**APPLICATION FORM**

**Learningskills LA6 Community Grant 2021-2023**

To be returned via email [LA6Communitygrants@gateshead.gov.uk](mailto:LA6Communitygrants@gateshead.gov.uk) to LA6 Community Grant Management Team, learningSkills, Gateshead Council, Dryden Centre, Evistones Road, Gateshead, NE9 5UR. Closing date for applications is **Friday 10th December 2021 at 5pm.** You will receive an automatic response as reciept of your application.

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| **1.0: Applicant Organisation Details (Not Scored)** | |
| Organisation name: |  |
| Charity registration number: (if applicable) |  |
| Company number: (if applicable) |  |
| Registered address: (including postcode) |  |
| Contact name for this project: |  |
| Position: |  |
| Email: |  |
| Phone number: |  |
| Organisational website: (if applicable) |  |

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| Name and address of **referee 1:**  someone who can provide a reference for your organisation e.g., previous contract management agent) | |  | |
| Name and address of **referee 2:**  someone who can provide a reference for your organisation e.g., previous contract management agent | |  | |
| Contact name of person responsible for Finance for this project: | |  | |
| Phone number and email address of person responsible for Finance for this project: | |  | |
| **2.0 Suitability Assessment (Pass/ Fail)** | | | |
| A. | Is your organisation a Third Sector Organisation? | | Yes ☐ No ☐ |
| B. | UKPRN No.  To be eligible for funding you must have a UKPRN. Setting up a UKPRN is easy; please find the link to set up a UKPRN here: <https://www.ukrlp.co.uk/>, if you do not already have one. | |  |
| C. | Delivery Location  To be eligible for funding you must be able to deliver the project within at least one of the six local authority areas. You must complete an application form for EACH AREA you want to deliver in (to a maximum of 3 areas). Please tick ONE AREA ONLY. | | Northumberland ☐  North Tyneside ☐  Newcastle ☐  Gateshead ☐  South Tyneside ☐  Sunderland ☐ |
| D. | DBS Requirements  Will all staff and volunteers who will have direct contact with vulnerable adults have an enhanced DBS check that evidences no concern? | | Yes ☐ No ☐ |

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| E. | Please provide a designated person(s) for:  Health and Safety, Equality and Diversity, and Safeguarding/ Prevent | Health and Safety Designated Person Name:  Equality and Diversity Designated Person Name:  Safeguarding/ Prevent Designated Person Name: |
| F. | Has your organisation met the terms of its banking facilities and loan agreements (if any) in the last year? | Yes ☐ No ☐ |
| G. | Have you met all obligations to pay creditors and employees? | Yes ☐ No ☐ |
| H. | Is your organisation in breach of obligations related to the payment of tax or social security contributions? | Yes ☐ No ☐ |
| I. | I declare that the directors/ governors of the organisation or any company that they have owned **have not** been investigated for fraud | Yes ☐ No ☐ |
| J. | I declare that the directors/ governors of the organisation or any company that they have owned **have not** been declared bankrupt | Yes ☐ No ☐ |

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| **3.0 Overview of the Project**  **MAXIMUM WORD COUNT 1000 WORDS (15 Marks)**  Please give details of the types of programme(s) you would like to offer that will meet the targets and outcome requirements. Information should be given, but not limited to:   * Organisational overview – what is the core of your organisation, what do you offer your Community? What are your service user’s needs, and barriers to learning/work? How will your project help to overcome these barriers? * Programme overview with details of how your delivery will be structured * How you intend to engage with participants who are economically inactive and unemployed * How you intend to specifically engage with participants from BAME communities * How you intend to specifically engage with participants with learning difficulties/ disabilities * How you will recruit your learners, or utilise recruitment opportunities to ensure you recruit the right learners and meet your anticipated learner numbers * How you will ensure all learners have a positive progression, particularly into Employment? * How will you demonstrate you have considered local Labour Market need? * How will you introduce learners to Employment Opportunities, and local Employers (visits, guest speakers etc.)? * Should restrictions be imposed due to COVID 19, how will you ensure delivery continues? | | | | | |
| **Start Date of Project:** |  | **End Date of Project:** |  | **Anticipated Learner Numbers:** |  |
| **Minimum Learner Hours (per learner):** |  | | **Project Name(s):** |  | |
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| **4.0 Finance**  **NO WORD COUNT (10 Marks)**  Please provide a breakdown of the anticipated expenditure over the whole duration of the project. Please refer to the application form guidance for a breakdown of eligible spend and details of what types of spend should be recorded under each heading. | | | | | |
| **Staffing Costs** | **£ Amount** | **Participant Costs** | **£ Amount** | **Other Costs** | **£ Amount** |
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| **Total** | **£** | **Total** | **£** | **Total** | **£** |
| **Total Project Funds Requested (do not exceed £20k):** | | **£** | | | |

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| **5.1 Track Record and Impact: Please answer 5.1 OR 5.2**  **MAXIMUM WORD COUNT 500 WORDS (10 Marks)**  Please complete the table below **detailing similar projects you have delivered in the past** and explain your experience in delivering these, including the impact that you have made through the delivery. | | | | | | | |
| **Course Name/Details** | **No. of Starts** | **No. of Achievers** | **Success %** | **Total participants engaged in accredited provision** | **Total participants engaged in non - accredited provision** | **No. of participants who progressed into further learning** | **No. of participants who progressed into Employment** |
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| **Impact of delivery:** | | | | | | | |
| **5.2** **Track Record and Impact:**  **MAXIMUM WORD COUNT 500 WORDS (10 Marks)**  If you **have not delivered a similar project before**, please give details of the anticipated impact of your project | | | | | | | |
| **Anticipated impact of delivery:** | | | | | | | |

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| **6.0 Project Management**  **MAXIMUM WORD COUNT 1000 WORDS (20 Marks)**  How will you manage the proposed programme(s) including:   * How you will ensure the project remains on track and all financial and learner targets are met * The retention strategies in place to support learners to complete the programme, achieve and progress * How you will provide impartial information, advice and guidance throughout the project * How you will ensure learners progress to voluntary work, further learning and/or employment, and how you will evidence this |
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| **7.0 Profile**  **NO WORD COUNT (15 Marks)**  Please complete the profile below indicating the funding amount you are applying for, (max amount available is £20,000), number of starts, completions and progressions including number of participants you expect to recruit in line with the target groups of the project. Please note that under target group, individuals can be counted against more than one target, for example Female and 50+. | | | | | | | | | | | | | | | |
| **Funding Amount Requested:** | | |  | | | | | | | | | | | | |
| **Month** | **Jan 2022** | **Feb ‘22** | | **March ‘22** | **April ‘22** | **May ‘22** | **June ‘22** | | **July ‘22** | **Aug ‘22** | | **Sept ‘22** | **Oct ‘22** | **Nov ‘22** | **Dec ‘22** |
| **Starts** |  |  | |  |  |  |  | |  |  | |  |  |  |  |
| **Completions** |  |  | |  |  |  |  | |  |  | |  |  |  |  |
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| **Target Group:** | | | | | | | | | | |
| Estimated number of inactive participants | | | | | | | |  | | |
| Estimated number of unemployed participants | | | | | | | |  | | |
| Estimated number of over 50’s | | | | | | | |  | | |
| Estimated number of BME participants | | | | | | | |  | | |
| Estimated number of learning difficulties/ disabled participants | | | | | | | |  | | |
| Estimated number of female participants | | | | | | | |  | | |
| **Progressions:** | | | | | | | | | | |
| Estimated to further learning or training | | | | | | | |  | | |
| Estimated to voluntary work | | | | | | | |  | | |
| Estimated to employment | | | | | | | |  | | |

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| **8.0 Quality**  **MAXIMUM WORD COUNT 500 WORDS (10 Marks)**  What quality assurance processes do you have in place that will ensure the project delivery is high quality? Please explain how you will ensure that learners’ experience whilst on the project is excellent and what systems and processes you have in place to support this. You should also describe how you will record the learner experience including but not limited to:   * Learner satisfaction surveys * Case studies * Good news stories * Sharing best practice * Recognising and recording learner progress and achievement |
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| **9.0 Staffing**  **MAXIMUM WORD COUNT 500 WORDS (10 Marks)**  Who will be responsible for the strategic management, operational management and delivery of the project? Please provide details of the staff and volunteers available to you. Details should include:   * Organisation staffing structure * Availability of staff/ volunteers to the organisation * Relevant work history of staff/ volunteers * Qualifications of staff/ volunteers * The organisations continuous professional development arrangements |
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| **10. Equality, Diversity and Inclusion, Safeguarding and Prevent and Health and Safety**  **MAXIMUM WORD COUNT 500 WORDS (5 Marks)**   * Who in your organisation is responsible for Equality, Diversity and Inclusion, Safeguarding and Prevent and Health and Safety (please provide a named person for each) * Please state your Covid-19 risk assessment and plan. * How will you ensure that you comply with current legislation and promote it positively throughout your organisation to staff, volunteers, and participants? |
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| **11. Financial Sustainability**  **NO WORD COUNT (5 Marks)**  What other funding do you receive and where from? How will you manage the risk in terms of financial sustainability? Information should be given but not limited to:   * Annual income for the past 3 years * Are you currently in receipt of direct funding from the ESFA/ DWP? * Current and past funding * Name and branch of bank who could provide a reference * If asked, what financial records could you provide in evidence of the current cash and credit position or any of the above? * If no evidence is available, would the directors of the organisation be happy to undergo credit checks? | | | | | | |
| Confirmation of annual income: | | | | | | |
| **2020/ 2021** | | **2019/ 2020** | | | **2018/ 2019** | |
| £ | | £ | | | £ | |
| Are you currently in receipt of direct funding from the ESFA/ DWP?  Yes ☐ No ☐  **If yes**, please provide further details: | | | | | | |
| Please provide details of the funding you have received in the last 3 financial years: | | | | | | |
| **Name of Funding Received** | **Details of what this was for** | | **Amount** | **Date funding started** | | **Date funding expired** |
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| Can you provide financial records that evidence your current cash and credit position?  Yes ☐ No ☐ | | | | | | |
| **If no**, are the Directors of your organisation willing to undergo a credit check?  Yes ☐ No ☐ | | | | | | |

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| **DECLARATION**  **Note:** Please ensure that a person who is appropriately authorised to act on behalf of your organisation(s) completes the following declaration and submits the application form by e-mail. **YOU MUST DIGITALLY SIGN THE FORM IN THE BOX BELOW.** | |
| I confirm that the information given in this application is true and complete and that, if successful, the organisation will administer any funding in accordance with the Terms and Conditions applied by LearningSkills. I understand that the information will be used in the evaluation process to assess my organisation’s ability to deliver to a grant agreement, if awarded. | |
| **APPLICATION COMPLETED BY:** | |
| Name: |  |
| Position (Job Title): |  |
| Signature: |  |
| Date: |  |
| Telephone number: |  |

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| **12. Capacity Building**  **MAXIMUM WORD COUNT 500 WORDS (20 Marks – NOT PART OF THE OVERALL MARKS)**  How will you use the grant to build your organisation and structure to be better able to progress unemployed/ inactive people towards unemployment? Information should be given but not limited to:   * What activities/ resources etc. do you intend to access to support capacity building for your organisation * A breakdown of costs and how these have been sourced (please enter these in Question 4. Finance with the prefix CB) * What impact will this have on your organisation in both the short and longer term * How do you intend to monitor and evidence the impact | |
| **Funding amount requested for Capacity Building: £** | **% Proportion of funding requested for Capacity Building:**  *(Max allowance is 30%)* |
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