**Essex food education**

**Community partner application 2022/23**

Thank you for your interest in being a delivery partner for our Essex ***family and child food education*** project, funded by Essex County Council. This application must be completed by every organisation for each venue that you wish to deliver as a partner.

This funding is aimed at engaging with those families or individuals struggling due to the cost-of-living increases. The aim is to provide those attending with the knowledge, skills and cooking tools to be able to provide low cost and nutritious meals for their household.

The funding can be used to deliver to groups who are most in need of this support, including families and individuals.

The application process will open on Wednesday 7th December and will close when all funding has been allocated. All projects must be completed by 31st March 2023.

Please complete the application below and return to [louise.voyce@activeessex.org](mailto:louise.voyce@activeessex.org)

Please see attached guidance for more detailed guidance.

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| **Provider Overview** | |
| Name of Organisation: |  |
| Manager Name: |  |
| Manager Email: |  |
| Manager Contact Number: |  |
| Lead Name: (Person responsible for project each week on site) |  |
| Lead Contact Number: |  |

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| **Type of Organisation (Please tick one)** | |
|  | Charity |
|  | Community Organisation |
|  | Child Care Provider |
|  | Early Years Provider |
|  | Leisure Centre |
|  | Local Authority |
|  | School |
|  | Other, Please Specify: |

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| **Name of project** |  |

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| **Target Audience you wish to engage**  Please tick all that apply  Please indicate how any households you hope to support through the Programme for each group | | |
| Please tick | Type of Household | Number of households you expect to support |
|  | Households with children |  |
|  | Households with those with disabilities |  |
|  | Households with those over 65 |  |
|  | Households with adults |  |
|  | Households with refugees |  |

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| **How many households will you aim to support in total on this course?** |  |

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| **Location and Venue** | |
|  | Basildon |
|  | Braintree |
|  | Brentwood |
|  | Castlepoint |
|  | Chelmsford |
|  | Colchester |
|  | Epping Forest |
|  | Harlow |
|  | Maldon |
|  | Rochford |
|  | Tendring |
|  | Uttlesford |

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| Please let us know what ward/area you hope to deliver in? |  |
| Do you already have a suitable indoor venue that has catering facilities confirmed? |  |
| If yes please state the name of venue and postcodes below |  |
| If no, please inform us of when you expect to have this confirmed |  |

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| **Delivery Details**  *Please give specific details about how you are going to meet the food project requirements* | |
| **Chef/cook:**  Name of external chef/ or member of staff with required level of food education, skills, qualifications and knowledge and cooking skills to deliver the sessions. |  |
| **Basic food hygiene:**  Please state level of BFH qualification volunteers and/or staff hold |  |
| **Food / nutrition education project plan**:  What type of cooking sessions will you be planning e.g slow cooker, one pan meals, air fryer or soup making sessions etc.. |  |
| **Other support**  Will you be providing any other support to the group during these sessions (this could include activities for the young people, signposting for the family, guest support agencies, training etc…) |  |
| **Volunteers:**  Please let us know if you have any volunteers who will support/lead the sessions |  |
| **Other agency support:**  Please let us know if your project will engage with other agencies including foodbanks, supermarket, voluntary groups etc |  |

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| **Delivery Time**  *What day and time do you plan to offer the cooking sessions* | |
| How many weeks will your Prince run for? |  |
| Which day of the week will your Programme run? |  |
| What time of day will your programme run? |  |
| What will be the start date of the Programme? |  |
| What will be the end date of your Programme? |  |

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| **Programme Costings**  *Please fully complete the budget breakdown in the table below* | | | |
| **Cost Heading** | **Daily cost** | **Cost for total provision** | **Breakdown of costs / detail** |
| Staffing costs  (how many staff will you have?) |  |  |  |
| Indoor venue costs, If Applicable |  |  |  |
| Food costs |  |  |  |
| Equipment costs |  |  |  |
| Other costs (please tell us what these will be for) |  |  |  |
| **Total Costs** |  |  |  |

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| **Compliance checks** | |
| If successful you will be required to provide copies of your public liability insurance, risk assessments including Covid procedures and confirm that your staff are DBS checked and have the required health and hygiene qualifications and are first aid trained |  |

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| You will be required to submit monitoring and evaluation of this project. This will include attendance numbers as well as case studies.  Please tick to confirm you understand this. |  |

Please complete the application below and return to [louise.voyce@activeessex.org](mailto:louise.voyce@activeessex.org)