**It Takes a Village Grant Fund**

**2024-26**

**PROPOSAL FORM**

1. **Organisation Details:**

Name of group, organisation or service: …………………………………………………………………

Charity Number………………………………………………………………………………………………………

Are you are Community Interest Company ………………………………………….

Company Number (Companies House) ………………………………………………………………………………………………….

Registered with Young K&C ……………………………………………………….

Lead contact name: ………………………………………………………………………………………………..

Position in organisation: …………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………..

Telephone number and extension: ………………………………………………………………………….

Website……………………………………………………………………………………………………………………

Email address: …………………………………………………………………………………………………………

1. **Give a brief outline of your organisation to include the local services provided within Kensington and Chelsea and your specialism in working with CYP. 300 words max**
2. **Which wards in North Kensington are you targeting for the project/activity?**

* All 5 Wards
* Golborne
* Dalgarno
* Colville
* Notting Dale
* St Helens

1. Proposal Outline (20%): 400-word max

**Provide an overview of the project that you would like to be funded and why?**

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1. **How will you ensure the appropriate safeguarding of CYP in delivering the project including managing risk/tensions and the safety planning associated with those who require it (10%) 300 words max.**
2. What is the target reach for your project/activity including the risk areas/vulnerabilities (described in item 2 of the guidance), age and gender of CYP to be addressed/targeted (10%). 300 words max.
3. **How will the target group be identified, engaged, referred or signposted into the project/activity? (10%) 300 words max.**
4. **Outline the key activities to be delivered as part of the project (10%) This should include the estimated days/times that the proposed activity will run.**

Year 1 (October 2024 to March 2025) 200 words

Year 2 (April 2025 to March 2026) 200 words

1. **Project Outcomes and Impact**

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| --- | --- | --- |
| **High Level Outcomes** | **Project Outcomes** | **Choose a minimum of two High-Level Outcomes and a minimum of two of the aligned Project Outcomes and explain how the project outcomes will be met through the project activities (20%) 400 words max in total.** |
| **CYP Victims are identified and supported** | Reduced risk of victimisation |  |
| Reduced risk of child sexual and/or criminal exploitation |  |
| **CYP are supported to engage in healthy behaviours that will reduce their vulnerability to harm and exploitation** | Improved understanding of issues related to harm and exploitation |  |
| Increased feelings of safety |  |
| Improved understanding of safety (including online safety) |  |
| Increase in positive peer relationships |  |
| Improved healthy relationship attitudes and behaviours.  Increased feeling of having a trusted adult in young person’s life. |  |
| **Young people have increased opportunities to generate sustainable and satisfactory income, through training, business or employment:** | Increased opportunities for young people entering sustained employment |  |
| Improved employability skills and training (including improved attitude to work / career management skills and qualifications) |  |
| Increased business/entrepreneurial skills |  |
| **Organisations working with children and young people at risk of harm/ engaging in harmful behaviour have improved knowledge and practice to identify risk factors and support children and young people.** | Improved information sharing between agencies on CYP at risk |  |
| Victims being better supported |  |
| Increased ability for professionals to identify and support children and young people who have witnessed or experienced violence and abuse (including domestic abuse) |  |
| Improved practitioners’ response to safeguarding risks |  |

1. Outcomes and Impact Measurement

How will you monitor the delivery of the selected outcomes and activities to demonstrate that they are or have made a difference? **(10%) 300 words max.** Are there any other or outcomes expected from the project.

* You can use quantitative information i.e., the number of workshops or sessions delivered, or number of people engaged, referrals, signposting etc. which are linked to delivery of outcomes.
* You can also use qualitative information i.e., assessing people’s views and experiences via a questionnaire, for example looking at how young people feel they can handle situations as a result of activities or journey travelled to assess the impact before and after.

1. **Mobilisation and Engagement Plan (5%) 200 words max.** You may include a table.

Include a brief mobilisation plan which provides a timeline, estimated dates/activities for the lead up to delivery and a plan for how the target cohort and/or multi-agency partners will be engaged.

If your activity involves delivering workshops or training in schools/educational settings, please include details about how you will engage with these settings to ensure that the activity can be delivered successfully.

1. Added/Social Value (5%) 200 words max.

Please describe how your organisation will deliver social/added value for the benefit of residents and communities in Kensington and Chelsea for example via existing local relationships, via the particular specialisms of your organisation, through resources your organisation is able to access to increase/enhance the service offer.

1. Project Risks and Mitigation

Detail key risks to the project and how these will be mitigated:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Risk** | **Date of Impact** | **Possible Result** | **Action to Mitigate** | **Lead Person** |
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1. **Project Costs**

|  |
| --- |
| £ |

**How much are you applying for?**

**Max grant is up to £14,000 in Year 1 and up to £28,000 in Year 2 per organisation.**

1. **Please provide a clear expenditure breakdown summary below of how you intend to spend the funds over two financial years. Management costs should not exceed 10% of the total grant.**

**Year 1 (1st October 2024 to 31st March 2025**

|  |  |
| --- | --- |
| **Amount** | **Description of Spend** |
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|  |  |
| **TOTAL** | **£** |

**Year 2 (1st April 2025 to 31st March 2026**

|  |  |
| --- | --- |
| **Amount** | **Description of Spend** |
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|  |  |
| **TOTAL** | **£** |

1. **Is there any additional information that you would like to include?**

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**15. Declaration**

The information provided above is true and correct to the best of my knowledge:

Signed……………………………………………………………………………………………………………………….

Position in organisation…………………………………..............................................................

On behalf of (name of organisation) ……………….............................................................

Date…………………………………………………………………………………………………………………………...

**ANNEX A**

**Grant** **Application 2024-26  
QUESTIONNAIRE**

1. **CONTACT DETAILS – complete all sections that apply to your organisation.**

|  |  |
| --- | --- |
| **A1** Name of Organisation: | |
| **A2** Address of Organisation: | |
| **A3** Telephone: | **A4** Mobile: |
| **A5** Fax: | **A6** Email: |
| **A7** Website: | |
| **A8** Contact Name and Position held: | |

1. **LEGAL STATUS**

|  |
| --- |
| **B1** Charity Registration Number: |
| **B2** Limited Company Registration: |
| **B3** Other: |
| **B4** Are you registered with the Disclosure and Barring Service? **Yes No**  Or with an Umbrella Body (Give name of umbrella body)? **Yes No**  Do all staff who have direct contact with children, young people and/or vulnerable adults have current DBS disclosure references? Or will you undertake to ensure that this is in place prior to the commencement of the activity? **Yes No** |

1. **CURRENT FINANCIAL INFORMATION**

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| --- |
| **C1** Do you currently receive a grant from the Council? **YesNo** |
| **C2 Value of grants** Have you received any grants from RBKC including Community Safety in the last three years? **YesNo**  If Yes, when, for how much and what was it for? Please outline this below if relevant. |
|  |
| **C3 How is your organisation funded?** |
| **C4** What is the **expected total income** for the organisation in 2024/25:  £ |
| **C5** What is the **expected total expenditure** for the organisation in 2024/25:  £ |

1. **REFERENCES:** Please provide the details of two references from the last three years particularly where your organisation has delivered similar services

**Reference 1**

|  |  |
| --- | --- |
| **D1** Name: | |
| **D2** Organisation: | |
| **D3** Position: | |
| **D4** Address: | |
| **D5** Telephone Number: | **D6** Email: |
| **D7 Brief outline of services or work that your organisation delivered for this organisation** | |
| **D8** Has the referee been told that they may be approached? Yes/No | |

**Reference 2**

|  |  |
| --- | --- |
| **D1** Name: | |
| **D2** Organisation: | |
| **D3** Position: | |
| **D4** Address: | |
| **D5** Telephone Number: | **D6** Email: |
| **D7 Brief outline of services or work that your organisation delivered for this organisation** | |
| **D8** Has the referee been told that they may be approached? Yes/No | |

**ANNEX B**

|  |
| --- |
| **Tick if attached** |
|  |

**E: Finances**

E1 Please provide a copy or link toyourorganisation’s most recent signed Audited Accounts with this application. If you are a small organisation this can be an Independent Examiners Report.

**F: Policies and Inspection Reports**

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| --- | --- |
| **Yes** | **No** |
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Does your organisation have the following policies/insurances, and are they available upon Request? We will inform you if and when we require these documents. Please check the box for the documents you have readily available:

F1: Safeguarding Children Policy

F2: Safeguarding Adults Policy

F3: Employer’s liability AND Public & Products Insurance Policies up to the value of £5m for each (This is mandatory for all programmes and cannot be changed)

F4: Professional Indemnity Insurance (the current level is set at £2m), however this might change subject to the activity being delivered.

F5: In addition to the above, RBKC expects all funded organisations to have appropriate governance, management, and service policies in place, particularly those required by legislation. If the grant application is successful, RBKC may request to inspect these policies and procedures. Tick only if the organisation has the relevant policies in place.

F6: Data protection policy and complete the Data Protection form on the following page.

Complete the data processing form below:

**PROCESSING, PERSONAL DATA AND DATA SUBJECTS**

1. The Delivery Body shall comply with any further written instructions with respect to processing by the Customer.
2. Any such further instructions shall be incorporated into this Schedule.

|  |  |
| --- | --- |
| **Description** | **Details** |
| Subject matter of the processing |  |
| Duration of the processing |  |
| Nature and purposes of the processing |  |
| Type of Personal Data |  |
| Categories of Data Subject |  |
| Plan for return and destruction of the data once the processing is complete UNLESS requirement under union or member state law to preserve that type of data |  |