**DURHAM POLICE AND CRIME COMMISSIONER**



**Funding Application to Durham OPCC**

**Community Based Services Supporting Women Fund**

**Organisation Name:**

**Title of Proposal:**

**Proposed Allocation of Funds (if over more than one year):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project**  | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
|  |  |  |  |  |

**Declaration**

* I understand this this questionnaire will form the basis of a grant agreement.
* I declare that to the best of my knowledge the answers submitted, and information contained in this document are correct and accurate.
* I understand that this questionnaire requires me to self-certify, and my responses will be used as part of the due diligence checking of my proposed activities.
* I declare that, upon request and without delay I will provide the policies, certificates, or documents to evidence my responses to this questionnaire.
* I understand that the authority may reject this submission in its entirety if there is a failure to answer all the relevant questions fully, or if false/misleading information or content is provided in any section.
* I am aware of the consequences of serious misrepresentation.

|  |  |
| --- | --- |
| **Signed by Senior Officer in Applying Organisation** |  |

**Once complete return this form to** **general.enquiriespcc@durham-pcc.gov.uk**

**PART 1: ABOUT THE ORGANISATION (PRE-APPROVAL)**

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Organisation Address** |  |
| **Organisation email address** |  |
| **Organisation Website** |  |
| **How would you best describe your organisation?** | [ ]  Registered charity (registration number is required)[ ]  Charitable Incorporated Organisation (registration number is required)[ ]  Company limited by guarantee (registration number is required)[ ]  Community Interest Company (registration number is required)[ ]  Public Limited Company (registration number is required)[ ]  Social Enterprise (description and registration number is required)[ ]  Community Safety Partnership [ ]  Local Authority[ ]  Town or Parish Council [ ]  Other (further clarification required) |
| Who is the main contact person in respect of this funding application? |
| First Name: |  |
| Surname: |  |
| Position in organisation: |  |
| Contact address: |  |
| Email: |  |
| Telephone: |  |
| **To be completed by OPCC**  |
| **OPCC Contract Manager:** |  |
| **Payment Schedule** | OPCC indicate preference:[x]  One off payment[ ]  Bi-annual payment (start and mid project)[ ]  Quarterly payment |
| **Data Returns** | OPCC indicate preference:[ ]  Project End Evaluation [ ]  Bi-annual Evaluation (mid and end project)[x]  Quarterly Performance Monitoring (reducing to bi-annual based on performance) |

**PART 2: ABOUT YOUR PROJECT**

|  |  |
| --- | --- |
| **Title of Proposal:** |  |
| **Local Network area/s applied for (please list):**Please see Funding Application Guidance for a list of Local Network areas.Please note, you may apply for more than one Local Network area, however only one provider will be successful per area.  |  |
| **Total funding applied for (number of Local Network areas applied for, multiplied by value per area)**  |  |
| **Funding Period (months):** |  24 months (with the possibility of extension of up to 12 months + 12 months) |
| **Proposed Commencement Date:** | 01-Jan-2026 |
| **Proposed Completion Date:** | 01-Jan-2028 |
| **Grant/Contract Period:** | 2+1+1 contract length |
| **Please confirm that your service meets the Standards of Service as set out within the project specification (select tick box)** | [ ]  Applicable Local Standards: Code(s) of Conduct (4.2)[ ]  Applicable Local Standards: Policies and Procedures (4.2)[ ]  Applicable Local Standards: Complaints (4.2)[ ]  Legislation (4.3)[ ]  Workforce: Staffing (4.4)[ ]  Workforce: Recruitment and Selection (4.4) [ ]  Workforce: Staff Training and Personal Development (4.4)[ ]  Governance Arrangements (4.5) [ ]  Serious Incidents (4.6)[ ]  Safeguarding (4.7)[ ]  Information Governance (4.8)[ ]  Cyber Security (4.9) |
| **Question 1 (up to 500 words):****Please explain why your service will be the best provider for delivering the vision of this Project, (Section 2) in the areas of which you are applying for?** * How will you deliver in keeping with the Projects purpose, ambition and aims?
* How is your service tailored to the needs of local community?
* Is it a new or existing Project?
* What has been the feedback following consultation with partners?
 |
|  |
| **Question 2 (up to 500 words):****Please explain how your service will comply and add value to the service Principles (Section 3.3).**  |
|  |
| **Question 3 (up to 1000 words)****How will you deliver your service, in keeping with the specification and principles of this Project?**Please provide a summary of your proposed service delivery model, including:* Who is your Project supporting?
* What is your Project? *(What will your Project consist of, what days/times will you deliver your Project, where will your Project be delivered, etc)*
* Who will deliver your Project (people / organisation)?
* What is the timescale for delivery of your Project? *Please* a*ttach a Project Delivery Plan or set of milestones (Gannt Chart not included in word count)*
 |
|  |
| **Question 4 (up to 300 words)****Outline the commitment of the organisation in relation to supporting the health and wellbeing of their local communities.*** Confirmation that you are registered on the Net Positives social value portal and provision of evidence as a separate supporting document - **http://police.net-positive.org.**
* Evidence of a Social Value policy within your organisation – please provide evidence of this.
* Evidence of community-based work and commitment to ‘by and for Services’.
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**SCORING MATRIX**

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| **PRE-APPLICATION QUESTIONS (Yes/No)**Please confirm the following: |
| **Does the proposal meet the PCC Police & Crime Plan Priorities?** | Yes | No | **State which priorities:** |
|  | **Strongly Disagree****1** | **Disagree****2** | **Neither Agree/Disagree****3** | **Agree****4** | **Strongly Agree****5** |
| **Question 1** |  |  |  |  |  |
| **Question 2** |  |  |  |  |  |
| **Question 3** |  |  |  |  |  |
| **Question4** |  |  |  |  |  |
| **Proposals must score 3 or above in all categories**  |
| **Score** |  |
| **By exception funding justification** |  |
| **Funding Stream** |  |