|  |  |
| --- | --- |
|  | **Community Initiative Fund*****NAME OF NPU HERE*****Application Form**  |

*In the box below, please state the name of the NPU Partnership Team officer to whom you have spoken:*

**NPU Partnership team officer**:

1. **About you and your organisation/group**

|  |
| --- |
| **Project name:** |

|  |  |
| --- | --- |
| **Name of organisation/group:**  | **Organisation/group postal address and website details:**  |

|  |  |  |
| --- | --- | --- |
| **Project contact/owner:** | **Position in organisation:** | **Contact details:**Daytime telephone number(s)FaxEmail |

1. **Does your organisation/group hold a separate bank account which has at least two signatories?** Yes/No

**If your answer is “No” please state in the box below, the name of the organisation that has agreed to hold funding for you**

**Name of organisation:**

**Name of contact within that organisation:**

1. **Please list the names, addresses and positions held of all members of your organisation’s management committee.** *Continue on a separate sheet if necessary.*
2. **Please list the names, addresses and positions held of all members of your organisation’s management committee.** *Continue on a separate sheet if necessary.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Position** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Please tell us about all previous West Midlands Police / Office of the West Midlands Police and Crime Commissioner funding you have received**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project** | **Funding programme (ie Active Citizen’s Fund, Victims’ Fund etc)** | **Amount awarded** | **Financial year awarded** |
|  |  |  |  |

1. **About the project**

|  |
| --- |
| **Provide a brief and clear description of your project:** |

|  |
| --- |
| **Describe how your project will:*** **Help to reduce the demand on all emergency services at a local level and/or mitigate the threat, risk or harm to local communities;**
* **Help to protect the organisational health of West Midlands Police;**
* **Enhance partnership working; and**
* **Help communities to mitigate the progressive stages of this national emergency through to supporting a return to normality?**
 |

1. **Achievements and outcomes**

|  |
| --- |
| **What will your project do to reach your goal? Explain how you will measure the success of the project as it is being delivered:** |

|  |
| --- |
| **What effect do you hope your project will have? What difference will it make?:** |

1. **Timescales**

|  |  |  |
| --- | --- | --- |
| **Project start date:** |  | **Project end date:** |

|  |  |
| --- | --- |
| **Timescale****(day/week/month)** | Key milestones and activities to be undertaken |
|  |  |
|  |  |
|  |  |

1. **Project costs and funding**

|  |  |  |  |
| --- | --- | --- | --- |
| **Itemised breakdown** **of costs****[What is the money for?]** | **(A) Amount requested from the Community Initiative Fund should not exceed £5,000** | **(B) Amount contributed from other funding** **(identify source)** | (A+B) Total cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL:** | **£** | **£** | **£** |

1. **Safeguarding**

|  |
| --- |
| Safeguarding needs to be considered if the project will ***supervise, care for, or have significant direct contact*** with a vulnerable person during the funded activity. A ‘Vulnerable person’ means:* anyone under the age of 18, or anyone who:
* needs (or may need) community care services because of mental disability, other disability, age or illness, and
* who is (or may be) unable to take care of themselves or unable to protect themselves against significant harm or exploitation

The project must consider all the risks that may arise from contact with the vulnerable person, andtake all reasonable steps to ensure their safety. If the staff or volunteers involved with the project will, during their activities, supervise, care for, or otherwise have significant direct contact with vulnerable people, there are various steps that could be taken. The exact response will depend of the amount of risk involved, but might include the following: * Organisation has its own safeguarding and child protection policy and procedures, which everyone, including children and young people in the organisation knows about and uses in their day to day work. This should include having a named person responsible for child protection within the organisation.
* Undertake DBS checks for all staff, volunteers and management committee working directly with or with access to the vulnerable people.
* Ensure all staff and volunteers receive working with children training which is relevant to their role and updated on a regular basis.
* Take appropriate steps to ensure that children and young people are safe, e.g. by conducting risk assessments for activities, by ensuring supervisory staff hold relevant qualifications, by providing adequate training to volunteers.
 |

Please use this space to explain what safeguarding advice you have taken, and what safeguarding measures (if any) are in place for this project:

|  |
| --- |
|  |

1. **Funding will normally be released in quarterly stages. Please indicate below how much you will need from the Community Initiative Fund in order to start the project, and the dates when remaining funds will be required.**

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

|  |  |  |
| --- | --- | --- |
| **Stage** | **Date** | **Amount required** |
|  |  |  |
| Quarter 1 : Apr-Jun 2020 (incl.) |  |  |
| Quarter 2 : Jul-Sept 2020 (incl.) |  |  |
|  |  |  |
|  |  |  |

 |

**When you have completed the application, please read and sign below.**

**Please note that you must provide a written or scanned electronic signature (not typed).**

**“I certify that the information supplied is accurate to the best of my knowledge. I understand and accept that providing deliberate false information could result in legal action being taken against me and withdrawal of funds awarded.**

**“Having considered the information above regarding safeguarding, I confirm that suitable safeguarding arrangements are in place to meet the needs of this project”**

**Signed for and on behalf of : ……………………….………………………………………………………..**

 *[Your organisation name here]*

**Print your name: ……….……………………………………………………………………….……………**

**Your signature: ………………………………………………………………………………………………….**

**Position in organisation: …………………………………………………………………………….………..**

**Date: …………………………………………………………………………………………………………..**

**COMPLETED FORMS SHOULD BE RETURNED TO RELEVANT PARTNERSHIP TEAM FROM LIST BELOW:**

* Birmingham: cp\_bhambids@west-midlands.pnn.police.uk
* Coventry: Coventry\_partnerships@west-midlands.pnn.police.uk
* Dudley: Dy\_partnerships\_team@west-midlands.pnn.police.uk
* Sandwell: Sandwell\_Partnerships@west-midlands.pnn.police.uk
* Solihull: SH\_Partnerships@west-midlands.pnn.police.uk
* Walsall: Ws\_partnerships@west-midlands.pnn.police.uk
* Wolverhampton: wv\_partnerships@west-midlands.pnn.police.uk
1. **To be completed by Partnership Inspector**

**I am recommending this application to the CIF Scrutiny Panel for approval.**

**This group / organisation are signed up to the Digital KIN**

(NPU Inspector to tick box to confirm)

**Signed: ………………………………………………………………………………………………………**

**Print name, rank and collar number: ………………………………………………………………….**

**…………………………………………………………………………………………………………………**

**Date: ………………………………………………………………………………………………..**

1. **Authorisation by CIF Scrutiny Panel**

The panel has assessed the information provided in this application and approved this project for a grant through the Community Initiatives Fund. The panel has confidence in the legitimacy of this project and organisation.

The reputation of this organisation and its leaders are known to local police and do not give any cause for concern.

|  |
| --- |
| ***To be signed by Chief Superintendent attending Panel:*****Signed ……………………………………………………………………………………………………….****Print name and collar number ……………………………………………………………………****…………………………………………………………………………………………………………………****Date …………………………………………………………………………………………………………..** |