

January 2025

**Children’s Services - Special Educational Needs and Disabilities (SEND) Short Breaks**

Grant application form for Short Break Family Fun

days and activities, benefitting children and

young people with Special Education Needs

and Disabilities (SEND) in East Sussex aged

0 to 19 years (in some cases up to 25 years)

and their families.

**East Sussex County Council SEND Short Breaks Grant Application Form for Organisations 2025-26**

**Organisation name:**

**Organisation address:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | Full postcode |  |  |  |  |  |  |  |  |

**Type of organisation:**

|  |  |
| --- | --- |
| Company limited by guarantee  Company limited by shares  Community Interest Company (CIC)  Partnership  Local authority  Trust or foundation | Community and Voluntary  Maintained school  Private school  Academy / Free school  Independent school  Other: |

# Organisation Details

**Are you a registered charity?**  Yes  No If yes, what is your charity number?

**Are you a registered company?**  Yes  No If yes, what is your company number?

**Are you registered with the Department for Education (DfE)?**

If so, what is your DfE number?

**How long has your organisation been operating?** (Please specify how many years)

**Do you have a bank account which requires at least two unrelated signatories to sign each cheque or authorise a withdrawal (including debit card or internet purchases and cash withdrawals).**

Yes  No

**Who will be the main contact for this application?**

* For voluntary and community organisations this must be your chair, secretary, treasurer or a senior member of your governing body.
* For companies this must be a director or the company secretary.
* For organisations that are both a registered charity and a company, this must be a director or the company secretary.
* For schools this must be your head teacher.
* For parish and town councils this must be your clerk to the council.
* For health bodies this must be your chief executive or director.
* Other position of similar authority.

**Name:**

**Position:**

**Address:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | Postcode |  |  |  |  |  |  |  |  |

**Landline telephone number (If Applicable):**

**Mobile telephone number (Required):**

**Email address (Required):**

**When making contact should we use the company address or the main contact address, if they are different?**

Company Address  Main contact address

**Do you have any specific communication needs?**  Yes  No

**If so, please detail here:**

**What is the name of your project?**

**What activities would you like us to fund?**

(Please provide a brief outline here, with full details in your written proposal)

|  |
| --- |
|  |

Start Date: / / End Date: / /

**When will your project take place?**

**Where are the people who will benefit from your project based?**

Please tick all appropriate:

|  |  |
| --- | --- |
| Lewes | County wide |
| Eastbourne | Brighton |
| Wealden | Other (Please give details below in no more than 10 words.) |
| Rother |  |

If you are successful in obtaining the grant, we will list your activity on our 1Space online directory. This will be linked to our Short Breaks page on our Local Offer website.

To be able to provide potential service users with all necessary information, please fill in the information below:

|  |  |
| --- | --- |
| **Age range of those who can attend the provision/s:** |  |
| **Who is your provision/s aimed at?** |  |
| **Is your provision/s open to all those with SEND or is your provision need specific? For example, we only specialise in children with sight impairments.** |  |
| **Is the proposed venue/s wheelchair accessible?** | Yes  No |
| **Contact details for those who are interested in the provision/s:** | Name:  Phone Number:  Email: |
| **Social Media Links:** | Website:  Twitter:  Facebook:  Instagram: |

**Financial Information**

What was your organisation’s income in the last full financial year?

If you are a new organisation, please estimate your income for the first year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| £ |  | Actual |  | Estimate |

**The sections below relate only to the activity towards which you are applying for funding**

**Income for the activity**

Income from sources other than the ESCC Short Breaks Service, please only use whole pounds.

## Earned income Expected Confirmed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  | Subtotal 1 | | | £ |  |

## Other ESCC funding Expected Confirmed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  | Subtotal 2 | | | £ |  |

## Other public funding Expected Confirmed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  | Subtotal 3 | | | £ |  |

## Private income Expected Confirmed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  | Subtotal 4 | | | £ |  |

**Support in kind for your activity**

Please list the non-cash contributions of equipment, materials, time, and services, and give an estimated value for each item. Make sure you say who is giving the contribution. (We count support in kind towards the other sources of income you have managed to get for your project.)

## Expected Confirmed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  |  |  |  | £ |  |
|  |  | Subtotal 5 | | | £ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total income from other sources (**add subtotals 1 to 5**) | **A** | **£** |  |
| Amount you would like from us | **B** | **£** |  |
| Total income **(A + B)** | **C** | **£** |  |

**Spending (expenditure) for your activity**

|  |  |  |
| --- | --- | --- |
| Subtotal 6 | £ |  |

Value of support in kind

(Repeat the amount from subtotal 5 here)

**Short Breaks activity spending**

|  |  |  |
| --- | --- | --- |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Subtotal 7 | £ |  |

Spending related to making your activity accessible (for example, signed sessions or SEN activities described on audio tape or CD, materials in other formats such as in Braille).

|  |  |  |
| --- | --- | --- |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Subtotal 8 | £ |  |

Spending on developing your organisation and people

|  |  |  |
| --- | --- | --- |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Subtotal 9 | £ |  |

Spending on marketing and publicity

|  |  |  |
| --- | --- | --- |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Subtotal 10 | £ |  |

Spending on overheads

|  |  |  |
| --- | --- | --- |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Subtotal 11 | £ |  |

Spending on assets – equipment, vehicles etc.

|  |  |  |
| --- | --- | --- |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Subtotal 12 | £ |  |

Spending on assets – buildings, building works and amendments

|  |  |  |
| --- | --- | --- |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Subtotal 13 | £ |  |

Other spending

|  |  |  |
| --- | --- | --- |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Subtotal 14 | £ |  |
| Total spending on the activity (add subtotals 6 to 14) **D** | £ |  |

**Please check to make sure that your total spending (D) and total income (C) are the same.**

**If they are not the same we will not be able to accept your application.**

**Does your project involve work with children, young people under**

**the age of 18 or vulnerable adults?**  Yes  No

**If yes, as a minimum we expect you to:**

* have safeguarding policies in place that are appropriate to your organisation’s work and the project you are asking us to fund
* review your safeguarding policies at least every year
* complete a rigorous recruitment and selection process for staff and volunteers who work with children, young people or vulnerable adults, including checking criminal records and taking up references
* check criminal records at least every three years
* follow statutory or best practice guidance on appropriate ratios of staff or volunteers to children, young people or vulnerable adults
* provide child protection and health and safety training or guidance for staff and volunteers
* carry out a risk assessment, if appropriate
* secure extra insurance cover, if appropriate.

**Does your organisation meet these requirements?**  Yes  No

**Have you received funding from ESCC Short Breaks Service in the last 18 months, or are you currently receiving funding?**

Yes  No If yes, for what was the funding awarded?

**Does your project involve work on land or a building, including refurbishment?**

(You MUST own the freehold of the land or building or hold a lease that cannot be ended by the landlord for at least five years, or more, depending on the scale of your project).

Yes  No If **‘yes’**, you must answer both **a)** and **b)** below:

**a) Does your organisation:**

own the freehold of the land or building?  Yes  No

If **‘No’** to the above, do you hold a lease of at least five years that cannot be ended by the landlord?

Yes  No What is the current length of the lease? (Please specify in years)

**b) Is planning permission needed for your project?**

Planning permission is not required  Yes  No

**Or**

Planning permission is required and has been granted  Yes  No

If you answer ‘**Yes**’, we may ask to see evidence.

**Do you have any of the following?**

If yes, at what level?

**Public liability insurance:**  Yes  No

If yes, please detail:

v

**Leaders’ qualifications:**  Yes  No

**Affiliation to a governing body:**  Yes  No

**Other insurance(s):**  Yes  No

# Data protection and freedom of information

We are committed to being as open as possible. This includes being clear about how we assess and make decisions on grants and how we will use your application form and other documents you give us. We are happy to provide you with copies of the information we hold about you, including our assessment of your application.

As a public organisation we must follow the Data Protection Act 1998 and the Freedom of Information Act 2000. We have a data protection policy, which is available from our website at

<http://www.eastsussex.gov.uk/yourcouncil/about/keydocuments/foi/dataprotection/>

We also have an information sheet about freedom of information. <http://www.eastsussex.gov.uk/yourcouncil/about/keydocuments/foi/policies/>

You must read and understand these documents before you sign your application.

**By signing this application form, you agree to the following:**

We will use this application form and the other information you give us, including any personal information, for the following purposes.

• To decide whether to give you a grant.

• To provide copies to other individuals or organisations that are helping us assess and monitor grants, including local authorities, fund distributors and other organisations that award grants. After we reach a decision, we may also tell them the outcome of your application and, if appropriate, why we did not offer you a grant.

• To hold in our database and use for statistical purposes.

• If we offer you a grant, we will publish information about you relating to the activity we have funded, including the amount of the grant and the activity it was for. This information may appear in our press releases, in our print and online publications, and in the publications or websites of the DfE and any partner organisations who have funded the activity with us.

• If we offer you a grant, you will support our work to campaign for excellence, contributing (if asked) to important publicity activities during the period we provide funding for. You will also give us, when asked, case studies, images, and audio-visual materials that we can use to celebrate such excellence.

**Organisations**

I confirm that the organisation named on this application has given me the authority to sign this application on their behalf.

I confirm that the activity in the application falls within the powers of the organisation’s constitution or memorandum and articles of association (the legal document setting out the rules governing the organisation).

# Declaration:

You have read and understood the section on the Freedom of Information Act. You accept how we generally plan to treat your application and other related information if someone asks to see it under the Freedom of Information Act 2000. You accept that the information sheet does not cover all cases, as we must consider each request for information based on the situation when we get the request.

Tick this box if you consider that we should treat your proposal as confidential information.

Tick this box if you consider that we should treat your financial information, such as your budget and any business plan, as confidential information.

Tick this box if there is any other information that you have provided that you consider confidential information. You must tell us what that information is and give us your reasons below or in a separate letter. If you are sending us a separate letter, please write ‘Letter included’ below.

If we offer you a grant and you have ticked any of the boxes above, we generally treat that information as confidential until your activity ends (according to the date you gave us in this application).

Tick this box if you consider that we should treat that information as confidential after your activity ends. You must tell us what that information is and give us your reasons below or in a separate letter. If you are sending us a separate letter, please write ‘Letter included’ below.

You agree that we can keep you informed of our work and pass your contact details to organisers of conferences and training events.

Tick this box if you do not want us to keep you informed of our work.

Tick this box if you do not want us to pass your contact details to organisers of conferences and training events.

By signing this agreement, you are confirming that all staff and volunteers that will encounter children or vulnerable adults have a current DBS check at the enhanced level.

**Checklist**

We can only assess complete applications. If your application is not complete, we will not assess it. Before you sign your application and send it to us, please check the following to make sure your application is complete.

Have you filled in all the relevant questions applicable to you?

Have you filled in the budget section of the application form and checked that your budget balances (that is, that your total spending and your total income are the same)?

Have you included your proposal and followed the headings we provided?

Have you included any supporting evidence?

If you are making a second application while another application from you is being assessed, have you included written confirmation that we agree you can make a second application?

I confirm that, to the best of my knowledge, the information in this application is true and correct.

|  |
| --- |
| Your signature: |

|  |  |
| --- | --- |
| Name (Please use capital letters): | Date:  / / |

Once you have completed your form and it has been signed and dated, please scan your application, and send as a .pdf file to: [Short.Breaks@eastsussex.gov.uk](mailto:Short.Breaks@eastsussex.gov.uk)

Do not forget to also send your project proposal and DBS confirmation to the same email address.

The application cannot be assessed without all three documents.

The proposal and DBS confirmation can be emailed in MS Word or .pdf format.

The signed, dated, and scanned application form must be submitted in .pdf format.