

## SHORT BREAKS SMALL BIDS REVENUE FUNDING APPLICATION FORM

V-i1.5

<u>Dudley Childrens Disability Team</u> supports children and young people with disabilities to live independent, happy and fulfilling lives. <u>The Small Bids Programme</u> is to provide <u>Short Breaks for Disabled Children</u>. Applications are welcomed from organisations, groups and departments (not individuals) up to £499.

Please note that although this form allows printing, we can only accept forms submitted electronically in original format. We strongly recommend using **Adobe Acrobat Reader** to complete this form. Please enter all dates using the calendar widget or in the format **dd/mm/yyyy**.

Acrobat Reader to complete	this form. Please enter all dates using the calendar widget or	r in the format <b>dd/mm/yyyy</b> .					
Bef	fore completing, please refer to the Small Bids Pr	ogramme Information and Guidance Sheet					
Title of bid							
Amount applied for	Proposed date of activity	Length of event (hours	.)				
Describe how the activity will support the short breaks work stream and what the impact & outcomes will be for young people wider networks i.e. parents, carers, siblings. Please state the numbers targeted, areas young people will be from that this will su							
	ward, your service will be expected to advertise the a through as part of the award process). Is you service a		O No O				
Applying organisation							
Contact person							
Contact number							
Email							
Full Itemised cost of activity (if requesting transport please attach 3 quotes to the bid)							
		ТОТ	AL				
How much are participa	ants being asked to contribute financially? (enter	where applicable)					
Amount per child	Amount per family	Amount per individual					
	All sources of financial contributions	to activity	Amount				
Small bids application*							
Participant contribution	is (in relation to above)						
Applicants own funds							
		ТОТ/	AL				

Does the applica	nt hold a contract v	with Dudley MBC	?		Yes	$\bigcirc$	No			
If Yes, please exp	lain how this applic	cation is additiona	al to the contract							
Number of childr	en with severe disa	ability this propos	sal will help							
Number of childr	Number of children with other disability this proposal will help									
Number of parents this proposal will help										
Number of siblings this proposal will help										
Number of other	people this propos	sal will help								
Please state how you will do this and what outcomes the activity will produce. You will be required to send through a case study on the activity delivered and will be required to return a completed data log which will be sent through as part of the notification of award.										
5 62 01										
State the experie	nce and training th	ne organisers/or o	organisation have of	working with children with a severe	disahili	ty and	ctate			
State the experience and training the organisers/or organisation have of working with children with a severe disability and state whether all volunteers and all staff are DBS cleared (supply evidence of qualifications and training of staff and volunteers with your bid)										
	When saving the f	orm and returning, plea	ase attach any supporting	documents and send to <u>short.breaks@dudley.g</u>	 iov.uk					
For Panel / Office use only										
Bid No.		Panel Date								
		-		I revious application (from applicatio						
monitoring stage or other)? An application will not be approved if there is any outstanding information to be received from any outstanding application by the applicant in question										
Details of any										
outstanding information										
Funding amount	applied for		Fund	ing amount agreed						
		proportion of the		d for is approved (if this is the case).						
	, 1	<u>'</u>		/						
Status of applicat	ion Approv	ed NOT A	Approved ()		Date					
If 'NOT										
Approved',										
please state why										
Signature of panel chair										