



PCC Crime Prevention Fund 2016

Please read the detailed guidance notes before completing the application – closing date 5pm on 4th March 2016

SECTION A: ABOUT YOUR ORGANISATION

Name of organisation:

Contact address:

Postcode:

Contact names and details:

	Main Contact	Alt. Contact
Name:		
Position:		
Telephone:		
Mobile:		
Fax:		
Email:		

What are your organisation's main or current activities?

Is your organisation:

A registered charity?	<input type="checkbox"/>	Charity Number:	<input type="text"/>
Applying for charitable status?	<input type="checkbox"/>		
A company limited by guarantee?	<input type="checkbox"/>	Company Number:	<input type="text"/>

Other

When was your organisation established? Year: Month:

Are you part of, or affiliated to, a larger organisation?

(If yes, please give details, including head office address)

How many people are involved in your organisation?

Full time paid staff: Part time paid staff:

Management Committee members: Volunteers:

What was your organisation's total income in the last three years?

2012/13	<input type="text"/>	Notes:	<input type="text"/>
2013/14	<input type="text"/>	Notes:	<input type="text"/>
2014/15:	<input type="text"/>	Notes:	<input type="text"/>

Bank account details: (This should be an account in the name of your organisation with at least two signatories.)

Name of Bank/Building Society:

Account Name:

Account Number:

Sort Code:

If you are successful in your application, to whom should the cheque be made payable? (NB This should be an organisation, not an individual. If you do not have a bank account for your organisation, please provide details of a community organisation that will accept the grant on your behalf.)

SECTION B: ABOUT YOUR APPLICATION

B1

PLEASE GIVE YOUR PROJECT A NAME AND DESCRIBE WHAT YOU NEED FUNDING FOR (max 250 words)

PROJECT NAME _____

PLEASE TELL US ABOUT THE POSITIVE IMPACT FUNDING WILL HAVE ON THE PEOPLE INVOLVED (Max 250 words)

When will the project take place?

Start Date:

End Date:

B2. HOW DOES YOUR PROPOSED PROJECT MEET AT LEAST 1 OF THE COMMISSIONER'S PRIORITIES? (150 Words) (Please see 'What you can apply for' in the guidance notes)

B3. HOW DOES YOUR PROPOSED PROJECT CONTRIBUTE TO THE COMMISSIONER'S CRIME PREVENTION FRAMEWORK? PLEASE REFER TO THE TABLE IN THE GUIDANCE NOTES (Max 150 words)

B4. HOW WILL YOU MONITOR YOUR PROJECT IN ORDER TO HIGHLIGHT THE BENEFITS YOU HAVE BROUGHT TO THE TARGET BENEFICIARIES?

PLEASE SET OUT AT LEAST 3 MEASURABLE MILESTONES FOR YOUR PROJECT THAT WILL BE ACHIEVED (THESE SHOULD BE EASILY MEASURABLE AND SHOULD CONTRIBUTE TO THE OVERALL AIMS OF THE PROJECT) (Max 150 words)

B5. PLEASE DESCRIBE ANY ADDED VALUE/SOCIAL VALUE THAT YOUR PROPOSED PROJECT WILL HAVE (Max 150 words)

B6. HOW WAS THE NEED FOR YOUR PROJECT IDENTIFIED? (150 Words)

B7. WHAT OTHER GROUPS OR ORGANISATION, IF ANY, WILL YOU WORK WITH AS PART OF THIS PROJECT AND IN WHAT CAPACITY WILL THEY BE INVOLVED?

SECTION C: FINANCIAL INFORMATION

C1. Have you ever received grant funding before from us or any other funder?

YES / NO

C2. How much are you requesting?

£

C3. Are you seeking further funds from any other organisation?

YES / NO

If yes, please give details of the amount and when the outcome will be known:

Organisation	Amount applied for	Date of outcome

C4. Please give details of the costs for the project:

Revenue (please break down as appropriate e.g. hourly rates, hours per day/week etc)

	£
	£
	£
	£
	£
	£
	£
	£
	£

Capital (money which will be spent on single items of equipment or asset that cost £500 or more and have a life of more than one year)

	£
	£
	£
	£
	£
TOTAL	£

Please attach suppliers' or providers' cost estimates or quotations if available.

SECTION D: POLICIES AND BENEFICIARIES

D1. POLICIES

The following is a list of the typical policies and procedures a charitable group should have in place. However, not all will be relevant to your specific organisation.

Please indicate next to each policy or procedure whether you have it in place (in place), are in the process of developing it (In Dev) or if it is not applicable (N/A).

	In Place	In Dev	N/A
Equal Opportunities Policy			
Health and Safety Policy			
Risk Assessments			
Confidentiality/Data Protection Policy			
Volunteer Policy			
Child Protection Policy in place and communicated to all staff and volunteers			
CRB Checks in place and updated regularly			
Child Protection Training undertaken by relevant staff			
Vulnerable Adults Policy in place and communicated to all staff and volunteers <input type="checkbox"/>			
Public Liability Insurance			
Employers Liability Insurance			
Indemnity Insurance (if giving advice)			
Contents Insurance is in place as needed			
Qualified Tutors are always used for sessions			
IT Policy			
Environmental Sustainability policy			

For help with developing your policies and procedures please contact your local CVS.

D2. BENEFICIARIES

How many people will benefit from your project?

Directly **Indirectly**

Please indicate who the beneficiaries of your project will be

- | | | |
|------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Children (0-12) | <input type="checkbox"/> Young people (13-25) | <input type="checkbox"/> Adults (26-50) |
| <input type="checkbox"/> Over 50's | <input type="checkbox"/> Homeless | <input type="checkbox"/> Alcohol/drug addiction |
| <input type="checkbox"/> Disabled people | <input type="checkbox"/> Low income | <input type="checkbox"/> Refugees/Asylum seekers |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Health issues | <input type="checkbox"/> Lesbian/gay/bisexual |
| <input type="checkbox"/> Families | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> NEET | <input type="checkbox"/> Rural areas | <input type="checkbox"/> Urban areas |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Residents | <input type="checkbox"/> Lone/teenage parents |
| <input type="checkbox"/> Ex offenders | <input type="checkbox"/> Travelling communities | <input type="checkbox"/> Others |

(a) Who will be the primary beneficiaries?

25. Please indicate the ethnic origin of your project beneficiaries

White

- | | | |
|------------------------------------|--------------------------------------|-------------------------------------------|
| <input type="checkbox"/> British | <input type="checkbox"/> Irish | <input type="checkbox"/> Eastern European |
| <input type="checkbox"/> Travelers | <input type="checkbox"/> Other White | |

Mixed

- | | | |
|------------------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Black Caribbean/white | <input type="checkbox"/> Black African/white | <input type="checkbox"/> Asian/white |
| <input type="checkbox"/> Other | | |

Asian

- | | | |
|---------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Other | | |

Black

- | | | |
|------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African | <input type="checkbox"/> Other |
|------------------------------------|----------------------------------|--------------------------------|

Chinese or Other

- | | |
|----------------------------------|--------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other |
|----------------------------------|--------------------------------|

(a) Which is the primary ethnic group?

26. Will your project create any volunteering opportunities? If yes how many.

Up to 10hrs a week **10 or more hrs a week**

DECLARATION

Before signing the declaration, please ensure you have completed all the sections in this application form, and that you have enclosed the documents requested on the checklist below where applicable. **PLEASE NOTE YOUR APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNED DECLARATION.**

1. Please enclose the following documents with this application (tick boxes on the checklist):

The constitution / set of rules of your organisation

Your organisation's latest annual accounts, or income/expenditure statement for the last 12 months

A copy of your organisation's most recent bank statement

A copy of your organisation's Vulnerable Adults/Child Protection Policy

A copy of your public liability insurance certificate

2. I am an authorised representative of the organisation. To my best knowledge, the information provided in this application form is correct.

Signature

Print name

Position in organisation

Date

Please return this form via email, to
pcccrimepreventionfund@hotmail.com

by
5.00 p.m. on 4th March 2016