**VRU GRANT EXPRESSION OF INTEREST 2021/22**

***For work between 1st April 2021 – 31 March 2022***

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| **ORGANISATIONAL INFORMATION** | | | | | | | |
| **Name of Organisation(s)** | *\*If bidding as a consortia, please provide details for the lead provider and all linked providers\** | | | | | | |
| **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 | |  | | |  |  |
|  |
| Social Enterprise | |  | | | | |  |  |
| Social Enterprise  Community Group | |  | | |  |  |
|  |
| Community Group  Incorporated Association | |  | | |  |  |
|  |
| Incorporated Association  Other | |  | | |  |  |
|  |
| Charity or Companies registered No: | |  | | | | |
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|  | **PROJECT DETAILS** |  |
| **Name of Project** |  |  |
| **Strand of work** | *\*Please delete as appropriate\**  **[Intensive Mentoring]**  **[Detached youth outreach]**  **[Diversioanry Activity]** |  |
| **Please provide a description of the proposed**  **activity for which funding is requested.**  **Please include:**   * **delivery model/ staffing** * **Key Milestones** * **details of priority additional work if finance were available** |  |  |
| **To support your prosopal, please outline or attach the rationale or evidence base for your proposal. This could include a theory of change, reference to evaluation or reference to evidence sources etc**  *This can include links or attachments* |  |  |

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|  | **FINANCIAL INFORMATION**  ***(Total Amount of Funds Requested)*** |
| Please supply a breakdown of expenditure for the core service offer  Please also include a breakdown of any additional priority work if increased funds became available |  |
| **TOTAL:** | **£** |

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| **NEEDS ASSESSMENT** | |
| **We would like to understand your assessment of need.**  **Based on service baselining and any additional research/analsysis undertaken with local partners, how many beneficieares will your service seek to support?** |  |
| **What are the main gaps you see and which do you propose to meet?** |  |
| **Please outline any data you are drawing on in assessment of need**  *This could include service level data where appropriate* |  |
| **What client base will your service be aimed at and how will they be engaged?**  **Please provide evidence that users of the service are involved in the development of the project.** |  |
| **Please provide assurances that your service delivery is reflective of the diversity of the West Midlands?** |  |

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| **PARTNERSHIPS** | |
| **Please state which partnerships and partners you would be working with, including typical onwards referral partners** |  |

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|  | **Outcomes and Outputs** |  |
| **Please provide an overview of how you measure outputs and outcomes linked to your service delivery?**  *Where you have previously agreed performance criteria which you report on quarterly to the VRU, please provide a summary here.* | | |
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**DECLARATION**

I am authorised to make the application on behalf of the above organisation.

I certify that the information in this application is correct.

If the information in the application changes in any way I will inform The VRU immediately.

I give permission for The VRU 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.

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** |  |
| **Position** |  |
| **Date** |  |
| **Signed** |  |