

PREVENTION AND EARLY HELP SERVICE APPLICATION FORM FOR SMALL GRANTS

For assistance in completing this form, please contact your local Prevention and Early Help district coordinator or local Young People's Service manager.

Please complete each section fully. Any incomplete applications will be returned.

Where possible, please complete electronically and return by email to [Prevention & Early Help](#)

ABOUT THE APPLICANT (GROUPS OR ORGANISATIONS)	
A	Name of organisation/group:
	Contact name:
	Position in organisation/group
	Contact address (incl. postcode):
	Telephone number:
	Email address:
	Website address (if applicable):
	YP Service Registration Number (if applicable):

DISTRICT INFORMATION									
Which district(s) will you be delivering the activities or services? <i>(if you are delivering across more two or more districts, please tick each that applies and indicate what proportion of funding you are requesting from each of the districts)</i>									
B	Burnley	<input type="checkbox"/>	%	Chorley	<input type="checkbox"/>	%	Fylde	<input type="checkbox"/>	%
	Hyndburn	<input type="checkbox"/>	%	Lancaster	<input type="checkbox"/>	%	Pendle	<input type="checkbox"/>	%
	Preston	<input type="checkbox"/>	%	Ribble Valley	<input type="checkbox"/>	%	Rossendale	<input type="checkbox"/>	%
	South Ribble	<input type="checkbox"/>	%	West Lancashire	<input type="checkbox"/>	%	Wyre	<input type="checkbox"/>	%

ABOUT YOUR ORGANISATION (ORGANISATIONS ONLY)			
Which of the following documents does your organisation have?			
C	Constitution	<input type="checkbox"/>	Set of Rules <input type="checkbox"/>
	Terms of Reference	<input type="checkbox"/>	Articles of Association <input type="checkbox"/>
	Minutes of a meeting at which this application was discussed	<input type="checkbox"/>	Safeguarding policy <input type="checkbox"/>
	Vulnerable children and adults policies	<input type="checkbox"/>	Equalities policy <input type="checkbox"/>
	Other (please state below after referring to guidelines):		

How many people are there in your organisation?				
Paid staff		Volunteers		Total Members*
*Please include here the total number of people who use your organisation				
Do all staff who will be working directly with children and young people have up to date DBS clearance?			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
If no, please provide details as to why you feel clearance is not necessary:				
Has your organisation received funding from ANY government grant source in the last 3 years?				
Yes (provide details below)	<input type="checkbox"/>	No	<input type="checkbox"/>	<i>(if the amount received is over 200,000 euros you will not be eligible for further government funding)</i>
Date received	Source		Amount received	
Enter a date.				
Enter a date.				
Enter a date.				
Enter a date.				
Enter a date.				
Enter a date.				

ABOUT YOUR GROUP (GROUPS ONLY)	
D	When and where do you meet?
	How often do you meet?
	How do children, young people or families find out about you?

PRIORITIES?			
Please indicate below which priorities your application meets?			
E	Offer structured and planned programmes to enable children, young people and families to develop their personal and social skills	<input type="checkbox"/>	Involve children, young people and families in the planning and development of activities
	Provide sporting and other physical activity, positive activity, encouraging personal development, innovation and creativity, residential opportunities, other recreational, creative, cultural, sporting and enriching activity	<input type="checkbox"/>	Provide a safe enjoyable meeting place which may be in areas with no other provision with safe travelling distance
	Help young people pursue their ambitions	<input type="checkbox"/>	Other (provide details below)

Please indicate which of the CYPP priorities your application meets?			
Lancashire babies are born health and have the best possible physical and emotional start in life	<input type="checkbox"/>	Children and young people's health and wellbeing is improved through healthy lifestyle choices	<input type="checkbox"/>
Children and young people are safe and effectively protected from physical and emotional harm and neglect	<input type="checkbox"/>	All of Lancashire's children and young people perform well in education at all stages, regardless of their background or circumstances	<input type="checkbox"/>
Children and young people access and make effective use of a range of positive activities in their spare time	<input type="checkbox"/>	All of Lancashire's children and young people make a positive contribution, regardless of their background or circumstances	<input type="checkbox"/>
The impact of family poverty is minimised and young people aspire to contribute to the economic wellbeing of Lancashire	<input type="checkbox"/>	Children, young people and their families are enabled to achieve their potential and prosper, regardless of their background or circumstance	<input type="checkbox"/>

DETAILS OF PROJECT	
F	<p>Include as much detail below as possible about your project. For example, what types of programmes will be delivered, i.e. specific workshops, trips and days out. Include the dates when any events will take place and state who will be responsible for, and own any items purchased.</p>
	<p>How will this project support children, young people and families and have a positive impact on their lives? E.g. improving learning, personal and social skills, building resilience etc.?</p>
	<p>How were children, young people and families involved in the design of the project and how will they be involved in developing and running it?</p>

ABOUT YOUR APPLICATION																		
G	How many people will benefit from the project if you are successful?																	
	Please indicate below which age groups will be able access your project:																	
	<table border="0"> <tr> <td>Pre-birth to 5 years old</td> <td><input type="checkbox"/></td> <td>5 to 11 years old</td> <td><input type="checkbox"/></td> <td>12 to 16 years old</td> <td><input type="checkbox"/></td> <td>16 to 19 years old</td> <td><input type="checkbox"/></td> </tr> </table>	Pre-birth to 5 years old	<input type="checkbox"/>	5 to 11 years old	<input type="checkbox"/>	12 to 16 years old	<input type="checkbox"/>	16 to 19 years old	<input type="checkbox"/>									
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	<table border="0"> <tr> <td>19 to 25 years old*</td> <td><input type="checkbox"/></td> <td>Parents and Carers</td> <td><input type="checkbox"/></td> <td colspan="3">*those with learning difficulties or disabilities</td> </tr> </table>	19 to 25 years old*	<input type="checkbox"/>	Parents and Carers	<input type="checkbox"/>	*those with learning difficulties or disabilities												
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	Please indicate which genders will be able access your project	<table border="0"> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>												
	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>														
Will the funding benefit vulnerable children, young people and families? Please tick relevant boxes:																		
<table border="0"> <tr> <td>Looked after or leaving care</td> <td><input type="checkbox"/></td> <td>Homeless</td> <td><input type="checkbox"/></td> <td>Not in education, employment or training</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Young carers</td> <td><input type="checkbox"/></td> <td>Lesbian, gay, bisexual or transgender</td> <td><input type="checkbox"/></td> <td>Learning difficulties or disabilities</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Young parent</td> <td><input type="checkbox"/></td> <td>Black or minority ethnic young people (incl.</td> <td><input type="checkbox"/></td> <td>Involved in crime/ASB (i.e. YOT, Police etc.)</td> <td><input type="checkbox"/></td> </tr> </table>	Looked after or leaving care	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Not in education, employment or training	<input type="checkbox"/>	Young carers	<input type="checkbox"/>	Lesbian, gay, bisexual or transgender	<input type="checkbox"/>	Learning difficulties or disabilities	<input type="checkbox"/>	Young parent	<input type="checkbox"/>	Black or minority ethnic young people (incl.	<input type="checkbox"/>	Involved in crime/ASB (i.e. YOT, Police etc.)	<input type="checkbox"/>
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		Gypsy, Roma, Travellers)			
Living in rural isolation	<input type="checkbox"/>	From a low income family	<input type="checkbox"/>	A family 'just coping' or 'struggling to cope' (levels 2 and 3 of Lancashire's Continuum of Need)	<input type="checkbox"/>

PROJECT COSTS						
Provide a breakdown of what you plan to spend the grant on: (Max. £5,000 (£2,000 if YPS) Where possible, please prioritise your breakdown in case we cannot fund all of it)						
H	Item/Activity you want funding for (where possible, please list in order of importance, beginning with most important)			£		
				£		
				£		
				£		
				£		
				£		
				£		
				£		
				£		
				£		
				£		
	Total grant amount requested:			£		
	Project Total (this is the total amount your project will cost):			£		
Are you self-funding any aspects of this project or seeking financial support from any other organisations?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, from whom and for how much?						
If you do not get all the funds you are applying for, or only a percentage of what you require, how would you manage this and what would be the implications for your project?						

DECLARATION

We declare that all the information contained in this application is accurate and correct to our knowledge.

We understand that by signing this form, if the application is approved by LCC Early Support, we are contracting to spend the funding as stated in this application form and to provide the monitoring and other information required under the terms.

(please note, the two signatories cannot be related to each other)

Organisation Name	
Name 1	
Signature 1	
Position in organisation or group (preferably chair or leader)	
Date	Enter a date.
Name 2	
Signature 2	
Position in organisation	
Date	Enter a date.