

Find Your Active Fund Application Form

This form is to be used as a tool, so you are able to copy over any information onto our online form. All forms must be completed online via our online platform which can be found [here.](https://forms.monday.com/forms/006cf28e9a12257c2d22482253170353?r=euc1)

\*Required

\*What is the name of your project?

Please provide the name of your project. Your name and your organisation's name are asked for at the end of the form.

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\*Please describe your project:

We would like to know about what your project is hoping to achieve, how you’ve identified the need, how you will engage people and get them active. Write between 200 - 300 words maximum

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If you would like to tell us a little more about your project, please upload a video and send to administration@activeessex.org

\*Please select how your project will strengthen community resilience (multi select)

(Community resilience is the ability to prepare for anticipated hazards, adapt to changing conditions, and recover rapidly from disruptions.)

* + - * Increasing access to health-related resources and services
			* Engaging and prioritising vulnerable or marginalised groups
			* Increasing community social connections and collaboration
			* Other (if selected other please explain) (Max 250 words)

\*If your application is successful, how will you ensure the sustainability of your project at the end of the FYA grant period? (Max 250 words)

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\*What sport or physical activity will your project offer?

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\*Does your project primarily target children and young people or adults?

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| --- | --- |
|  | Children and young people |
|  | Adults |

## If you selected “Children and young people” in the previous question, please describe how your project will develop children and young people’s positive attitudes towards physical activity and sport. (Max 250 words)

Describe how your project will develop their enjoyment, confidence, competence, understanding and knowledge of sport and physical activity.

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\*Which of the following priority groups will at least 75% of your participants fall into?

Please select only one group

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|  | People with mental health conditions |
|  | People with a disability or long term health condition |
|  | People from lower socio-economic groups |
|  | Ethnically diverse communities |

\*Within your priority groups, please explain how you will make your project accessible to different characteristics (consider disability, gender, age, ethnicity, sexuality, faith and income level in your answer).

For example: you might be targeting women but how will you ensure disabled women can access your project

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\*In total, how many people will your project engage?

If you do not know the exact number, please provide an estimate.

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\*In which local authority will you deliver your project?

If you will deliver your project across more than one local authority or Essex-wide, please select the final option.

|  |  |
| --- | --- |
|  | Basildon |
|  | Braintree |
|  | Brentwood |
|  | Castle Point |
|  | Chelmsford |
|  | Colchester |
|  | Epping Forest |
|  | Harlow |
|  | Maldon |
|  | Rochford |
|  | Southend-on-Sea |
|  | Tendring |
|  | Thurrock |
|  | Uttlesford |
|  | Multiple local authorities / Essex-wide\* |

\*If your project will be delivering either Essex wide or across multiple local authorities please list below where your project is aiming to deliver. (i.e Basildon, Colchester etc) (Max 200 words)

## \*What type of setting will your project be delivered in?

Please select one option

|  |  |
| --- | --- |
|  | Education site (school, college, university) |
|  | Traditional sports venue (leisure centre, gyms, sports clubhouse, sports pitch) |
|  | Blue space (lakes, rivers, seas etc) |
|  | Green space (parks, woodlands etc) |
|  | Community venue (community hall, hireable indoor community space) |
|  | Faith based venue (church, mosque, gurdwara etc) |
|  | Charity/ Company owned facility |
| Other: |  |

\*Please provide the address of where your project will take place:

If you will deliver your project across many locations, please provide the address of your main delivery location.

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\*Please provide the postcode of where your project will take place:

If your project will deliver across many locations, please provide the postcode of your main delivery location. Please format postcodes in BLOCK CAPITALS with a space between the two parts of the postcode. Example: CO1 1TJ

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\*When will your project start?

Provide date as dd/mm/yyyy

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\*When will your project end?

Provide date as dd/mm/yyyy

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## \*How often and when will your project take place?

Example: once a week on a Wednesday between 7 - 9pm

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\*How much money are you requesting for your project from the Find Your Active Fund?

We hope to receive applications that range between £500 and £3,000.

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\*Please give a breakdown of how you will spend the money

Please provide an itemised breakdown of the total cost

Example: Staff Costs @ hours x per hour = £ total

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## \*Is there any additional support that you may need from Active Essex? (Max 250 words)

Examples: marketing, reaching new audience

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\*Active Essex must uphold standards to ensure we are working with safe, inclusive and reputable organisations and activities. Please click on the link below to watch our video about operating standards for funding before submitting your application.

<https://www.activeessex.org/delivering-sport/clubs-coaches/funding-awards-standard-operating-conditions/>

(please be aware your application may be subject to further checks including having oversight of documents and policies highlighted within the standard operating conditions. A member of the Active Essex team may be in contact with you.)

Please place a yes in one option below.

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| --- | --- |
|  | I/we have watched the video and adhere to the standards |
|  | I/we have watched the video and do not currently adhere to these standards but would like to work towards, with support from Active Essex |

\*Please upload your safeguarding policy here

(Upload policy)

\*Do you have at least one member of the team (that will be involved in your project) that is first aid trained? (Select one)

* + - * Yes
			* No

\*Name of Organisation:

|  |
| --- |
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Have you previously been provided with a Unique Organisation Number? If so please add below

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\*Type of Organisation:

Please tick one option

|  |  |
| --- | --- |
|  | Formally constituted club, association or trust |
|  | Companies limited by shares (for profit) |
|  | Education site (school, college, university) |
|  | Local authority |
|  | Educational settings |
|  | Social enterprise |
|  | Registered Charity |
|  | Registered CASC |
|  | Sole Trader |
|  | Community Interest Company |
|  | Non-for-profit company limited by guarantee, without share capital and without persons of significant control |

## If you selected, “Registered Charity” as type of organisation:

Please provide your registered charity number:

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## If you selected the following types of organisations:

Companies limited by shares (for profit)

Social enterprise

Community Interest Company

Non-for-profit company limited by guarantee, without share capital and without persons of significant control

## Please provide your registered company number:

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## For all types of organisations except “Sole Trader” and “Formally constituted club, association or trust”, can you confirm you have a bank account in the same name as the applying organisation:

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| --- | --- |
|  | Yes  |
|  | No |

## If you selected, “Formally constituted club, association or trust” as type of organisation:

Please could you find and send a copy of your constitution or articles of association.

Can you confirm you have a bank account in the same name as the applying organisation

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| --- | --- |
|  | Yes  |
|  | No |

Can you confirm that the bank account has more than one signatory

|  |  |
| --- | --- |
|  | Yes  |
|  | No |

## If you selected, “Sole Trader” as the type of organisation:

## Do you have a have a separate bank account for your business as a sole trader?

Please select an option.

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|  | Yes  |
|  | No |

## Are you registered with HMRC for Self-Assessment?

Please select an option.

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|  | Yes  |
|  | No |

## If you selected “Yes” to the question above, please provide your tax registration number:

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\*Contact Name:

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\*Contact Number:

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\*Contact Email:

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# Thank you for filling out our Find Your Active Fund Application