**Waltham Forest**  **Holiday Activities and Food (HAF) Programme 2024**

Application form   - Summer 2024

Waltham Forest has been awarded grant funding from Department for Education to deliver holiday activities and food provision for children aged 5-16 who are on free school meals during school holidays. However, the grant funding received will only enable approximately 15% of children on free school meals to access activities and food. Full DfE guidance can be found [here](https://www.gov.uk/government/publications/holiday-activities-and-food-programme/holiday-activities-and-food-programme-2021)

This is the application form for holiday activity and food providers in the borough who wish to apply for funding to run HAF activity over the Summer holidays 2024. This application form applies ONLY for any provision you wish to run during Summer 2024.

Please ensure all sections of the application is completed. Incomplete or applications after the deadline will not be considered.

**Key dates**

1. **Application and programme process timing**

|  |  |
| --- | --- |
| Friday 19th April 2024 | HAF Summer 2024 Applications go live |
| Friday 17th May 2024 | HAF Summer 2024 funding applications deadline |
| Thursday 23rd May  2024 | HAF Summer 2024 notification of application outcomes |
| Monday 29th July – Friday 23rd August 2024 | HAF Summer 2024 delivery window Various provision available throughout  Summer |

**Section 1**

**About your organisation**

|  |  |  |
| --- | --- | --- |
| **Question** | **Your answer** | **Additional information** |
| **Lead organisation’s name** |  | This is who the grant will be paid to. |
| **Charity/Company number** |  |  |
| **Contact name** |  |  |
| **Position** |  |  |
| **Email address** |  |  |
| **Telephone number** |  |  |
| **Registered organisation’s address** |  |  |
| **Website address** |  |  |
| **Type of organisation** | Maintained school  Private provider  Voluntary sector organisation  Other, please specify … Click or tap here to enter text. |  |
| **Has the organisation traded under any other names?** | Yes  No  If YES, please provide detail … Click or tap here to enter text. |  |
| **Your Ofsted registration number(s)** |  | *Only if applicable.* |

**Section 2**

**Logistics of programme**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Information needed** | **Your answer** | | | | **Additional information** |
| **1** | **Are you applying to deliver more than one HAF programme?** | Yes  No  If yes, please specify how many … Click or tap here to enter text. | | | | For example, working across multiple sites or different age groups at different periods.  **When delivering more than one HAF programme across different sites – a new application will need to be completed** |
| **2** | **What is the name of your HAF project?** |  | | | |  |
| **3** | **What type of HAF programme model are you applying to deliver?** | Integrated HAF model | | | | A holiday provider applying for funding to open places to those in receipt of benefit-related FSM. |
| HAF specific model | | | | A holiday provider applying for funding to run a programme exclusively for those in receipt of benefit-related FSM. |
| Other, please outline … Click or tap here to enter text. | | | |  |
| **4** | **Please provide the main delivery venue address with postcode.** | **Venue**  Address: Click or tap here to enter text.  Postcode: Click or tap here to enter text. | | | | Please list all venues that you plan to deliver across |
| **5** | **DBS check declaration** | I can confirm all delivery staff will hold a current Disclosure and Barring Service (DBS) check and that I am not aware of any reason they should not work with children and young people. | | | |  |
| **6** | **Will you be using volunteers to support your programme delivery?** | Yes  No  If yes, please complete this DBS declaration if your volunteers will be regularly assisting delivery …  I can confirm relevant volunteers will hold a current DBS check and that I am not aware of any reason they should not support children and young people on this programme. | | | | Guidance: [Keeping children safe during community activities, after-school clubs and tuition: non-statutory guidance for providers running out-of-school settings - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/keeping-children-safe-in-out-of-school-settings-code-of-practice/keeping-children-safe-during-community-activities-after-school-clubs-and-tuition-non-statutory-guidance-for-providers-running-out-of-school-settings#section-3-suitability-of-staff-and-volunteers) |
| **7** | **How many participants can you accommodate each day?** | Number of daily eligible HAF places | Click or tap here to enter text. | | | Places for some participants may be funded by other sources including parents, other funding grants, a scholarship, etc.  Vulnerable children places can make up to 15% of total places offered |
| Number of daily paid places for non-eligible families | Click or tap here to enter text. | | |
| Total number of places for vulnerable children | Click or tap here to enter text. | | |
| Total number of daily places | Click or tap here to enter text. | | |
| **8** | **What will be the age range of HAF participants your project could accommodate?** | Minimum | Choose an item. | | | Click to select from the drop-down list. |
| Maximum | Choose an item. | | |
| **9** | **Will your project cater specifically for participants from any of the following categories?** | Young people aged 14-to-16-years  Special Educational Needs and Disabilities (SEND)  Other, please specify … Click or tap here to enter text. | | | |  |
| **10** | **Please list the times and duration of each planned HAF session on the relevant days.** | **Date** | **Start time** | **Finish time** | **Duration** (in hrs) | Times and duration should represent the delivery time that HAF participants will be attending, indicating the start and finish times for participants.  Please refer to the programme information pack to ensure you understand the programme requirements.  You will need to add up the duration of each session to provide the total number of delivery hours at the end of the table. |
| Monday 29th July 2024 |  |  |  |
| Tuesday 30th July 2024 |  |  |  |
| Wednesday 31st July 2024 |  |  |  |
| Thursday 1st August 2024 |  |  |  |
| Friday 2nd August 2024 |  |  |  |
| Monday 5th August 2024 |  |  |  |
| Tuesday 6th August 2024 |  |  |  |
| Wednesday 7th August 2024 |  |  |  |
| Thursday 8th August 2024 |  |  |  |
| Friday 9th August 2024 |  |  |  |
| Monday 12th August 2024 |  |  |  |
| Tuesday 13th August 2024 |  |  |  |
| Wednesday 14th August 2024 |  |  |  |
| Thursday 15th August 2024 |  |  |  |
| Friday 16th August 2024 |  |  |  |
| Monday 19th August 2024 |  |  |  |
| Tuesday 20th August 2024 |  |  |  |
| Wednesday 21st August 2024 |  |  |  |
| Thursday 22nd August 2024 |  |  |  |
| Friday 23rd August 2024 |  |  |  |
| **Total number of delivery hours** | | |  |
| **11** | **How will you promote your scheme and target the recruitment to those receiving benefit-related free school meals?** | Click or tap here to enter text. | | | | (No more than 50 words) |
| **12** | **Describe your HAF project to participants in no more than 20 words.** | Click or tap here to enter text. | | | | If this application is successful, this will feature of the HAF listing that is promoted to families. |

**Section 3 - HAF programme framework of standards**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Information needed** | **Your answer** | | | **Additional information** |
| **Food** | | | | | |
| **13** | **What meals will you be providing as part of your HAF project?** | Breakfast  Lunch  Tea/dinner  Snacks | **Will the meal(s) be hot, cold or a combination over the course of the project?** | Hot  Cold  Combination | Please refer to **National HAF programme framework of standards** of the programme information pack to ensure you understand the programme requirements. |
| **14** | **Will you be using an external food provider?** | Yes  No  If yes, please detail …   * Name of organisation Click or tap here to enter text. * Food provider’s food hygiene inspection rating (this must be between 3 to 5) Choose an item. | | | Please email [wfholidayactivityprogramme@walthamforest.gov.uk](mailto:wfholidayactivityprogramme@walthamforest.gov.uk) for support in being signposted to potential food providers.  Waltham Forest is working with Waltham Forest School Catering Service to provider catering within school kitchens. If you plan to use a school kitchen please contact WF to confirm if this is possible for your site |
| **15** | **Please describe your food offer and how you will meet the following food standards** |  | | | What measures are in place to capture and adhere to any dietary requirements, including those associated to allergens?  • What measures do you have in place to keep the food either hot until serving or chilled?  • Provide an example of a meal you will serve with a list of the ingredients, to demonstrate how you will adhere to the School Food Standards.    **(No more than 250 words)** |
| **Enriching activities** | | | | | |
| **16** | **Will you be using any external activity or experience providers?** | Yes  No  If yes, please list the organisation(s) confirmed … | | | Ensure you are familiar with lines of accountability. The council may ask for evidence of activity risk assessments at any time. |
| **17** | **Will you be taking participants offsite?** | Yes  No  If yes, please provide details … Click or tap here to enter text. | | | The council may ask for evidence of travel and activity risk assessments at any time. |
| **18** | **Outline the enriching activities you plan to include in your HAF project.**  **HAF framework standard: Enriching activities** |  | | | **(No more than 250 words)**  **This should include physical activity sessions that will help achieve the recommended physical activity guidelines. Please include information on how you will support children with SEND** |
| **19** | **Outline how your project will help participants achieve the recommended 60 minutes of daily physical activity.** |  | | | **(No more than 200 words)**  **This should include how activities will be adapted for children with SEND** |
| **Increasing awareness of healthy eating, healthy lifestyles and positive behaviours** | | | | | |
| **20** | **Outline how your provision will help children to understand more about the benefits of healthy eating and nutrition to your programme** |  | | | **Please include information on how you will support children with SEND** |
| **21** | **Will you be using any external providers?** | Yes  No  If yes, please list the organisation(s) confirmed …  Click or tap here to enter text.  Click or tap here to enter text. | | | Ensure you are familiar with lines of accountability. The council may ask for evidence of activity risk assessments at any time. |
| **Signposting and referrals** | | | | | |
| **22** | **Please outline how you will meet the DfE requirement to provide information, signposting or referrals to other services and support that would benefit the children who attend their provision and their families.** |  | | |  |
| **23** | **Other than directing participants and their families to services and support promoted by the council, does your organisation have its own or a partner’s services that it can promote?** | Yes  No  If yes, please give examples … Click or tap here to enter text. | | |  |

**Section 6**

**Budget**

**40. Using the following budget lines, provide a breakdown of your requested programme funding. Please indicate if the costing are for full cost of programme (including paid places)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Budget lines** | **Budget (£)** | **Brief description / breakdown** |
| i. | Staffing | £ - |  |
| ii. | Additional staffing for 1:1 support | £ - |  |
| iii. | Facilities/venue | £ - |  |
| iv. | Equipment/resources | £ - |  |
| v. | Transport | £ - |  |
| vi. | External providers (excluding food) | £ - |  |
| vii. | Food provision | £ - |  |
| viii. | Marketing and publicity | £ - |  |
| ix. | Central costs (max. 10%) | £ - |  |
| x. | Other – please outline what this would be | £ - |  |
| xi. | **TOTAL BUDGET** | **£ -** |  |

**Section 7**

**Declaration**

Please ensure that a person who is authorised to act on behalf of your organisation completes the following declaration:

I confirm that the information given in this application is accurate and true.

|  |  |
| --- | --- |
| **Name** |  |
| **Position (job title)** |  |
| **Telephone number** |  |
| **Signature** |  |
| **Date** |  |

Please contact [wfholidayactivityprogramme@walthamforest.gov.uk](mailto:wfholidayactivityprogramme@walthamforest.gov.uk) with any questions relating to the application for funding for the Holiday Activities and Food (HAF) programme.