



## **Application for Funding Safer Communities Fund 2021/22**

Please note this application form is for information only. The application form is web based and form can be found at: <https://www.surveygizmo.eu/s3/90267650/Safer-Communities-Fund-2021-22> . Applications not using the web based application will not be accepted by the Commissioning Team as part of this grants round.

### **Pre-application Questions**

**Have you read the ‘Commissioning Services to Support Victims and Reduce Offending – A Guide to applying for funding 2021/22’ document?**

Yes       No

**Does your project / activity support victims, work towards reduce offending or support people who are vulnerable to crime?**

**If it does not, the Commissioner will not be able to support your project under this grants round.**

Yes       No

### **Section one – About your organisation**

**1. Please give the name of the organisation for which the application of funding is for and the contact address. If successful, payment will only be made to the organisation specified in this question:**

|                       |           |
|-----------------------|-----------|
| Organisation name:    |           |
| Organisation address: |           |
|                       |           |
|                       | Postcode: |
| Email address:        |           |
| Website:              |           |

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

Registered Charity

Registration Number:

- Charitable Incorporated Organisation      Registration Number:
- Company limited by guarantee      Registration Number:
- Community Interest Company      Registration Number:
- Public Limited Company      Registration Number:
- Social Enterprise  
*Please describe and give your registration number:*
- Community Safety Partnership
- Local Authority
- Town or Parish Council
- Other  
*If other please clarify:*

**3. The main contact person for this organisation:**

Please make sure that this person knows **all** aspects of your project and is able to talk about it if required

First name:  Surname:   
 Position in organisation:

|                  |         |
|------------------|---------|
| Contact address: |         |
| Postcode:        | Email:  |
| Tel no:          | Mobile: |

**4. Please supply a second contact person for your organisation:**

First name:  Surname:   
 Position in organisation:

|                  |         |
|------------------|---------|
| Contact address: |         |
| Postcode:        | Email:  |
| Tel no:          | Mobile: |

**5. If you are part of a larger organisation or have an umbrella group, please state the name and address of the organisation:**

**6. What are the aims and objectives of your organisation? This should be based on your governance documents (e.g. constitution). (Maximum 250 words):**

**7a. What relevant contingencies do you have in place to ensure the project / activity will be delivered in full? Please let us know how you would cope if a member of staff delivering the project / activity was unable to continue or if you had funding withdrawn from elsewhere.**

**7b. Please advise what changes were made to your organisation following the Covid-19 pandemic and whether this will affect your organisation and project moving forward.**

## **Section two – About your project / activity**

**8. Which of the following Police and Crime Plan priority areas will your project / activity contribute towards?**

- Championing community needs - support victims and those affected by crime and disorder
- Strengthen partnerships
- Reduce offending
- Enable effective and efficient operational policing

**9. What is the title of the project / activity you are seeking funding for?**

**10. Please give a short summary of the project /activity. (Maximum 40 words):**

**11. Please provide specific details of your project / activity in relation to this application, including what the project will do and how it will be delivered. (Maximum 600 words):**

**12. a) Which of the following commissioning themes will your project / activity primarily contribute towards? (Please pick one theme that best fits your project / activity)**

- Crime Prevention
- Cyber Behaviours
- Domestic Abuse and Adolescent to Parent Violence (APV)
- Hate Crime
- Hidden Harm
- Reducing Reoffending
- Restorative Practices
- Sexual Crime
- Supporting Victims
- Youth Diversion

Other If other please clarify:

**12. b) Please detail how your project / activity will contribute towards the above commissioning themes to either support victims, reduce offending or support people who are vulnerable to crime (maximum 300 words):**

**13. Please tell us how your project aims to reduce the demand on frontline policing? (Maximum 400 words)**

**14. a) Please advise which age groups you are planning to work with.**

- |  |  |
|--|--|
| <input type="checkbox"/> 0 – 4 years   | <input type="checkbox"/> 26 – 37 years     |
| <input type="checkbox"/> 5 – 11 years  | <input type="checkbox"/> 38 – 49 years     |
| <input type="checkbox"/> 12 – 17 years | <input type="checkbox"/> 50 – 59 years     |
| <input type="checkbox"/> 18 – 25 years | <input type="checkbox"/> 60 years and over |

**14. b) In order to help us understand the level of support you are offering, please tell us which of the following best reflects your service (please only pick one):**

- Primary (prevent a problem occurring in the first place)
- Secondary (when a risk has been identified, offer more targeted support to prevent further escalation and increase protective factors)
- Tertiary (support for high risk and high harm individuals with entrenched needs)

**14. c) If necessary please provide additional information:**

**15. a) Is your project tailored to provide support to people with protected characteristics?**

- Yes                       No

**15. b) If yes, please advise which protected characteristics are covered by your project**

- |   |   |
|---|---|
| <input type="checkbox"/> Age                            | <input type="checkbox"/> Race               |
| <input type="checkbox"/> Disability                     | <input type="checkbox"/> Religion or belief |
| <input type="checkbox"/> Gender reassignment            | <input type="checkbox"/> Sex                |
| <input type="checkbox"/> Marriage and civil partnership | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Pregnancy and maternity        | <input type="checkbox"/>                    |

**15. c) Please give details below (maximum 500 words)**

**15. d) If no, please advise how your project could be adapted to support people with protected characteristics if required.**

**16. a) Is your project inclusive of everyone or does it exclude any group?**

- Inclusive of everyone                       Excludes certain groups

**16. b) If you exclude certain groups please provide details below on the exclusion and the rationale for the exclusion (maximum 500 words)**

**17. Please outline how your project will contribute towards:**

- a) The elimination of unlawful discrimination
- b) The advancement of equality of opportunity for everyone, including those having a protected characteristic\*
- c) The fostering of good relations between all including those having a protected characteristic\*

\*Protected characteristics are those defined in the Equalities Act 2010, namely, age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race (including ethnic or national origins, colour or nationality), religion and belief, gender and sexual orientation.

**18. a) Please provide evidence for the need of your project / activity that is not adequately being met. Please include why it is required in the geographical area being applied for.**

**(Maximum 500 words):**

**18. b) Please provide an evidence base for the model of delivery of your project / activity**

**(Maximum 500 words):**

**19. Please tell us why you are the best organisation to deliver the project / activity**

**(Maximum 500 words):**

**20. Please provide detailed information on what training / qualifications your staff and volunteers delivering the project / activity receive or are expected to have:**

**21. Please give a minimum of three intended outcomes (the difference you intend to make or the change you intend to bring about for your beneficiaries) that your project / activity will achieve, and how you will evidence that you have met these outcomes over the course of the year. Please tell us how you will collect any data to demonstrate this and attach an example of any evaluation / questionnaire forms you will use.**

|   |
|---|
| <b>Outcome 1:</b><br><br><b>Measure 1:</b><br>(maximum 250 words) |
| <b>Outcome 2:</b><br><br><b>Measure 2:</b><br>(maximum 250 words) |
| <b>Outcome 3:</b><br><br><b>Measure 3:</b><br>(maximum 250 words) |
| <b>Outcome 4:</b><br><br><b>Measure 4:</b><br>(maximum 250 words) |
| <b>Outcome 5:</b><br><br><b>Measure 5:</b><br>(maximum 250 words) |

**22. Please tell us how you intend to involve the potential users / participants of your project / activity in the development of your project / activity. How will you seek their feedback?  
(Maximum 200 words):**

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

**23. Is your project / activity:**

New       On-going

**24. For the 12 months of 1 April 2021 to 31 March 2022, please specify the dates that your project / activity would be running:**

|            |  |
|------------|--|
| Date from: |  |
| Date to:   |  |

**25. Please state the frequency of your project / activity:**

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

**26. What is the estimated number of Hampshire & Isle of Wight service users who will benefit directly over 12 months?**

(This should only be the number of people who are in direct contact with the project / activity and will directly benefit as a service user)

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

**27. Please tell us which geographical area(s) will benefit from your project / activity in relation to this application and include the percentage of cover each area will receive. Please tick all boxes which apply:**

| Geographical Area                              | Percentage |
|--|------------|
| <input type="checkbox"/> Basingstoke and Deane |            |
| <input type="checkbox"/> East Hampshire        |            |
| <input type="checkbox"/> Eastleigh             |            |
| <input type="checkbox"/> Fareham               |            |
| <input type="checkbox"/> Gosport               |            |
| <input type="checkbox"/> Hart                  |            |
| <input type="checkbox"/> Havant                |            |
| <input type="checkbox"/> Isle of Wight         |            |
| <input type="checkbox"/> New Forest            |            |
| <input type="checkbox"/> Portsmouth            |            |
| <input type="checkbox"/> Rushmoor              |            |
| <input type="checkbox"/> Southampton           |            |
| <input type="checkbox"/> Test Valley           |            |
| <input type="checkbox"/> Winchester            |            |

**28. a) Will your project / activity be delivered in any schools / colleges or in prisons?**

Yes                       No

**28. b) If the answer to the above is yes, have you already sought agreement from the establishments to deliver the project / activity?**

Yes                       No

**28. c) Please give details below, including how the project / activity may form part of the curriculum:**

**29. Please state the venue(s) / location(s) that your project / activity will be run from:**

**30. Please state how individuals will physically access the project / activity in each area. For example, is the venue near public transport, or will transport to the project / activity be provided? If your project is located out of the geographical area it covers, please advise how individuals will travel and access the service:**

**31. a) Please give details on how individuals will be referred into your project / activity and where referrals will come from. Please include details on the referral mechanisms (form on your website, email, telephone etc.) that will be used:**

**31. b) Please give details on how you will refer individuals on after they have used your project / activity and who you will refer them on to:**



**32. a) Do any other agencies work with you specifically on this project / activity?**

Yes       No

**32. b) Please name, and give details for any agencies that are working with you specifically on this project / activity:**

**33. a) Have you contacted your local Community Safety Partnership (CSP) representative or relevant lead local authority officer to gain support for your application.**

Yes       No

**33. b) Please give details of the local Community Safety Partnership (CSP) representatives or relevant lead local authority officer that you have consulted with regarding your project / activity. Please provide any feedback they have given you. Applications will be scored based on the support of partners so it is in your best interests to gain their support:**

### Section three - Financial Information

**34. Financial Reserves:** Please give details about the level of free reserves (unrestricted and undesignated funds) held by your organisation - both the total amount and also the amount in terms of number of months running costs:

Free reserves held:       Number of months running costs this equates to:

Please state the amount of funds held by your organisation which could be used for this project/activity:

**35. Please provide an item breakdown and description of all the costs required to carry out your project / activity in the table below.**

Please provide as much detail as possible including categories of spend that would help us understand what you are going to use the funding for. If you are using funding for employees please give details on each individual post.

| Description | Cost (£) |
|-------------|----------|
|             |          |
|             |          |
|             |          |
|             |          |

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
| <b>Total costs</b> (this figure will be the same as the first (top row) figure in Q37) |  |

**36. a) Have you secured any other sources of funding for your project / activity (Including any of your own funding committed)? Only click no if you are applying for funding to cover the entire cost of your project / activity.**

**This question refers to any other funding you have secured towards your project. Other secured funding will strengthen your application for funding from the OPCC.**

**Yes**                       **No**

**36. b) Please let us know your income for your project / activity as detailed in this application that covers the period that you are applying for. If you are applying to any other statutory/non statutory funder(s), for the purposes described in this application, please tell us in the table below:**

If you are awaiting a result from an application, please write the date that you expect to hear the outcome

| <b>Name of organisation /funding body</b>                | <b>Confirmed</b>         | <b>Awaiting result</b> | <b>Amount</b> | <b>Period for funding</b> |
|--|--------------------------|------------------------|---------------|---------------------------|
| <b>Own funds committed</b>                               | <input type="checkbox"/> |                        |               |                           |
| <b>Local Authority grants (Please specify)</b>           |                          |                        |               |                           |
| County Council department / grant programme              | <input type="checkbox"/> |                        |               |                           |
| District/Borough Council                                 | <input type="checkbox"/> |                        |               |                           |
| <b>Hampshire Constabulary</b>                            | <input type="checkbox"/> |                        |               |                           |
| <b>Other Income (Please specify)</b>                     |                          |                        |               |                           |
| Other Income 1 (Please specify)                          | <input type="checkbox"/> |                        |               |                           |
| Other Income 2 (Please specify)                          | <input type="checkbox"/> |                        |               |                           |
| Other Income 3 (Please specify)                          | <input type="checkbox"/> |                        |               |                           |
| Other Income 4 (Please specify)                          | <input type="checkbox"/> |                        |               |                           |
| Other Income 5 (Please specify)                          | <input type="checkbox"/> |                        |               |                           |
|  |                          |                        |               |                           |
| Total will be the same as the 2 <sup>nd</sup> row of Q37 |                          | <b>Total:</b>          |               |                           |

**37. Project /Activity finance summary:**

|                                  |  |
|----------------------------------|--|
| TOTAL EXPENDITURE (from Q35)     |  |
| TOTAL INCOME (from Q36)          |  |
| SHORTFALL (Expenditure – Income) |  |

38. Funding requested from the Police and Crime Commissioner for Hampshire (please note this should not be more than £50,000):

39. a) Is the amount being requested from the Commissioner less than the shortfall for your project / activity?

Yes  No

39. b) Please tell us how you intend to seek the additional funding needed for your project:

40. a) Have you received funding from the Police and Crime Commissioner's Safer Communities Fund in 2020/21 for this project?

Yes  No

40. b) If yes, please give details regarding the funding including the grant reference number:

40. c) Is the funding applied for in 2021/22 more than you received for 2020/21:

Yes  No

40. d) Please provide details on the reason for the increase and what the additional funding will be used for.

40. e) Do you intend to spend the total amount allocated to your project in 2020/21 by 31 March 2021?

Yes  No

40. f) If no, please state the amount of funding that will be remaining as at 31 March 2020:

40. g) If no, please advise why the funding has not been spent by 31 March 2021:

41. How has your project been funded previously? Please give details of funding contributed from other organisations.

**42. a) Have you received any funding over the last two years from the Office of the Police and Crime Commissioner or Hampshire Constabulary?**

Yes       No

**42. b) Please let us know what other funding you have received in the last two years from the Office of the Police and Crime Commissioner or Hampshire Constabulary:**

| Description         | Amount (£) |
|---------------------|------------|
|                     |            |
|                     |            |
|                     |            |
|                     |            |
|                     |            |
| <b>Total amount</b> |            |

**43. Please tell us if your project will be sustainable in the long term. If it is dependent on grants generally, please outline how your organisation intends to fund the project once the funding period ends or how you intend to bring the project to a close. (Please indicate if it is for a one off event):**

**44. a) How would you minimise the impact on your project / activity if you received a 25% reduction in the funding level applied for?**

**44. b) How would you minimise the impact on your project /activity if you received a 50% reduction in the funding level applied for?**

**45. Have you had any funding relevant to your project / activity withdrawn in the last two years?**

Yes       No

Details:

**46. Have you applied for funding to support your project / activity and not been successful? Please list all the organisations that you have already approached who have not been able to support your project / activity. Please also briefly explain the reason given for this:**

| Organisation(s) approached | Reason(s) given |
|----------------------------|-----------------|
|                            |                 |
|                            |                 |
|                            |                 |
|                            |                 |
|                            |                 |

**Section four – Other Information**

**47. Does your organisation have a quality mark or are you working towards one?**

- Yes     
 No     
 Working towards one

Name of the quality mark:

**48. How did you hear about the Police and Crime Commissioner’s funding programmes?**

- Website     
 Social Media     
 Previously applied for funding  
 Press     
 Commissioning distribution email  
 Local Council     
 Local Council of Voluntary Services  
 Word of mouth  
 Other      (please specify)

**49. Please tick to confirm whether you have the following documentation (those which apply)?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Public Liability Insurance                | Amount of cover  | <input style="width: 100%; height: 20px;" type="text"/> |
| <input type="checkbox"/> Employers Liability Insurance             | Amount of cover  | <input style="width: 100%; height: 20px;" type="text"/> |
| <input type="checkbox"/> Indemnity Insurance                       | Amount of cover  | <input style="width: 100%; height: 20px;" type="text"/> |
| <input type="checkbox"/> Adults Safeguarding Policy                | <input type="checkbox"/> Child Protection Policy       |   |
| <input type="checkbox"/> Health and Safety Policy                  | <input type="checkbox"/> Vehicle Insurance             |   |
| <input type="checkbox"/> Constitution                              | <input type="checkbox"/> Equality and Diversity Policy |   |
| <input type="checkbox"/> General Data Protection Regulation Policy | <input type="checkbox"/> Business Plan                 |   |

**50. Tell us about your organisation:**

How many trustees/members of the management committee do you have?

How many paid staff (excluding trustees)?

How many volunteers (excluding trustees)?

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## Privacy Note

The information you have supplied in this form will be used to process your grant application. The lawful basis for processing your personal data is on a public task basis.

In order to make a decision on your application, some of the de-personalised information provided may go into a public decision report. In addition, your application form will be de-personalised and shared with partner agencies who will be involved in the consultation process or those who can verify specific facts within your application. This will be local authorities such as:

- Hampshire County Council
- Portsmouth City Council
- Basingstoke & Deane Borough Council
- Eastleigh Borough Council
- Gosport Borough Council
- Havant Borough Council
- Rushmoor Borough Council
- Winchester City Council
- Hampshire Fire and Rescue Service
- Hampshire & Isle of Wight Community Rehabilitation Company (CRC)
- Isle of Wight Council
- Southampton City Council
- East Hampshire District Council
- Fareham Borough Council
- Hart District Council
- New Forest District Council
- Test Valley Borough Council
- Hampshire Constabulary
- Isle of Wight Fire and Rescue Service
- HMP Winchester

In addition, we may be required to disclose information outside the Office of the Police and Crime Commissioner for Hampshire to help prevent fraud, or if required to by law.

We may not be able to process your application if you do not provide all the requested information.

Full grant applications for successful bids will be retained for a maximum of 6 years (plus current year). Full grant applications for unsuccessful bids will be keep for a maximum of 18 months.

Information will be retained on a database at the Office of the Police and Crime Commissioner for Hampshire for statistical and monitoring purposes.

You can contact the Police and Crime Commissioner's Data Protection Officer at [opcc.dataprotection@hampshire.pnn.police.uk](mailto:opcc.dataprotection@hampshire.pnn.police.uk) .

If you have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance or directly to the Information Commissioner's Office at <https://ico.org.uk/concerns/>

## Transparency/Open Data

If your application is successful, details of grants of £500 and over will be published on the Office of the Police and Crime Commissioner for Hampshire's website in accordance with government policy. No personal information will be published.

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### 51. Declaration

- I am authorised to apply for the project set out in this application.
  - I certify that all the particulars given in the form are correct and that any grant money received from the Office of the Police and Crime Commissioner will be used for purposes stated in this form. The Office of the Police and Crime Commissioner reserves the right to reclaim any grant not used for the purposes stated on this form.
  - I will inform the Office of the Police and Crime Commissioner if any of the particulars and information given ceases to be correct.
  - I confirm that we have a safeguarding policy and that I have completed the safeguarding form. I will email this to the Commissioning mailbox with my application submission.
  - I understand that the grant applied for is for 12 months only, with no expectation of funding in future years.
  - I agree to the Privacy Note above.
- 

Thank you for applying to the Police and Crime Commissioner for funding for your project / activity for 1 April 2021 and 31 March 2022.

To ensure that your application is recorded correctly, please email the Commissioning team on [opcc.commissioning@hampshire.pnn.police.uk](mailto:opcc.commissioning@hampshire.pnn.police.uk) and provide the following information, as entered on your application:

- Name of Organisation
- Name of Project applied for
- Name of main contact person at the organisation (as per question 2)
- Date and time of final submission
- Your Safeguarding form
- Your organisations latest Annual Report (including accounts)

Once we have received this information, a member of the Commissioning Team will log the application and send a copy of the form to you for your records, along with a reference number. Please check that the information within your application is correct - it

is your responsibility to ensure that you have emailed us notification that your application has been submitted and to check that you have received your reference number. We will endeavour to send a copy of your application form and reference number within five working days.

The Police and Crime Commissioner accepts no responsibility if his team does not receive your application and you have not completed all the steps.

Any amendments or queries must be sent to us before the closing date of Friday 30 October 2020 at 16:00 (4pm) to ensure that they can be actioned.