



Commissioner's Community Action Grant

SMALL GRANT APPLICATION FORM

Organisation Name			
Project Name			
Amount Requested		Length of Grant Max. 12 months	

Submission Deadline Small Grant Round 7	Friday 4th January 2019	<input type="checkbox"/>
Submission Deadline Small Grant Round 8	Friday 1st March 2019	<input type="checkbox"/>
Submission Deadline Small Grant Round 9	Monday 1st July 2019	<input type="checkbox"/>
Submission Deadline Small Grant Round 10	Friday 1st November 2019	<input type="checkbox"/>

When complete email to: cpgrants@derbyshire.pnn.police.uk

The Police & Crime Commissioner for Derbyshire's
Community Action Grant

This application form is for non-statutory organisations such as voluntary and community groups and non-profit making organisations applying for a Community Action Grant. Before completing your application, please make sure you have read the Guidance Notes and Information and the Standard Grant Conditions available at www.derbyshire-pcc.gov.uk

Small Grants

To take part in any small grant round you must submit the application by 12 noon on the deadline date stated at the front of the application. Electronic submissions are preferred where possible but a signed hard copy is also acceptable.

- The electronic copy to be sent to cpgrants@derbyshire.pnn.police.uk.
- The signed hard copy (if applicable) of your application should be sent to:
Office of the Police & Crime Commissioner for Derbyshire
Constabulary HQ
Ripley
Derbyshire
DE5 3RS

Decisions will be made in line with the timetable which is available on the grants page of the PCC website, and both successful and unsuccessful applicants will be advised of the outcome on the decision date specified.

If you are successful, we will then ask to see some of the supplementary information referred to in the application form (e.g. accounts and safeguarding policy where available). Subject to satisfactory checks we will send you a grant agreement to sign.

Applications received after the deadline stated will not be considered.

When completing the application, please:

- Adhere to the word limits – additional text will not be considered
- Respond appropriately to each question – only information provided in the answer boxes will be considered
- Be aware that applications are assessed solely on the information given in the application
- Assume that assessors have no prior knowledge of your organisation or project
- Place a tick in the required boxes as appropriate
- We encourage use of Arial 11pt typeface if completing your application electronically
- Do not enclose any additional information unless we request it

Section 1 – Your Community Action Grant proposal

SUMMARY OF YOUR PROJECT

The following details will be used to initially shortlist projects so please ensure that you include all relevant information requested (Max 160 words per box, Arial 11pt typeface)

Please ensure you provide statistical data where possible and include both qualitative and quantitative information. *(You will be able to expand on this information further in the following sections).*

Summary of proposed project:

Evidence of need for the project:

Who will benefit and how (clear outcomes):

Police and Crime Plan priorities

Your proposal must relate to at least one of the priorities detailed in the Police and Crime plan. The full Police and Crime Plan document can be found [here](#) on the Grants page of the Commissioner's website. Using the following tables, please identify briefly how your project links to one or more of these priorities

Which of the following Police and Crime Plan priorities does your application support?

(Please 'X' all that apply)

Priority Number	Priority Explanation	Please 'X' the Appropriate Choice
1	Working to keep the most vulnerable in our communities safe from crime and harm and supporting those who unfortunately find themselves a victim of crime.	<input type="checkbox"/>
2	Working to tackle the emerging threats of cyber and cyber enabled crime on individuals, businesses and communities.	<input type="checkbox"/>
3	Working to tackle the impact of drugs and alcohol on communities.	<input type="checkbox"/>
4	Supporting those with mental health issues, including those with learning difficulties, who come into contact with the Criminal Justice System, as victim or offender, to get the right support, from the right agencies at the right time.	<input type="checkbox"/>
5	Working with young people, including those who have been either victims of crime or offenders, to understand their needs and prevent them becoming involved in criminal activities.	<input type="checkbox"/>
6	Working with the Constabulary to develop the policing family to be more representative of the diverse communities it serves.	<input type="checkbox"/>
7	Working with the Constabulary and partners to maximise the opportunities from developments in technology.	<input type="checkbox"/>

To help you complete the tables below, please see additional information:

ACTIVITY – Briefly describe the need for the project and who will do what and how

PERFORMANCE MEASURES – Briefly describe what tools you will use to demonstrate the change that your project achieves

OUTCOME – Briefly describe the anticipated outcomes of each project

IMPACT AND BENEFIT – Please state what impact the project will have on the local community and who will benefit from it. Please be as specific as you can. This may be used as delivery criteria for payments.

The Commissioner will be looking for:

- Projects which empower the local community to tackle problems in their neighbourhood areas.
- Projects organised by (and involving) community/neighbourhood groups.
- Projects that can demonstrate that they can make a difference to local communities.
- Projects that take a new approach to tackling long term problems.
- Projects that foster good relations between partner agencies and communities and do not work in isolation.

Additional information regarding eligibility criteria and other useful details can be found by clicking [here](#)

What Activity Will Be Undertaken?

Why Is The Project Needed And How Many People Would It Benefit?

What Is The Proposed Outcome?

How Will You Measure The Impact + Benefit?

Which geographical location(s) will your organisation work in?

Derby City	<input type="checkbox"/> Please specify:
Derbyshire County	<input type="checkbox"/> Please Specify:
Policing Area (North or South Division)	

Is this grant for new work, or to support/extend your existing work?

	New Work	Existing Work
	<input type="checkbox"/>	<input type="checkbox"/>

If you are seeking a grant to support existing work, please explain below how and why your existing approach(es) work well

EXIT STRATEGY – If you are successful what will happen to the project/service/activity when the funding ends

ADDITIONAL INFORMATION – please give any other information you think is relevant to the application

Section 2 - Financial information

Please provide an explanation of what you will be spending the money on if your application is successful. You don't need to have a value in every box.

Please remember that the maximum size of the grant is £2,500 and that we need sufficient detail to assess your application for **good value for money** and to identify how you plan to make best use of the available funds.

Type of Spend	Total Cost
Direct Staff Costs (Including oncosts) (please provide a breakdown of costs)	£
Travel (please provide a breakdown of costs)	£
Supplies and Services (please provide a breakdown of costs)	£
Management Overhead (please provide a breakdown of costs)	£
Monitoring and evaluation costs (please provide a breakdown of costs)	£
Other (please detail)	£
TOTALS	£

BREAKDOWN AND JUSTIFICATION OF COSTS – Please use the box below to justify any costs which you feel may appear high

If the total cost of your project is more than the amount requested in the grant application, please use the table below to explain where the remainder of the money will come from. If partners are contributing to the finances of the project please also provide these details here.

Source of funding	Total amount contributing to project costs	Period of time that match funding covers	Can you supply confirmation of match funding?
	£		
	£		
	£		
	£		

Section 3 – Your Organisation

Organisation Name	
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Please give the details of the person in your organisation who will act as the point of contact, and who can discuss the application in more detail if required.

Title		Surname	
Forename(s)		Position	
<u>Address (incl. postcode):</u>			
Telephone		Telephone	
Mobile		Fax	
Email Address			

Please tell us below of any communication needs your main contact has, including text-phone, sign language, large print, audiotape, Braille or a community language.

Communication Needs	
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Please state the month and year in which your organisation was established

Month		Year	
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Please briefly describe your organisation and what it does (maximum of 150 words)

Please confirm the type of organisation as stated in the governing document, giving the registration number where appropriate (please complete all those that apply):

Type of Organisation	Registration Number
Registered charity	<input type="checkbox"/>
Not-for-profit company	<input type="checkbox"/>
Social enterprise	<input type="checkbox"/>
Company Limited by Guarantee	<input type="checkbox"/>
Unincorporated and not registered as a charity (please put a tick in the box if applicable)	<input type="checkbox"/>
Other (please specify)	

Please state below the number of paid workers and volunteers currently in your organisation.

Employees	Number	Volunteers	Number
Full-time paid		Active	
Part-time paid		Not Active	

Does your organisation have a set of rules, memorandum of understanding, or constitution (Governing Document)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Does your organisation have an **active** management team/board of trustees of at least three people (who are unrelated)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Does your organisation have a bank account in the name of the group, with a least two unrelated signatories?

<input type="checkbox"/>	<input type="checkbox"/>
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If no you will be required to set one up should your application be successful **before** any monies can be paid.

Does your organisation have recent signed accounts?

<input type="checkbox"/>	<input type="checkbox"/>
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Does your organisation have a policy on financial controls and management?

<input type="checkbox"/>	<input type="checkbox"/>
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Does your organisation have appropriate policy/processes for safeguarding Children and Young People and/or Adults?

<input type="checkbox"/>	<input type="checkbox"/>
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If you haven't got a safeguarding policy we may be able to help you get one if one is needed

What has your annual income and expenditure been in the past two years?

Financial year		Annual income £	Annual expenditure £	Reserves at the end of the year
From	To			

If you are intending to deliver this project in partnership with other organisations, please advise who they are and give a brief description of their role. Please only include partners if they have agreed to be involved in the project (maximum of 50 words per partner). You need to be prepared to provide evidence of their agreement.

Name of Partner	Role

Section 4 - Finishing your application

Please tick the following boxes to confirm that:

You have answered all of the questions in this application form	<input type="checkbox"/>
You have signed the application form	<input type="checkbox"/>
You have only sent us the information we have asked for and not included any additional documents	<input type="checkbox"/>
You have e-mailed an electronic copy of this application form to cpgrants@derbyshire.pnn.police.uk	<input type="checkbox"/>

I confirm that I am authorised to sign on the behalf of the organisation and that all the information given or referred to in this application form is true and accurate and that all relevant information has been submitted.

Name	
Position in organisation	
Signed	
Date	

We are interested to know how you heard about the grant; please indicate all that apply:

Press article - please state publication	<input type="checkbox"/>
Public sector organisation – please state (Home Office, Local Authority, Police & Crime Commissioner, Police etc.)	<input type="checkbox"/>
Funding website - please state which one	<input type="checkbox"/>
From another local community organisation (please put a tick in the box)	<input type="checkbox"/>
From a partner organisation (please put a tick in the box)	<input type="checkbox"/>
Other - please state	

Please note that the information provided may be subject to a Freedom of Information request under the Freedom of Information Act 2000 (please see Grant Standard Conditions – para 32).

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