

**HOLIDAY, ACTIVITY & FOOD PROGRAMME (HAF)**

**APPLICATION FORM – WINTER 2025**

**Please read the content below before starting your application form**

* The holiday activities and food (HAF) programme provides free healthy meals, enriching activities, and childcare places to children from low-income families, benefiting their health, wellbeing and learning.
* The HAF is primarily for school aged children from reception to year 11 (inclusive) who receive **benefits related free school** meals (FSM)
* Benefits related FSMs are available to pupils if their parents are in receipt of qualifying benefits and have a claim verified by their school or local authority.
* All children in reception, year 1 and year 2 in England’s state funded schools receive a free meal under the universal infant free school meals (UIFSM) policy. Infant pupils who receive a free meal under UIFSM **must also be eligible for benefits related FSM to be able to access a place on the HAF programme.**
* Eligible children who attend a school in Doncaster have been issued with a unique HAF code. It is the responsibility of providers to ask for these codes at the time of booking and must ensure booking systems/ procedures can facilitate this requirement and you may be required to provide details of all codes for checking by the HAF team.
* Further details on the HAF programme can be found on: [Holiday activities and food programme 2024 - GOV.UK](https://www.gov.uk/government/publications/holiday-activities-and-food-programme/holiday-activites-and-food-programme-2024#aims-of-the-programme) or email HAF@Doncaster.gov.uk

**Aims of the Programme**

All providers funded to deliver the HAF programme must meet the following aims of the programmes:

• **Healthy meals:** All HAF camps must provide at least one free healthy meal a day, drinks and snacks which must meet the School Food Standards.

• **Enrichment activities:** All HAF camps must provide fun and enriching activities that provide children with opportunities to develop or consolidate skills or knowledge. Camps must also provide a minimum of 60 minutes of physical activity per day which must meet the Physical Activity Guidelines.

• **Increasing understanding and awareness of healthy eating**: HAF camps must work to improve children’s knowledge and awareness of healthy eating and develop a greater understanding of food, nutrition and other health-related issues.

• **Signposting and referrals:** HAF camps must provide information, signposting or referrals to other services and support that would benefit the children who attend their provision and their families. In the event of any safeguarding concerns all providers must be aware of the appropriate services to contact (i.e. children social care, LADO)

• **Policies and procedures:** Providers must be able to demonstrate and explain their safeguarding arrangements and have relevant and appropriate policies and procedures in place in relation to safeguarding, health and safety, insurance, accessibility, and inclusiveness.

**Qualifying Criteria**

Providers must meet the qualifying criteria as set out below. Please complete in full all the checklists. In the event that you do not meet all the essential criteria you may not be eligible to apply.

|  |  |
| --- | --- |
| **Check List** |  **Please state** **Yes / No** |
| You will provide details of unique HAF codes for all eligible participants upon request  |  Yes [ ]  | No [ ]  |
| Your booking system/procedure is able to collect unique HAF codes at the time of booking |  Yes [ ]  | No [ ]  |
| Your programme will be delivered to eligible children & young people from reception to Year 11 who are in receipt of **benefits related free school meals**  |  Yes [ ]  | No [ ]  |
| Each activity session will be a minimum of 4 hours of face-to-face delivery  |  Yes [ ]  | No [ ]  |
| Every eligible child will be provided with **free** nutritious meals, drinks, and snacks which meet the School Food Standards  |  Yes [ ]  | No [ ]  |
| Activities will be rewarding, enriching and have an element of physical activity (a minimum of 60mins each day) |  Yes [ ]  | No [ ]  |
| A full evaluation report will be submitted at the end of the programme |  Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| **Documents Required** If your application is successful, you must confirm you will provide the following documents as part of the QA and compliance process |  **Please state** **Yes / No** |
| Details of Constitution/CIC Articles (if applicable)  | Yes [ ]  | No [ ]  |
| Insurance Certificates. Both public liability **(£10 million**) and employer liability (**£5 million**) certificates | Yes [ ]  | No [ ]  |
| Child Protection & safeguarding policy & procedure (Evidence all staff are aware of safeguarding policies and procedures)/ Safeguarding policy)  | Yes [ ]  | No [ ]  |
| LADO procedure | Yes [ ]  | No [ ]  |
| Equality & Diversity policy | Yes [ ]  | No [ ]  |
| Health & Safety policy | Yes [ ]  | No [ ]  |
| Prevent Duty policy  | Yes [ ]  | No [ ]  |
| Completed activity risk assessment/s | Yes [ ]  | No [ ]  |
| Single Central Record/DBS of staff delivering HAF (enhanced and up to date within the last 3years)  | Yes [ ]  | No [ ]  |
| Names of Designated Safeguarding Lead (DSL) and Deputy DSL detailing role & responsibilities | Yes [ ]  | No [ ]  |
| Copies Safeguarding level 3 training certificates  | Yes [ ]  | No [ ]  |
| Children Missing/Absconding policy | Yes [ ]  | No [ ]  |
| Business continuity plan/s for the project | Yes [ ]  | No [ ]  |
| First Aid certificate/s (a qualified and nominated first aider will be required on site at all activities) | Yes [ ]  | No [ ]  |
| An example of registration procedure with options to list any special needs or medical requirements | Yes [ ]  | No [ ]  |
| To pass quality assurance you may be required to attend a meeting where youwill need to provide evidence staff are aware of polices ad procedures | Yes [ ]  | No [ ]  |

If you have entered yes to the all the above you are eligible to apply the Winter 2025programme. Please continue below and complete all sections of this form.

**APPLY NOW**

This application is not a guaranteed offer of the HAF funding. Any offer will be subject to terms and conditions and successfully passing the moderation, compliance and quality assurance process.

* The amount of funding available for the Winter 2025 HAF that can be awarded to an individual provider is **£5,000**
* The closing date for the Winter 2025 HAF applications is **Sunday 12 October 2025**. Any applications received after this date will not be considered.
* If your proposal is successful, all documents listed above must be signed off no later than **7th November 2025.** Further instruction will be sent out from our compliance and quality assurance team regarding this.

|  |
| --- |
| **ORGANISATION DETAILS**  |
| Name of Organisation applying for HAF funding  |  |
| Full Address with postcode  |  |
| Main Contact within Organisation |  |
| Job Title / Role within Organisation |  |
| Contact Number/s  |  |
| Main Email Address |  |
| 2nd Contact Email Address (eg deputy manager)  |  |
| Organisation Status and Charity/CiC/Company Number |  |
| Bank Account Details  | Account Name:Sort Code:Account Number: |
| Is this company affiliated /linked to any other organisation/holding company who are also applying for HAF funding, if so give full details |  |
| Is the Organisation Ofsted Registered? | Yes / No |
| Organisations Ofsted rating: |  |
| If not Ofsted registered, upon checking the Ofsted guidance, please explain why your organisation is exempt [Registration exemptions - GOV.UK](https://www.gov.uk/guidance/registration-exemptions#when-you-must-register) |  |

**PROGRAMME AIMS**

Please give details of how you will meet the required programme aims. This information will be used to score your application through the moderation process.

|  |
| --- |
| **Enrichment activities & Nutrition education:** Outline the enriching activities you plan to include in your HAF programme. We expect HAF providers to provide a balanced programme of activity – for example if your provision is primarily focussed on sports, how you will ensure those in attendance are benefiting from a varied experience |
|  |
| **Physical activities:** Partners must provide a minimum of 60 minutes of physical activity per day which must meet the Physical Activity Guidelines. Please outline what activities your HAF can will deliver to help participants achieve the [recommended 60 minutes of daily physical activity](https://www.gov.uk/government/collections/physical-activity-guidelines):  |
|  |
| **Local Partnerships:** There is an expectation for you to collaborate with other local partners depending on the amount of funding you are applying for. Please explain what relationships you currently have with the Doncaster VCF sector and explain how you intend to include and support them in your programme.  |
|  |
| **Signposting and referrals.** HAF providers should be able to offer information, signposting or referrals to other services and support, that would benefit the children who attend their provision and their families. Please explain how you will support this element of the programme. |
|  |
| **Eligibility** What steps will you take to promote your programme to ensure all your places are filled with children and young people who are ***in receipt of benefits related free school meals in Doncaster******How will these be eligibility checked?*** Please also state how will you evidence this |
|  |

**DELIVERY PROPOSAL**

Please provide a detailed timetable of your proposed Winter HAF provision for each camp, If you are delivering more than 3 camps please add more tables accordingly (The red italic text is an example).

Please ensure you are realistic with the proposed number of children and young people you intend to engage with, as failure to meet the proposed numbers could see a reduction in your second 50% payment as set out in the table below:

|  |  |
| --- | --- |
| % Attendance Achieved | % Of the final payment amount to be paid |
| 70% and over | 100% |
| 60-69% | 75% |
| 50-59% | 50% |
| 40-49% | 25% |
| 39 and under% | 0% |

**PROPOSED TIMETABLE**

**\*Delivery dates must be between 22nd December 2025 – 2nd January 2026 and a minimum of 4days delivery**

|  |
| --- |
| **Camp 1** |
| **Dates** | **Total number of days delivered** | **Start Time** | **Finish Time** | **Delivery Address** | **Camp Name and Activity Details**  | **Age range** | **HAF Places available per day**  | **HAF Places available in total** | **Booking details** |
|  | *7* | *10am*  | *2pm* | *St martins School**Cantley* *DN12 4AQ* | *Winter Fun Camp* *Arts and crafts* *Multi sports*  | *5-16* | *20* | 140 | [*www.haf@doncaster.gov.uk*](http://www.haf@doncaster.gov.uk) *or call 01302 111222**(Booking Link)* |

|  |
| --- |
| **Camp 2** |
| **Dates** | **Number of days to be delivered** | **Start Time** | **Finish Time** | **Delivery Address** | **Camp Name and Activity Details** | **Age range** | **HAF Places available per day**  | **HAF Places available in total** | **Booking details** |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Camp 3** |
| **Dates** | **Number of days to be delivered** | **Start Time** | **Finish Time** | **Delivery Address** | **Camp Name and Activity Details** | **Age range** | **HAF Places available per day**  | **HAF Places available in total** | **Booking details** |
|  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Have you previously supported a HAF programme in Doncaster? | Yes/No  |
| What are your HAF delivery dates over Christmas *Please indicate all* *dates you plan to deliver:* |  |
| How many days in total will you be delivering over the Winter HAF (must be min 4 days. if you are delivering 4x days at 2x camps this will be 8 days in total) |  |
| What are the start and finish times of your camp/s (min 4hrs per day) | *Start time:**Finish time:* |
| How many hours in total will you be delivering (must be min of 4hours per day per camp)  |  |
| How many places in total are available for each camp (please insert the location name for each camp) | Camp 1 Camp 2 Camp 3  |
| How many eligible **individual** participants do you expect to attend your programme  |  |
| What is the target age range of your HAF provision  |  |
| Is your programme specifically targeted for participants with SEND (max age limit is Y11) *Please note that SEND children must be in receipt of benefits related free school meals*  | Yes/No |
| Are you offering paid places to non-eligible children & young people alongside the free HAF places offered in your proposal**(Please note the HAF grant will not cover these costs)** | *No of places:* *Cost per place, per day:*  |
| What area/s of Doncaster will you deliver your camp/s |  |
| Name the venue/s you will deliver your camp/s  |  |
| Please name all the local organisations/partners you intend to sub-contract/work with to help deliver your programme stating the role they will play.\*Please note – There is an expectation for you to collaborate with Doncaster based community, voluntary, faith sector, grass roots groups/organisations. **Criteria Grant amount:** Up to £1000 - minimum of 1 groups/organisations£1001 - £3000 - minimum of 2 groups/organisations£3001 - £5000 minimum of 3 groups/organisations |  |
| Will you be using a registered food business or preparing food yourselves.If preparing food yourselves you must provide a food & hygiene certificate. |  |
| Please give the full name and address of the food provider who will supply your catering needs  |  |
| **Please provide a sample menu for your HAF provision (see example below)**  |
| **Day** | **Menu** |
| *Day 1 - 25/07/24* | *Lunch:** *Turkey, Selection of Vegetables*
* *Christmas Pudding*

*Drinks:** *Water*
* *Apple/Blackcurrant/Orange Cordial*

*Snacks** *Selection of fresh fruit*
 |

**EXPENDITURE**

**Applications not detailing their full and accurate expenditure will not be considered.**

If an application is successful, providers will be paid 50% of the grant awarded prior to delivery of the

Winter HAF period. The remaining funding will be awarded upon receipt of a completed evaluation form and successful delivery. *Please note we may request evidence of all expenditure.*

|  |  |
| --- | --- |
| **Total amount requested (maximum £5,000)**  | ***£*** |
| **Breakdown of Costs**  | **Details** | **Amount (£)** |
| **Core Staffing** (all staffing cost per hourly rate) |  |  |
| **Sub-Contractor costs** (other provider costs) |  |  |
| **Venue Hire**  |  |  |
| **Food** |  |  |
| **Resources & Equipment** (Full itemised list and individual prices) |  |  |
| **Publicity & Promotion**(£100 max) |  |  |
| **Other (please list other costs)**  |  |  |
| **TOTAL DELIVERY COST**  |  |
| **Administrative / management cost** (no more than 5% of your total cost) |  |  |
| **TOTAL COST**  |  |

**SUPPORTING DOCUMENTS AND INFORMATION**

**DECLARATION**

* I confirm I will submit all the required compliance documentation otherwise my application may be rejected
* I confirm all due diligence checks will be completed on all sub-contracted providers
* I can confirm that the business has no outstanding debts
* I can confirm that the venue/s listed are safe and suitable for use
* I confirm that the statements supporting this application are correct

|  |  |
| --- | --- |
| Print Name:  | Signature:  |

|  |
| --- |
| Position in the organisation/group Date:  |

**Please submit your fully completed form by email to** HAF@Doncaster.gov.uk

Any applications received after the closing date of **Sunday** **12th October 2025** will not be considered

**Important. Please also complete the highlighted below regarding Subsidy Control requirements.**

**Recipient MFA Notification and Confirmation**

City of Doncaster Council (the “Council”) is proposing to offer [Please add your Organisations Name here XXXX ] (“You/Your”) a Minimal Financial Assistance (MFA) Subsidy under the Subsidy Control Act 2022, subject to Your agreement to, and compliance with, the terms and conditions set out below relating to the MFA which will be sent within the Grant Agreement if successful.

The amount of MFA proposed is [Please add your proposed grant fund request here taken from your total above £ XXXX ]. Before making the payment, the Council requires Your written confirmation that receipt of the payment will not exceed Your MFA threshold of £315,000 cumulated over this and the previous two financial years, as specified in section 36(1) of the Subsidy Control Act 2022.

This means You **must** confirm to the Council that You[[1]](#footnote-1) have not received more than £315,000 in MFA subsidies or comparable types of subsidies[[2]](#footnote-2), including this proposed MFA Subsidy over the elapsed part of the current financial year (i.e. from 1st April) and two financial years immediately preceding the current financial year.

***Please note:***

* ***The Council’s receipt of Your written confirmation is a legal requirement under the Subsidy Act 2022 and the Council is unable to award the MFA Subsidy without it.***

***If Your confirmation is subsequently discovered to be incorrect it could lead to You being legally required* Confirmation**

I confirm, for and on behalf of, [insert your Organisation name here xx] that receipt of MFA of [ amount of funds requested £x] from the Council will not exceed [insert your Organisation name here xx]’s MFA threshold specified in section 36(1) of the Subsidy Control Act 2022.

I confirm that:

* I have read and understood the Data Protection Declaration below and consent to usage of the information provided for the purposes described.

Signed: \_x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We take this opportunity to remind You that You are required to keep a written record of the amount of MFA You have received and the date/s when it was received. The written record must be kept for at least three years beginning with the date on which the MFA was given. This will enable You to respond to future requests from public authorities on how much MFA You have received and whether you have reached the cumulative threshold. If the Council is able to grant the proposed MFA Subsidy, it will issue you with an MFA Confirmation of Award to assist you with this requirement.

The Government maintains a publicly available [subsidy database](https://searchforuksubsidies.beis.gov.uk/). You should note that MFA subsidies above £100,000 are subject to legal transparency requirements. This applies per Subsidy award. This means that for every individual MFA Subsidy provided of more than £100,000, the Council must include details of the Subsidy on the national Subsidy Database.  Information on how this is used by the Government can be found on their [Privacy Notice](https://searchforuksubsidies.beis.gov.uk/privacy)

Data Protection Declaration

Personal details submitted on this form will be dealt with in line with Data Protection Legislation, this statement sets out what you need to know about how they will be used by Doncaster Council. Information provided by you will be used to process your subsidy.

Your information may be shared with Government Departments, and agencies that prevent and detect fraud. These forms are retained for 7 years from date approved or from the date any subsidy has been processed.

More information on your rights and how Doncaster Council handles your information generally, can be found on the Council’s website.  You can contact the Council’s Data Protection Officer at information.governance@doncaster.gov.uk for more information.

1. Please note this includes any other companies/entities that are part of your group. [↑](#footnote-ref-1)
2. Please see section 42(8) of the Subsidy Control Act 2022 [↑](#footnote-ref-2)