Please complete one form for each activity, if you are delivering more than one. Please complete all fields below:

|  |  |  |  |
| --- | --- | --- | --- |
| Partner Organisation |  | | |
| Name Activity / Intervention |  | | |
| Intervention Type | Guided Learning | Well-being | Social |
| Name of primary lead / contact person |  | | |
| Contact details |  | | |
| Synopsis of Activity |  | | |
| Who is the activity suitable for? |  | | |
| Please specify any additional client criteria/restrictions relevant to your activity  Eg: educational requirements, level of fitness, etc |  | | |
| Total number of individual participants accessing the activity over its delivery period (count each person once only) |  | | |
| Minimum number of participants (per session) |  | | |
| Maximum number of participants (per session) |  | | |
| Venue / Location |  | | |
| Alternative venue (weather) |  | | |
| Number of weeks / frequency delivered |  | | |
| Start date |  | | |
| End date |  | | |
| Start time |  | | |
| End time |  | | |
| Materials / equipment required |  | | |
| Accessibility requirements |  | | |
| How do you know there is a need for this activity/ intervention type? |  | | |
| How does this activity support the Mental Health and Wellbeing of participants? |  | | |
| How does your project/activity  support York’s Early Intervention and Prevention Agenda? |  | | |
| How will your project / activity reach out to Unique Users (as outlined in the programme) |  | | |
| Please outline what contingency measures you have in place to deliver your activity, if faced with facilitator absence, venue failure, low numbers etc. |  | | |
| Additional information / comments |  | | |

**Costings**

Please provide a **full** breakdown of expected costs to deliver your activity.

|  |  |
| --- | --- |
| **Expenditure Area** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Amount** |  |