**DURHAM POLICE AND CRIME COMMISSIONER**

Logo

Description automatically generated

**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**](mailto: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:  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)  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’. | |
|  | |

**SCORING MATRIX**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  | | | | |