**Application Form- Multiply Oxfordshire Parents and Carers Grant**

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| School: |  |
| Address: |  |
| Contact Name: |  | Telephone: |  |
| Email: |  |
| Total funding requested  |  |

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| **1.1 Project Aims:** In no more than 100 words, what difference will your project make? |
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| **1.2 Approach:** In no more than 100 words, what will you do? |
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| **1.3. Requirements:** In no more than 50 words what will the investment be used for? |
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| **1.3. Beneficiaries:** In no more than 50 words, who and how many people will benefit and how will you capture feedback and monitoring information e.g., name, date of birth, postcode? |
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| **2: Delivery Plan and Timescales:** What will you do and when  |
| Action / Course | Start date | End date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Add more rows if needed >>>> |  |  |

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| **3: Budget:** What will you need to invest in?**\*** Please note we will not consider applications requesting laptops and/or tablet devices to deliver the engagement sessions however, sets of OCC tablets are available for schools to borrow upon request (Please tick below if interested). |
| I I would like to borrow a set of OCC tablets to use for our engagement sessions |
| Expenditure  | Estimated total cost  |
|  |  |
|  |  |
|  |  |
| Add more rows if needed >>>> |  |
| Total Grant |  |

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| **4.1: Compliance:** Please confirm you have the following in place |
|  | Yes  | No |
| Health & safety policies, procedures and training  |  |  |
| Equal opportunities policies, procedures and training |  |  |
| Safeguarding policies, procedures and training |  |  |
| Data protection policies, procedures and training |  |  |
| Insurance |  |  |

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| **4.2: Declaration:** Please confirm you have the following in place |
|  | Yes  | No |
| I, the undersigned, declare that I have read and understood the guidance that supports this application. |  |  |
| I declare, to the best of my knowledge, that the information in our application is correct and I will remain the main point of contact. |  |  |
| I understand that OCC may require additional information prior to agreeing any funding and reserves the right to negotiate changes. |  |  |
| I understand that I must complete and return the monitoring form to OCC by 31st March 2025, at the latest, if my application is successful.  |  |  |
| I understand that OCC reserves the right to annul the applicationprocess and reject all quotations at any time prior to contract award, without thereby incurring any liability to the applicants. |  |  |
| Name: |  |
| Signed:  |  |
| Date: |  |

**Please return this form to** **multiply@oxfordshire.gov.uk**