**SCHEDULE 1 - APPLICATION FORM**

**Multiply Grant 2022-2023**

**This application is for Grant Funding from 1st August 2022 to 31st March 2023. There will be separate engagement processes put in place for subsequent financial years up to 31st March 2025.**

To be returned via email to Cumbria County Council, Adult Learning - [adultlearningsupport@cumbria.gov.uk](mailto:adultlearningsupport@cumbria.gov.uk).

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| **1.0: Applicant Organisation Details (Not Scored)** | |
| Organisation name: | Enter organisation name. |
| Charity registration number: (if applicable) | Enter charity number. |
| Company number: (if applicable) | Enter company number. |
| Registered address: (including postcode) | Enter registered address. |
| Contact name for this project: | Enter contact name. |
| Position: | Enter position of contact. |
| Email: | Enter email of contact. |
| Phone number: | Enter phone number of contact. |
| Organisational website: (if applicable) | Enter website address. |

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| **2.0 Suitability Assessment (Pass/ Fail)** | | | |
| A. | To be eligible for funding you must fit into one of the following categories. Please select your organisation type? | Further Education College  Independent Training Provider  Community Development Centre  Third Sector Organisation  Employability Support Organisation |  |
| B. | UKPRN No.  To be eligible for funding you must have a UKPRN. Setting up a UKPRN is easy; please find the link to set up a UKPRN here: <https://www.ukrlp.co.uk/>, if you do not already have one. | Enter UKPRN No. | |
| C. | Delivery Location  To be eligible for funding you must be based in Cumbria or have alternative facilities to target and deliver provision to Cumbrian residents. Do you fit either or both criteria? (Online provision is an accepted method of delivery. However, this must be part of a blended digital offer including virtual classroom, access to a tutor, learning and additional support). | Yes  No | |
| D. | DBS Requirements  Will all staff and volunteers who will have direct contact with vulnerable adults have an enhanced DBS check that evidences no concern? | Yes  No | |
| E. | Has your organisation met the terms of its banking facilities and loan agreements (if any) in the last year? | Yes  No | |
| F. | Have you met all obligations to pay creditors and employees? | Yes  No | |
| G. | Is your organisation in breach of obligations related to the payment of tax or social security contributions? | Yes  No | |
| H. | I declare that the directors/ governors of the organisation or any company that they have owned **have not** been investigated for fraud | Yes  No | |
| I. | I declare that the directors/ governors of the organisation or any company that they have owned **have not** been declared bankrupt | Yes  No | |
| J. | I am aware that interventions delivered with Multiply funding need to be new provision and be additional and differentiated from that which is already fully funded through the Adult Education Budget (AEB) legal entitlement and should not displace that provision. | Yes  No | |
| K. | I am aware once the programme commences, if insufficient provision has taken place to meet the Terms of the Grant, then Cumbria County Council will expect all or proportions of funding to be returned.. | Yes  No | |

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| **3.0 Overview of the Project**  **MAXIMUM WORD COUNT 1000 WORDS (Score 15)**  For the following section please refer to the [national Multiply guidance documentation](https://www.gov.uk/government/publications/multiply-funding-available-to-improve-numeracy-skills). The overall objective of Multiply is to increase the levels of functional numeracy in the adult population across Cumbria. Please give details of the types of interventions (s) you would like to offer that will contribute to the Multiply success measures laid out in the [prospectus](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1068822/Multiply_Investment_Prospectus.pdf).   * Organisational overview – what is the core of your organisation, what do you offer your Community? What are your service user’s needs, and barriers to learning/work? How will your project delivery help to overcome these barriers? * Programme overview with details of how your delivery will be structured * How you intend to engage with participants who are economically inactive and unemployed * How you intend to engage with participants (employed or unemployed) who are furthest away from structured numeracy learning * How you intend to specifically engage with participants from BAME communities * How you intend to specifically engage with participants with learning difficulties/ disabilities * How you will recruit your learners, or utilise opportunities to ensure you recruit the right learners and meet your anticipated learner numbers * How you will ensure all learners have a positive progression, particularly into further learning? * How will you demonstrate you have considered local Labour Market need? | | | |
| **Start Date of Project:** | Date | **End Date of Project:** | Date |
| Enter overview. | | | |

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| **4.0 Intervention Volumes and Finance**  **NO WORD COUNT (10 Marks)**  The Multiply funding calculator has been developed to provide appropriate levels of funding for interventions. It factors in costs relating to programme development, staffing, learner/learning support and resources. Please use the Multiply funding calculator to provide a breakdown of the anticipated funding required for planned delivery of interventions outlined in the [prospectus](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1068822/Multiply_Investment_Prospectus.pdf). Where you are planning eLearning modules/packages that do not involve significant actual teaching then you must use the non-standard intervention section of the funding calculator. | | | |
| **Intervention** | **No. Courses** | **Learner Numbers** | **Calculated Funding** |
| Choose an item. | Enter Number. | Enter Number. | Enter £s. |
| Choose an item. | Enter Number. | Enter Number. | Enter £s. |
| Choose an item. | Enter Number. | Enter Number. | Enter £s. |
| Choose an item. | Enter Number. | Enter Number. | Enter £s. |
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| Choose an item. | Enter Number. | Enter Number. | Enter £s. |
| Choose an item. | Enter Number. | Enter Number. | Enter £s. |
| Choose an item. | Enter Number. | Enter Number. | Enter £s. |
| Choose an item. | Enter Number. | Enter Number. | Enter £s. |
| **Total** | Enter Number. | Enter Number. | Enter £s. |

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| **5.1 Track Record and Impact: Please answer 5.1 OR 5.2**  **MAXIMUM WORD COUNT 500 WORDS (10 Marks)**  Please complete the table below **detailing similar projects you have delivered in the past** and explain your experience in delivering these, including the impact that you have made through the delivery. | | | | | | | |
| **Course Name/Details** | **No. of Starts** | **No. of Achievers** | **Success %** | **Total participants engaged in accredited provision** | **Total participants engaged in non - accredited provision** | **No. of participants who progressed into further learning** | **No. of participants who progressed into Employment** |
| Enter course name/details | Starts | Ach | Success | Participants | Participants | Participants | Participants |
| Enter course name/details | Starts | Ach | Success | Participants | Participants | Participants | Participants |
| Enter course name/details | Starts | Ach | Success | Participants | Participants | Participants | Participants |
| Enter course name/details | Starts | Ach | Success | Participants | Participants | Participants | Participants |
| Enter course name/details | Starts | Ach | Success | Participants | Participants | Participants | Participants |
| Enter course name/details | Starts | Ach | Success | Participants | Participants | Participants | Participants |
| Enter course name/details | Starts | Ach | Success | Participants | Participants | Participants | Participants |
| **Impact of delivery:**  Enter impact | | | | | | | |
| **5.2** **Track Record and Impact:**  **MAXIMUM WORD COUNT 500 WORDS (10 Marks)**  If you **have not delivered a similar project before**, please give details of the anticipated impact of your project | | | | | | | |
| **Anticipated impact of delivery:**  Enter impact | | | | | | | |

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| **6.0 Project Management**  **MAXIMUM WORD COUNT 1000 WORDS (15 Marks)**  How will you manage the proposed programme(s) including:   * How you will ensure the project remains on track and all financial and learner targets are met * The retention strategies in place to support learners to complete the programme, achieve objectives and progress * How you will provide impartial information, advice and guidance throughout the project * How you will ensure learners progress to further learning and how you will evidence this |
| Enter how you will manage programme |

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| **7.0 Profile**  **NO WORD COUNT (10 Marks)**  Please complete the profile below number of courses, learners and progressions. Funding amount is the total you have calculated using the calculator. This is not the amount you will be awarded. It may be moderated in line with available funding. | | | | | | | | | | | | | | | |
| **Funding Amount Requested:** | | | Amount £s | | | | | | | | | | | | |
| **Month** | **Sep**  **2022** | **Oct**  **‘22** | | **Nov**  **‘22** | **Dec**  **‘22** | **Jan**  **‘23** | **Feb**  **‘23** | | **Mar**  **‘22** | **n/a** | | **n/a** | **n/a** | **n/a** | **n/a** |
| **No. courses** | Cses | Cses | | Cses | Cses | Cses | Cses | | Cses | Cses | | Cses | Cses | Cses | Cses |
| **No. learners** | Lnrs | Lnrs | | Lnrs | Lnrs | Lnrs | Lnrs | | Lnrs | Lnrs | | Lnrs | Lnrs | Lnrs | Lnrs |
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| **Progressions:** | | | | | | | | | | |
| Estimated progression to further learning, training or employment. | | | | | | | | Prog | | |

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| **8.0 Quality**  **MAXIMUM WORD COUNT 500 WORDS (10 Marks)**  What quality assurance processes do you have in place that will ensure the project delivery is of high quality? Further explain how you will ensure that learners’ experience whilst on the project is excellent and what systems and processes you have in place to support this. You should also describe how you will record the learner experience including but not limited to:   * Learner satisfaction surveys * Case studies * Good news stories * Sharing best practice * Recognising and recording learner progress and achievement |
| Enter how you will manage quality of the programme |

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| **9.0 Staffing**  **MAXIMUM WORD COUNT 500 WORDS (10 Marks)**  Who will be responsible for the strategic management, operational management and delivery of the project? Please provide details of the staff and volunteers available to you. Details should include:   * Organisation staffing structure * Availability of staff/ volunteers to the organisation * Relevant work history of staff/ volunteers * Qualifications of staff/ volunteers * The organisations continuous professional development arrangements |
| Enter staffing arrangements |

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| **10. Equality, Diversity and Inclusion, Safeguarding and Prevent and Health and Safety**  **MAXIMUM WORD COUNT 500 WORDS (5 Marks)**   * Who in your organisation is responsible for Equality, Diversity and Inclusion, Safeguarding and Prevent and Health and Safety (please provide a named person for each) * How will you ensure that you comply with current legislation and promote it positively throughout your organisation to staff, volunteers, and participants? |
| Enter details of equality, safeguarding arrangements and H & S |

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| **11. Financial Sustainability**  **NO WORD COUNT (5 Marks)**  What other funding do you receive and where from? How will you manage the risk in terms of financial sustainability? Information should be given but not limited to:   * Annual income for the past 3 years * Are you currently in receipt of direct funding from the ESFA/ DWP? * Current and past funding * Name and branch of bank who could provide a reference * If asked, what financial records could you provide in evidence of the current cash and credit position or any of the above? * If no evidence is available, would the directors of the organisation be happy to undergo credit checks? | | | | | | |
| Confirmation of annual income: | | | | | | |
| **2021/ 2022** | | **2020/ 2021** | | | **2019/ 2020** | |
| £ Annual income £s. | | £ Annual income £s. | | | £ Annual income £s. | |
| Are you currently in receipt of direct funding from the ESFA/ DWP?  Yes  No  **If yes**, please provide further details: | | | | | | |
| Please provide details of the funding you have received in the last 3 financial years: | | | | | | |
| **Name of Funding Received** | **Purpose of funding** | | **Amount** | **Date funding started** | | **Date funding expired** |
| Name of funding. | Purpose. | | Amount £s | Date | | date |
| Name of funding. | Purpose. | | Amount £s | Date | | date |
| Name of funding. | Purpose. | | Amount £s | Date | | date |
| Name of funding. | Purpose. | | Amount £s | Date | | date |
| Name of funding. | Purpose. | | Amount £s | Date | | date |
| Name of funding. | Purpose. | | Amount £s | Date | | date |
| Name of funding. | Purpose. | | Amount £s | Date | | date |
| Name of funding. | Purpose. | | Amount £s | Date | | date |
| Can you provide financial records that evidence your current cash and credit position?  Yes  No | | | | | | |
| **If no**, are the Directors of your organisation willing to undergo a credit check?  Yes  No | | | | | | |

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| **DECLARATION**  **Note:** Please ensure that a person who is appropriately authorised to act on behalf of your organisation(s) completes the following declaration and submits the application form by e-mail. **YOU MUST DIGITALLY SIGN THE FORM IN THE BOX BELOW.** | |
| I confirm that the information given in this application is true and complete and that, if successful, the organisation will administer any funding in accordance with the Terms and Conditions applied by Cumbria County Council. I understand that the information will be used in the evaluation process to assess my organisation’s ability to deliver to a grant agreement, if awarded. | |
| **APPLICATION COMPLETED BY:** | |
| Name: | Name |
| Position (Job Title): | Position. |
| Signature: | Signature |
| Date: | Date |
| Telephone number: | Tel no. |
| Email address | email. |