**Warm Spaces Supporting Programme Application Form**

**Please use the below form as a guide for your application:**

Please note you must complete an application for each site/venue and for each activity programme (example – football included on Tuesday’s activity programme, but seated exercise is on Wednesday’s activity programme, therefore this must be separate applications).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Warm Spaces Supporting Programme Application Form** | | | | | | | | | | | | | |
| Organisation name: | | | | |  | | | | | | | | |
| Name of authorised representative: | | | | |  | | | | | | | | |
| Contact email of authorised representative: | | | | |  | | | | | | | | |
| Total amount requested (£): | | | | |  | | | | | | | | |
| Delivery Site Details (complete all fields for each site) | | | | | | | | | | | | | |
| Venue: | | | | |  | | | | | | | | |
| Site location delivery ward: | | | | |  | | | | | | | | |
| Session day(s) and  Session timings: | | | Day(s) | | Monday | | | Tuesday | | | Wednesday | | Thursday |
| Timings (start and end): | |  | | |  | | |  | |  |
| Day(s) | | Friday | | | Saturday | | | Sunday | |  |
| Timings (start and end): | |  | | |  | | |  | |  |
| How many weeks will you be delivering the activity for (26 weeks maximum)? | | | | |  | | | | | | | | |
| Target number of people living in the delivery ward that will access this Warm Space Supporting Programme: | | | | |  | | | | | | | | |
| What is your target audience for this Warm Space Supporting Programme? (Eligibility - e.g., age, post code, employment status, etc.) | | | | | | | | | | | | | |
| Age: | |  | | | Gender: | |  | | | Area/Post  Code: | |  | |
| Employment status: | |  | | | Disability: | |  | | | | | | |
| Other: | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Q 1 | What will the delivery of your programme look like? (e.g., physical; social; information, advice & guidance; support etc.) | | | | | | | | | | | | |
| A |  | | | | | | | | | | | | |
| Q 2 | How will you support participants with issues that present around the cost of living crisis? (e.g., food, family support, energy bills etc.) | | | | | | | | | | | | |
| A |  | | | | | | | | | | | | |
| Q 3 | How will you network with other organisations to support the delivery of your programme? | | | | | | | | | | | | |
| A |  | | | | | | | | | | | | |
| Q 4 | How will you sustain the delivery of your programme once funding is no longer available? (e.g., other funding sources, self funding, match funding etc.) | | | | | | | | | | | | |
| A. |  | | | | | | | | | | | | |
|  | **Project Budget** | | | | | | | | | | | | |
|  | **Item** | | | **Cost per session (£)** | | **Sessions per week** | | | **Number of weeks** | | | **Total cost (£)** | |
| 1 | Facilities | | |  | |  | | |  | | |  | |
| 2 | Staff (internal) | | |  | |  | | |  | | |  | |
| 3 | Staff (external) | | |  | |  | | |  | | |  | |
| 4 | Expenses (staff travel) | | |  | |  | | |  | | |  | |
| 5 | Equipment | | |  | |  | | |  | | |  | |
| 6 | Food and drink | | |  | |  | | |  | | |  | |
| 7 | Other | | |  | |  | | |  | | |  | |
| **Total:** | | | |  | |  | | |  | | |  | |