

**Police and Crime Commissioner New Initiatives Fund Application**

**Please complete one application form for each proposal**

**As a guide your submission should be no longer than 8 pages**

**Part one – About your organisation**

1. **Your organisation’s name and address**

|  |  |
| --- | --- |
| Name: | |
| Address: | |
|  | |
|  | Postcode: |
| Main contact: | Position: |
| Email address: | Telephone: |
| Website (if any): | |

1. **How would you best describe your organisation? i.e. Registered Charity, Local Authority, Community Safety Partnership, Voluntary or Community Organisation/Group, Other.**

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| --- |
| Please describe: |

**part two - about your proposal**

1. **Description of your proposal - What do you plan to do and how?**

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1. **What are you trying to achieve, what are the main aims?**

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1. **What evidence do you have that this is needed and/or will have the desired impact? (Please include details of any consultation or stakeholder engagement)**

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1. **Which geographical area(s) does your proposal relate to? (tick all that apply)**

Basildon [ ] Harlow [ ]  
Braintree [ ] Maldon [ ]  
Brentwood [ ] Rochford [ ]  
Castle Point [ ] Southend [ ]  
Chelmsford [ ] Tendring [ ]  
Colchester [ ] Thurrock [ ]  
Epping Forest [ ] Uttlesford [ ]  
 Countywide [ ]

1. **Who is your target group, who will you expect to benefit?**

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1. **Explain how you plan to monitor progress and, how will you evaluate whether the aims have been achieved. What will success look like?**

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1. **Outline how you will ensure your proposed initiative will be accessible to all those eligible to take part**

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**part three – police and crime plan**

1. **Which of the following Police & Crime Plan priority areas will your proposal contribute towards? Please tick all that apply.**

* Reducing domestic abuse [ ]
* Reducing youth offending and youth re-offending [ ]
* Tackling the consequences of drug and alcohol abuse and mental

health issues [ ]

* Improving crime prevention [ ]
* Supporting our victims of crime [ ]
* Improving road safety [ ]
* Ensuring local solutions meet local problems [ ]
* Increasing efficiency in policing through collaborative working

and innovation [ ]

1. **How will your proposal contribute towards the above priority areas**

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**part four – financial information**

1. **Detail all the costs required to carry out your proposal in the table below**

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| --- | --- | --- | --- | --- |
| **Description** | **Cost (£)** | | | |
| **Q1** | **Q2** | **Q3** | **Q4** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total costs** |  |  |  |  |



1. **Please detail the amount of matched funding that you will be receiving from elsewhere and the status of this funding, i.e. secured or currently bidding for.**

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| --- | --- | --- | --- | --- |
| **Matched Funding** | **Amount (£)** | | | |
| **Q1** | **Q2** | **Q3** | **Q4** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total amount** |  |  |  |  |

1. **Funding requested from the Police & Crime Commissioner for Essex for this proposal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
|  |  |  |  |  |

1. **Is the proposal scalable? What would the impact be if you were awarded 20% more or 20% less funding than you have requested?**

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1. **Do you plan to continue with this initiative after the PCC funding ends? If yes, how will this be achieved?**

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**part five – risks**

1. **What risks to you consider your initiative might face that would prevent it being successfully delivered? What can you do to minimise this risk?**

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| --- | --- |
| **Risk** | **Managing the Risk** |
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**part six – bank details**

1. **Please provide details of the bank account to which any funding would be paid.**

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| --- | --- |
| **Bank Name:** |  |
| **Bank Branch:** |  |
| **Address:** |  |
| **Sort Code:** |  |
| **Account Number:** |  |
| **Account Holder:** |  |

**part seven - declaration**

1. **Do you have a safeguarding policy in place? Yes [ ] No [ ]**
2. **Do you have public liability/other relevant insurance cover? Yes [ ] No [ ]**
3. **Do you have a set of financial accounts? If yes, please attach. Yes [ ] No [ ]**

I confirm that all the information contained within this application is accurate to the best of my knowledge and that I am authorised to apply for funding on behalf of my organisation.

I understand that if successful there will be monitoring and evaluation responsibilities to fulfil.

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| --- | --- |
| **PRINT NAME** |  |
| **POSITION** |  |
| **SIGNATURE** |  |
| **DATE** |  |