

**VRU APPLICATION for the Peer Support Network Project**

**Application Guidance**

The Application Form is a Word Document which allows applicants to add lines to expand their answers further, however please take note of the word limits set as the evaluation team will not consider any information provided beyond the word limit.

The answers you provide will be scored individually by an evaluation panel then moderated. Questions 1 to 6 will be scored 0 to 3 with the following guidance:

0 the application provides no evidence

1 the application provides minimal evidence

2 the application provides reasonable evidence

3 the application provides clear evidence

The financial information will be scored 0 to 3 with the following guidance:

0 the application provides no evidence of value for money

1 the application provides minimal value for money

2 the application provides reasonable value for money

3 the application providers clear value for money

In interview, you will be required to respond to the following via a 15 minute presentation followed by questions.

* Your idea of what numbers you could deliver on – face to face and by virtual means; and how you will find the right blend.
* What you think are the critical factors involved in making the project a success
* What you see as the key challenges/risks, and how you will seek to mitigate this
* Your experience of engaging parents from diverse backgrounds, and exploration of face to face vs virtual delivery.
* Your experience of engaging with academic evaluation.

**Project Timeline**

Applications open for submission 27th July to 14th August 2020

Application deadline 14th August 2020 at 5pm

Bids scored and moderated 17th to 21st August 2020

Interviews 24th to 28th August 2020

Grant Award 31st to 4th September 2020

Project start 7th September 2020

End of year 1 31st March 2021

End of year 2 31st March 2022

Please send completed form by **14th August 2020 at 5pm**

**To email:** **vru@west-midlands.pnn.police.uk**

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| **VRU GRANT APPLICATION for the Peer Support Network Project** *(Please note – no hand written forms will be accepted)*  |
| **Name of Organisation**  |   |
| **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  |  |  |   |
|  |
| Registered Charity No:  |   |
| Social Enterprise  |  |  |  |
|  |
| Community Group  |  |  |  |
|  |
| Incorporated Association  |  |  |  |
|  |
| Other  |   |
| **When was your Organisation Set up?**  | **Month**  |   | **Year**  |   |

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| --- | --- |
| **Please Provide a summary of your organisation including the main activities, objectives and area which you cover** *(No more than 300 words)*   |   |
| **Delivering on the Pathfinder** |

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| --- | --- |
| Question | Maximum Word Count |
| 1) Please describe your plan for delivery based on the specification. Including, but not exhaustive:* Overall approach and delivery model
* Referral routes
* Staffing
* Thoughts on the appropriate blend of face to face and virtual support/sessions
* How you will ensure sufficient geographical coverage across all areas
* How you will identify and upskill parents to facilitate sessions

Please also attach a visual implementation plan with project timeline in line with project timescales detailed in the application guidance (not included in word count). | 500 |
| 2) Please demonstrate your experience of engaging with parents of children in the criminal justice, including co-production examples and developing peer support networks.  | 400 |
| 4) Please demonstrate how you will ensure the delivery is inclusive and is attractive to parents from diverse backgrounds. Please include relevant experience. | 200 |
| 5) Please demonstrate how you will use innovation in your delivery plan | 200 |
| 6) Please detail your experience of delivering projects with multiple stakeholders and how you ensure success. | 200 |

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|  | **FINANCIAL INFORMATION** ***Total Amount of Funds Requested – please supply a total breakdown*** |
| For 2020/21 For 2021/22(Please note Yr2 is dependent on funding from the YJB) | £  |
| **TOTAL:**  | **£**  |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | **FINANCIAL BREAK DOWN** **Overall Costs in 2019/20 – insert line items as necessary** |  |
| **Breakdown:**  |  | **Total Amount**  |
| e.g. 1 x Support Worker (30hrs P/W)  |  | £20,000  |
|   |  |   |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|   |  | £  |
| **TOTAL OVERALL COSTS**  |  | **£**  |

**ORGANISATION POLICIES, PROCEDURES AND DOCUMENTS**

**(Please confirm these are in place by ticking the appropriate boxes)**

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| **Governing Documents and Financial Information**  |
| **Your organisations rules, constitution or governing document**  |  |
| **Your organisations latest annual accounts**  |  |

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| --- | --- | --- |
|  | **Insurance Information** **(please tick all that are in place for your organisation – if applicable)** |  |
| **Employer’s Liability Insurance**  |  |
| **Public Liability Insurance**  |  |
| **Professional Liability Insurance**  |  |
| **Insurance to cover Volunteers**  |  |
| **Safeguarding policy and procedures**  |  |
| **Complaints policy** |  |
| **Equalities policy** |  |

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| **BANK ACCOUNT DETAILS** *If your application is successful we will make the grant payment directly into your group’s account by BACS.* *Please enter the details of your bank/building society account below.*  |
| **Name of Bank Account**  |   |
| **Bank/Building Society Name**  |   |
| **Bank/Building Society** **Address**  |   |
| **VAT Registration No**  |   |
| **Company Registration No**  |   |
| **Sort Code**  |   | **Account Number**  |   |

**DECLARATION**

1. I am authorised to make the application on behalf of the above organisation.
2. I certify that the information in this application is correct.
3. If the information in the application changes in any way I will inform The VRU immediately.
4. 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.
5. I agree to participate in monitoring, auditing and evaluation related to these funds

Please tick the box here to confirm acceptance of these conditions.

|  |  |
| --- | --- |
| **Name**  |   |
| **Position**  |   |
| **Date**  |   |
| **Signed**  |   |

**Please return this form by email to** **vru@west-midlands.pnn.police.uk**