



Commissioner's Crime Prevention Grant

Large Grant – Big Difference

LARGE GRANT APPLICATION FORM FOR GRANTS of £5,000 - £25,000

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

| | |
|----------------------------|--|
| Submission Deadline | 12 noon on 5th June 2015 |
|----------------------------|--|

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

| | |
|---------------------|----|
| Office Use Only | |
| Grant Reference No: | LG |

The Police & Crime Commissioner for Derbyshire's
Crime Prevention Fund

This application form is for public sector, voluntary and community organisations applying for a Crime Prevention Fund Grant.

Before completing your application, please make sure you have read the Information notes and the Standard Conditions included in the application pack or available at www.derbyshire-pcc.gov.uk .

There will be just one round of grants in 2015-16. To take part in a grant round you must submit the application by 12 noon on the deadline date stated at the front of the application. If you submit the application electronically this MUST be followed by a signed hard copy of the application, received within five working days of the deadline.

- The electronic copy to be sent to cpgrants@derbyshire.pnn.police.uk.
- The signed hard copy 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 within six weeks of the application deadline, and both successful and unsuccessful applicants will be advised of the outcome no later than two weeks later. Some applications, depending in demand, may be carried forward to the next round.

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

Applications received after the deadline will not be considered until the following round.

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 12pt typeface if completing your application electronically
- Do not enclose any additional information unless we request it

Section 1 – Your Crime Prevention Grant proposal

Your proposal must relate to at least one of the priorities listed below. Please tick the box which most directly applies.

| | |
|-----------------------------------|--------------------------|
| Protecting victims of crime | <input type="checkbox"/> |
| Helping those vulnerable to crime | <input type="checkbox"/> |
| Tackling anti-social behaviour | <input type="checkbox"/> |

| | |
|--|--------------------------|
| Tackling drug and alcohol-related crime and harm | <input type="checkbox"/> |
| Tackling domestic abuse | <input type="checkbox"/> |
| Supporting Witnesses | <input type="checkbox"/> |

| | |
|------------------------|--|
| Other: Please state | |
|------------------------|--|

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

| | |
|------------------------------------|--|
| Local Authority | |
| Derby City | |
| Derbyshire County | |
| Policing Area (B, C or D Division) | |

SUMMARY OF YOUR PROJECT

This information will be used to initially shortlist projects so please ensure that you include all relevant information requested (Max 500 words)

Please ensure you provide statistical data where possible and include both qualitative and quantitative information

- Summary of proposed project
- Evidence of need for the project
- Who will benefit and how (clear outcomes)

(You will be able to expand on this information further in the following sections).

TRACK RECORD OF DELIVERY – Please outline your organisation’s track record in delivering similar projects and working with the target group

EVIDENCE - please tell us what evidence you have of the need for this project

OUTCOMES - Briefly describe the anticipated outcomes of the proposed project

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to write the anticipated outcomes of the proposed project.

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

DELIVERY – Please tell us who will deliver what and how

TIMELINES – Please provide below an indicative project timeline, showing the stages and dates by which you will implement your proposals

| | | |
|--|--------------------------|--------------------------|
| | New Work | Existing Work |
| Is this grant for new work, or to support/extend your 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 £25,000 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 |
|---|-------------------|
| Staff and volunteer costs (please provide a breakdown of costs) | £ |
| Operational / activity costs (please provide a breakdown of costs) | £ |
| Publicity costs (please provide a breakdown of costs) | £ |
| Monitoring and evaluation costs (please provide a breakdown of costs) | £ |
| Management and overheads | £ |
| 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.

If you are applying on behalf of a public body with tax raising powers, please identify your mandatory match funding. You need to be prepared to provide evidence of this.

| 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 | |
|-------------------|--|

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 | |
|---------------------|--|

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

| | | | |
|-------|--|------|--|
| Month | | Year | |
|-------|--|------|--|

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 | |
| Not-for-profit company | |
| Social enterprise | |
| Company Limited by Guarantee | |
| Local Authority (name) | Not Applicable |
| 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"/> |
|--------------------------|--------------------------|

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"/> |
|--------------------------|--------------------------|

Does your organisation have a policy on financial controls and management?

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

Does your organisation have appropriate policy/processes for safeguarding Children and Young People and/or Adults?

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

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 |
|-----------------|------|
| | |
| | |
| | |
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| | |

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 | |
| Public sector organisation – please state (Home Office, Local Authority, Police & Crime Commissioner, Police etc.) | |
| Funding website - please state which one | |
| 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 | |