

This form sets out the background information on your organisation and project which is needed by the Office of the Police and Crime Commissioner in order to decide if your project is successful or not.

Once we receive your completed form, it will go through the Panel process as set out in the criteria and guidance notes.

The Application Form is a Word Document which allows applicants to add lines to expand their answers further.

Please send completed form to:

**Email: chelsea.lloyd@west-midlands.pnn.police.uk**

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| **PCC GRANT APPLICATION (general)**  *(Please note – no hand-written forms will be accepted)* | | | | | | | |
| **Name of Organisation** |  | | | | | | |
| **Postal Address** *(inc postcode)* |  | | | | | | |
| **Phone No** | **Office** |  | | **Mob** |  | | |
| **Email Address** |  | | | | | | |
| **Website Address** |  | | | | | | |
| **Name of Main Contact** |  | | | | | | |
| **Job Title** |  | | | | | | |
| **Type of Organisation** | Not for Profit Organisation | | |  | |  |  |
|  |
| Community Interest Company | | |  | |  |  |
|  |
| Charity | | |  | |  |  |
|  |
| Registered Charity No: | | |  | | | |
| Social Enterprise | | |  | |  |  |
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| Community Group | | |  | |  |  |
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| Incorporated Association | | |  | |  |  |
|  |
| Other | | |  | | | |
| **When was your Organisation Set up?** | **Month** | |  | **Year** | | |  |

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| **Please provide a summary of your organisation including the main activities, objectives and area which you cover** *(No more than 300 words)* |  | | | | | | |
| **PARTNERSHIPS AND SUPPORTING STRATEGIES** | | | | | | | |
| **Please state which partnerships, multi-agency bodies, or other community groups you are working with** |  | | | | | | |
| **Please state what strategic plans your project/service supports *(nationally/locally)*** |  | | | | | | |
| **Demand on Policing/Criminal**  **Justice Agencies -**  **How does your**  **project/service reduce the demand on the**  **Police/Criminal Justice or support these Agencies?**  *(No more than 300 words)* |  | | | |  | | |
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|  | **ABOUT YOUR PROJECT** | | | |  | | |
| **Name of your Project** |  | | | |  | | |
| **Is your project a new project/service, trial project/service, continuation of project/service or to support core costs?**  **Please provide a summary for your proposed**  **project/service/core activity for which you are requesting funding***?*  *(No more than 500 words)* | New Project / Service | |  |  | Trial/Pilot  Project/Service | |  |
| Continuation of Project/Service | |  |  | Support Core  Activity/Costs | |  |
| **Project start date/ end date**  *(estimated if project not started)* | **Start** |  | | | **End** |  | |

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|  | **IDENTIFYING THE NEED** |  | |
| **What research have you carried out (what is the evidence base and cause) to identify this need and who have you consulted with**?  e.g. key stakeholders, community, public engagement, other not for profit/community groups*(No more than 500 words)* |  |  | |
| **Please set out why your organisation is best placed to address/deliver this project/service and what impact it will have on the target group?** e.g. track record, specialism, partnerships, sole provider.*(No more than 500 words)* |  |  | |
| **Please provide evidence that users of the service are involved in the developing and delivering of the project. (co-production)**  *(No more than 500 words)* |  |  | |
|  | **INDICATORS** |  | |
| **List target group and number of beneficiaries**  e.g. Ex-Offenders, Mental Health, Young People, Victims of Domestic  Abuse or Sexual Violence, Minority Groups, Vulnerable people or Groups with Protected Characteristics (as referred to in the Equality Act 2010) | **Activity** | **Target Group** | **No of Beneficiaries** |
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| **Local Authority areas that will benefit** | **Activity** | **City/Town** | |
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| **Using SMART principles (ie Specific, Measured, Achievable, Realistic and Timely) please provide details of Outputs to be delivered:** |
| *Example 1: running 10 sessions of a homework club between September and December.*  *Example 2: 30 people participating in after school club and attending 75% of the sessions run.* |

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| **Outcome evidence:**  *[Outcomes are the changes and achievements resulting from your project/activity.]*  Please provide information about what you want to achieve by delivering this project/activity and what difference you expect it to make within the local community. Again using SMART principles, how will you demonstrate / measure those achievements. |
| *Example 1: 30 people attaining x’ standard or attaining ‘y’ qualification.*  *Example 2: 10 per cent reduction in anti-social behaviour in the area as evidenced by monitoring of graffiti levels over the six month period January – June.* |

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|  | **FINANCIAL INFORMATION**  ***Total Amount of Funds Requested – please supply a total breakdown*** |
| For 2021/2022: | £ |
| **TOTAL:** | **£** |

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|  | **FINANCIAL BREAK DOWN**  **Overall Costs in 2021/22 – insert line items as necessary** | |  |
| **Breakdown:** |  | **Total Amount** | **Capital/Revenue** |
| *e.g. 1 x Support Worker (30hrs P/W)* |  | *£20,000* | *Revenue* |
|  |  | £ |  |
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|  |  | £ |  |
| **TOTAL OVERALL COSTS** |  | **£** |  |

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| **DETAILS OF MATCH FUNDING**  *(if you have been granted, applied for or going to submit an application for additional funding to support your project/service)* | | | |
| **Name of Fund/Purpose of Fund** | **Confirmed**  **£** | **Awaiting Decision**  **£** | **To Submit**  **£** |
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|  | **EVALUATION & EXIT STRATEGY** |
| **How will you evaluate your project when it has finished?**  **e.g*. will evaluation be carried out internally or externally?***  *(No more than 300 words)* |  |
| **How will you ensure this project is sustainable after this funding has ceased – if applicable?**  *(No more than 300 words)* |  |
| **Exit Strategy - How will you close the project to minimise possible negative impact on those using it?**  *(No more than 300 words)* |  |

**DECLARATION**

1. I am authorised to make the application on behalf of the above organisation.
2. I certify that the information in this application is correct.
3. If the information in the application changes in any way I will inform the OPCC

immediately.

1. I give permission for WMPCC to record the information in this form electronically and to contact my organisation by phone, mail or email with information about its activities and about funding opportunities.
2. I agree to participate in monitoring, auditing and evaluation related to these funds.

Please tick the box here to confirm acceptance of these conditions.

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| **Name** |  |
| **Organisation** |  |
| **Position** |  |
| **Date** |  |
| **Signed** |  |

**Please return this form by email to** **chelsea.lloyd@west-midlands.pnn.police.uk**