**2019-20 PFCC Community Safety Development Fund (CSDF) Application**

**Please ensure that you have read the CSDF guidance document before filling in your application.**

**your organisation**

1. **Please provide details of the organisation making this application**

|  |  |
| --- | --- |
| Organisation name: | |
| Address: | |
| Main contact: | Position: |
| Email address: | Telephone: |
| Website: | |

1. **How would you best describe your organisation?**

|  |
| --- |
| *e.g. Registered Charity, Local Authority, Community Safety Partnership, Voluntary or Community Organisation/Group*  *What is your organisation’s purpose, and how will this funding support your core activity?* |

**your proposal**

1. **Description of your proposal**

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| *Brief description of what activity you are planning and how it will implemented* |

1. **Please describe evidence of need for your proposal?**

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| *What evidence do you have that this project is needed? Can you demonstrate that the intervention will have the desired impact? (Please include details of any consultation or stakeholder engagement conducted)* |

1. **Aims, Outcomes and monitoring of the Project**

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| --- | --- | --- | --- | --- |
| **Project Aim** | **Desired Outcome** | **Activity Planned to Achieve Outcome** | **Success Measure** | **Monitoring Process and outputs** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

Countywide

Basildon

Braintree

Brentwood

Castle Point

Chelmsford

Colchester

Epping Forest

Harlow

Maldon

Rochford

Southend-on-Sea

Tendring

Thurrock

Uttlesford

1. **Have you secured the endorsement of your local Community Safety Partnership when constructing this application?**

Yes No

If yes, please include endorsement e-mail or covering letter with your application. Please ensure you give enough notice to engage Community Safety Partnership prior to the deadline

***Countywide applications only;*** *if the application is countywide then please submit to the PFCC office and this will be circulated centrally for endorsement from all CSP.*

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

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| --- |
| *Who will be the recipients of the service, or who will benefit from the intervention you are proposing?*  *What is the cohort size, and how long will individuals be engaged with the initiative?* |

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

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| *Consider accessibility issues such as locations of services, timing of programmes, advertising the initiative via appropriate forums.* |

1. **Sustainability - What will happen after funding expires?**

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| *Do you plan to continue with this initiative after the PFCC funding ends? If yes, how will this be achieved? Will the impact of the initiative be sustainable even if the project ceases?* |

**links to police and crime plan**

1. **Which of the following Police & Crime Plan priority areas will your proposal contribute towards? (please rank all those that apply, with the MAIN PRIORTY as 1)**

|  |  |
| --- | --- |
| **Police and Crime Plan Priorities** | **Rank** |
| More local, visible and accessible policing |  |
| Crack down on anti-social behaviour |  |
| Breaking the cycle of domestic abuse |  |
| Reverse the trend in serious violence |  |
| Tackle gangs and organised crime |  |
| Protecting children and vulnerable people from harm |  |
| Improve safety in our roads |  |

**financial information**

1. **In the table below please provide details of the costs relating to your proposal including any funding already secured or applied for.** *(Double click on the table to edit in Excel)*

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**declaration**

1. **Do you have a set of financial accounts and governing document? If yes, please attach or if submitted on charity commission/company house please advise.**
2. **If your application is successful we would like to publicise how the money is being put to good use and raise awareness of the types of excellent work being supported by the Community Safety Development Fund**

**Please tick these box if you agree the PFCC to pass your name, contact email and a short description of your project to our third party copy writer.**

I confirm that I have read and understood the CSDF criteria and if successful I will be required to comply with the conditions in the PFCC’s funding agreement.

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.

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