Multiply Community Grants Application – Year 3 (2024-25)

Notes for completion

* You should only complete this form if you can answer **yes** to all of the eligibility criteria available on the WEA website.
* Guidance notes to support you to complete this application can be found on the WEA website.
* This form is designed to be completed electronically, so the boxes where you type your responses will expand automatically to accommodate your text.
* Be aware that this application form only will be used to appraise and score your application. You must **answer all questions** within the form and not refer to other accompanying documents.
* Please respect the word counts: answers which exceed these will be capped at the word limit.
* Please submit the form in **MS** **Word** format only, as we will redact personal data from your application before passing it for assessment.
* Please email your application to multiplylancs@wea.ac.uk by the deadline of:

**12.00 Midday Monday 8th April 2024**. You can also email this address with any queries regarding the application process.

**Section A**

| Project Contact Details |
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| By completing this form, you agree for WEA to use the information provided as described below:*As part of this process grant holder organisations will be required to collect and monitor data of participants who engage and benefit from the project.**You or your participants may be asked to take part in an online survey, a telephone interview or focus group to ask about experiences in your project, and how this has helped or hindered participants to engage with ways to improve their skills and economic prospects.*Data will be gathered, shared, and stored according to our Privacy Policy and will be used for the purposes of facilitating the monitoring of the grant funding and its impact. You can find more information about the WEA Privacy Policy [by clicking here](https://www.wea.org.uk/privacy-policy). Please mark X here to confirm you agree  |
| A1 | Name of Organisation |  |
| A2 | Proposed Project Name | Click to enter text. |
| A3 | Lead Contact Name | Click to enter text. |
| A4 | Business address including postcode | Click to enter text. |
| A5 | Email Address of Lead Contact | Click to enter text. |
| A6 | Email Address of Alternative Contact | Click to enter text. |
| A7 | Telephone Number of Lead Contact | Click to enter text. |

**Section B**

| About your organisation |
| --- |
| B1 | When was your organisation founded? | Click or tap to enter a date. |
| B2 | How many people are involved in your organisation? |
| Paid Members of Staff  | number of full time equivalent paid staff. |
| Trustees  | number of trustees in total |
| Organisational Status: What is your organisation type?Choose an item. |  |
| B3 | Please provide any relevant organisational registration numbers if you have one, e.g., HMRC registration, CIC Registration number or Charity number. You MUST provide these for award of contract.Click to enter text. |
| B4 | What are the main activities of your organisation and who benefits from these? **(Max 100 words)** Click to enter text |
| B5 | Are you in receipt of any other Multiply funding? Choose an item. If so, please state who the funding is from, the amount, and the area of delivery |
| B6 | Have you had funding withdrawn due to financial irregularity or poor performance (within the last five years)? If you answer **Yes** please refer to the guidance notes. Choose an item. |
| B7 | Please confirm that your turnover for the latest financial year is equal to or less than £1.6 million (see guidance for further information). Choose an item. |

**Section C –** this section **will be** **scored** by the independent assessment panel

| About your Project |
| --- |
| C1 | **Project Summary**Please summarise the aims of your project in one paragraph. We will use this for promotional purposes if you are successful***(Max 50 words)***Click or tap here to enter text. |
| C2 | Please confirm that your project will be complete and all funding spent and claimed **no later than 28/02/2025**. Choose an item. |
| C3 | Can you explain the process you will undertake to ensure:1. Participants are eligible to participate on this programme and receive Multiply funding (refer to eligibility guidance)
2. Confidential information complies with General Data Protection Regulations (GDPR) and is kept secure and retained. **(Max 200 words)**

Click or tap here to enter text. |
| C4 | Who are your partners (if any) and what is their role in delivering this project that you are applying for? Explain any payment arrangements for your partners? **(Max 250 words)**Click or tap here to enter text. |
| C5 | Please select the geographical area(s) in which your delivery will take place. Tick as many as apply.  |
| [ ]  Ribble Valley[ ]  Preston[ ]  Hyndburn[ ]  Wyre | [ ]  Lancaster[ ]  Rossendale[ ]  South Ribble[ ]  Chorley | [ ]  Fylde[ ]  Burnley[ ]  Pendle[ ]  West Lancashire |
| C6 |

|  |  |
| --- | --- |
| **Choose the relevant intervention(s) for the training you will be delivering**(See guidance for help) | **Number of Participants** |
| 1. Courses designed to increase confidence with numbers for those needing the first steps towards formal numeracy qualifications.
 |  |
| 1. Courses designed to help people use numeracy to manage their money.
 |  |
| 1. Innovative numeracy programmes delivered together with employers – including courses designed to cover specific numeracy skills required in the workplace
 |  |
| 1. Courses aimed at people who can’t apply for certain jobs because of lack of numeracy skills and/or to encourage people to upskill in numeracy order to access a certain job/career
 |  |
| 1. New intensive and flexible numeracy courses targeted at people without Level 2 maths, leading to a Functional Skills Qualification
 |  |
| 1. Courses for parents wanting to increase their numeracy skills in order to help their children, and help with their own progression
 |  |
| 1. Numeracy courses aimed at prisoners, those recently released from prison or on temporary licence
 |  |
| 1. Numeracy courses aimed at those 19 or over that are leaving, or have just left, the care system
 |  |
| 1. Numeracy activities, courses or provision developed in partnership with community organisations and other partners aimed at engaging the hardest to reach learners
 |  |
| 1. Additional relevant maths modules embedded into other vocational courses
 |  |

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| C7 | **Project Outputs & Outcomes** – see guidance for further details |
|

|  |  |
| --- | --- |
| No. of participants taking part in initial engagement/outreach activities | Click here to enter text. |
| Following initial engagement, no. of participants continuing with your project and taking part in structured or substantive learning activities (i.e. completing a learner record/ILP)  | Click here to enter text. |
| No. of participants achieving a maths qualification | Click here to enter text. |
| No. of participants progressing into other training | Click here to enter text. |
| No. of participants gaining employment or progressing within the workplace | Click here to enter text. |

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| C8 | What are the anticipated number of guided learning hours per learner?Click here to enter text. |
| C9 | Please provide fuller details of your proposed project, including a programme of the learning activities to be delivered. Please outline each stage of your project and whether there will be any accredited learning. **(Max 600 words for the whole of question C9)** *Use the subheadings provided to structure your answer, each section will be weighted equally.***Intent – rationale for the course**. Why is this course needed and how have you identified this need?Click here to enter text.**Course Implementation** – How will this course be delivered?Click here to enter text.**Intended Impact** – What will learners achieve, what will they progress onto?Click here to enter text. |
| C10 | Please list in the table below, the learning outcomes that will be achieved through your activities and how they will be achieved. |
|  | Learning Outcomes | How this will be achieved? **(Max 100 words per outcome)** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| C11 | How will you ensure the quality of learning activities delivered as part of the project? **(Max 250 words)**Click here to enter text. |

**Section D –** this section will be scored by the independent assessment panel

| Your Proposed Project Budget |
| --- |
| D1 | Please provide an itemised breakdown of your budget using the headings provided (if relevant). Give as much detail as possible. |
| **STAFFING COSTS** |
| Item | Description | Cost |
| Management Time |  |  |
| Coordinator |  |  |
| Teaching |  |  |
| Pastoral Support |  |  |
| Other staffing (please state) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Subtotal** | **0** |
| **PARTICIPANTS COSTS** |
| Awarding Body Costs |  |  |
| Learner & Learning Support (travel, childcare etc) |  |  |
| Learning Materials (none IT) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Subtotal | **0** |
| **OTHER COSTS** |
| Development of Resources (none IT) |  |  |
| Premises (overheads) |  |  |
| Room Hire |  |  |
| Volunteering Expenses |  |  |
| Other (small items of equipment)  |  |  |
|  |  |  |
|  |  |  |
| Subtotal | **0** |
| **Total Project Costs** (Staffing Costs + Participant Costs + Other Costs). i.e. Grant Amount Requested Enter the amount you are requesting here.Minimum amount of funding available in this funding round - **£10,000**Maximum amount of funding available in this funding round - **£25,000** |

**SECTION E -** this section will be scored by the independent assessment panel

| Policy Implementation – Health & Safety, Safeguarding and Equality & Diversity. |
| --- |
| E1 | Please confirm you will have suitable and sufficient insurance as required by law at the start of the project. Namely;**Public Liability** Insurance cover for of at least £5 million**Employers Liability** Insurance cover for of at least £5 million | Choose an item. |
| E2 | How will you assess the health and safety risks to your applicants on this proposed project? What measures will you put in place to minimise the impact of any risks? **(Max 200 words)**Click or tap here to enter text. |
| E3 | **If your application is successful you must take all reasonable steps to ensure the safety and welfare of your learners. This will include:*** **An up to date Safeguarding Policy which includes how you will comply with the Prevent Duty.**
* **A DBS check for all staff working on the project.**
* **An enhanced DBS check for all staff on the funded project regularly in contact (e.g. as a trainer or tutor) with vulnerable adults (including High Needs Learners) or with access to children (e.g. in venues or workplaces)**

Please detail how you will ensure vulnerable adults are safe from harm and abuse on this proposed project. **(Max 200 words)**Click or tap here to enter text. |
| E4 | Please also confirm that you have a Safeguarding and Prevent Policy in place including reference to DBS procedure. | Choose an item. |
| E5 | Please detail how you will ensure Equality and Diversity issues are considered in all aspects of this proposed project. **(Max 200 words)**Click or tap here to enter text. |

**Section F – Not scored**

| Declaration and Document Checklist |
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| F1 | 1. We confirm that all the information in this form is correct to the best of our knowledge.
2. We confirm that if a Multiply Community Grant is awarded, it will only be used for the purpose given and according to any conditions specified.
3. We agree to provide any additional documentation on request that is relevant to this application (in particular insurance certificates, course outlines and programmes of activities).
4. We understand that any grant awarded will be released in instalments subject to performance and meeting the monitoring requirements detailed in the grant offer letter.
5. We agree that this project will not use other sources of funding (i.e. double funding) for the same cost elements described in this application form.
6. We understand that we will be liable to pay back the grant in full if it is found that any of the information supplied is incorrect, or if any grant funds awarded are not used as indicated in this application form and grant offer letter.
 |
| **Signature 1****(Lead Contact for Project)** | Electronic Signature accepted. |
| **Full name** | Click here to enter text. |
| **Position in Organisation** | Click here to enter text. |
| **Contact telephone number** | Click here to enter text. |
| **Signature 2****(Second Responsible Person** – *see application guidance section F for who can counter sign the application****)*** | Electronic Signature accepted. |
| **Full name** | Choose an item. |
| **Position in Organisation** | Click here to enter text. |
|  | **Date Application Submitted** | Click or tap to enter a date. |
| F2 | Your application cannot be considered unless you send all of the following documents to us via email by the listed deadline:* Your Governing Document or Constitution
* Your most recent Annual Accounts
* Your most recent Annual Report

As a minimum the following policies will also be required if your application is successful:* Anti-fraud
* Data Protection
* Equality and Diversity
* Health and Safety
* Safeguarding
* Whistleblowing

**END OF APPLICATION – PLEASE ENSURE YOU HAVE ADHERED TO THE WORD COUNTS AND HAVE ANSWERED ALL QUESTIONS.****DEADLINE FOR SUBMISSION – 12:00 Midday Monday 8th April 2024** |