your group.*** If your application is successful and your group is not already set up as a registered SCC (Sheffield City Council) ‘supplier,’ we will need you to set up your organisation on our finance system. You should receive this request in an email format from our Trade Supplier team asking you to follow a link that will take you to Sheffield City Council’s secure website to enter your details electronically. Please **do not** include any bank details for your group in this form. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please return this completed form by email or scan your form (a paper copy is not required) to [EarlyHelpTraining@sheffield.gov.uk](mailto:EarlyHelpTraining@sheffield.gov.uk) Applications close at midnight on Sunday 22nd October 2023. | | | | | | | | | | | | | | | | |
| Information; Successful applicants: A Signature and Grant Conditions form must be signed and returned to us as a paper copy/ scanned copy. | | | | | | | | | | | | | | | | |