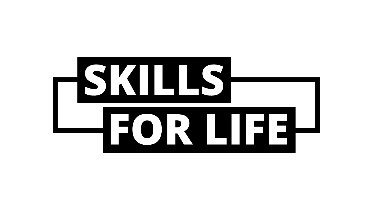
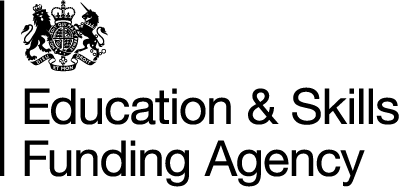
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**Multiply Programme**

**Grant Application Form**

**Deadline: 12 Noon on Friday 12th May 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Organisation Details** | | | |
| Organisation Name: |  | | |
| Address: |  | | |
| Town: |  | Postcode: |  |
| Local Authority Area: |  | | |
| Company Number: |  | | |
| Charity Number: |  | | |

|  |  |
| --- | --- |
| **2. Lead Contact** | |
| Lead Contact Name: |  |
| Role in Organisation: |  |
| Contact Number: |  |
| Email Address: |  |

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| **3. Project Summary – Max 250 Words (25% Weighting)** |
| Please give a brief description of the proposed project you will be delivering through the Outreach Focussed/Bitesize Activity element of the Multiply Programme.  You should state the soft outcomes which will be achieved by adults and the structure/hours of your proposed delivery. Provide details of how your activities are new, exciting and innovative and the mentoring you will offer adults who complete your Multiply Programme. |
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| **4. Track Record – Max 250 Words (25% Weighting)** |
| Please provide details and/or evidence of your previous experience delivering similar activities including the success of this provision within Tees Valley.  You should state how you will effectively manage the project and how you will engage adults within your local community, especially those who are hard to reach alongside priority groups such as Long-Term Unemployed. |
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| **5. Strategic Fit – Max 400 Words (40% Weighting)** |
| Please detail how your proposal responds to the key needs and priorities of your Local Authority Area alongside the requirements of the Multiply Programme.  You should state how you will measure the impact your project makes on both adults participating and the local community. It is important that the response details how you will align your activity rather than duplicate existing provision in place within your Local Authority Area. Provide details of any other organisations or services which will add value to your provision through Multiply. |
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| **6. Deliverables (10% Weighting)** |
| Please confirm your proposed deliverables below alongside the Local Authority Area where you will be delivering within Tees Valley.  You need to support a minimum of 20 adults and a maximum of 100 adults by 31st March 2024. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bitesize Deliverable** | **Number of Adults** | | | | |
| **Darlington** | **Hartlepool** | **Middlesbrough** | **Redcar** | **Stockton** |
| **Activity 1** |  |  |  |  |  |
| **Activity 2** |  |  |  |  |  |
| **Activity 3** |  |  |  |  |  |
| **Activity 4** |  |  |  |  |  |
| **Activity 6** |  |  |  |  |  |

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| Please provide a summary below of the activities you will be delivering and the time periods these will be delivered between June 2023 and March 2024. |
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| **7. Documentation** |
| Please note that you will need to supply the following documentation prior to delivery as part of our Due Diligence Checks. |

|  |  |
| --- | --- |
| Tick | Required Document |
|  | Public Liability Insurance |
|  | Employers Liability Insurance |
|  | Safeguarding Policy |
|  | Health and Safety Policy |

|  |  |  |  |
| --- | --- | --- | --- |
| **8. Declaration** | | | |
| If your application is successful then we will expect all partners and staff to work alongside their relevant Local Authority and HBC. There will also be an expectation that organisations will attend partnership events to share good practice and celebrate successes of the Multiply Programme.  I declare that I am duly authorised to submit this application on behalf of the organisation and the information supplied in this application is true and accurate. I confirm that any grant funding received will be used for the purposes described in this Application Form. | | | |
| Name of Person: |  | | |
| Role in Organisation: |  | Date: |  |

Please submit all completed applications to [Multiply@hartlepool.gov.uk](mailto:Multiply@hartlepool.gov.uk) before the closing date which is 12 Noon on Friday 12th May 2023.