

**Supporting Victims Programme 2023-26**

**Application Form**

**September 2022**

**Contents**

**Section 1: About your organisation**  **1-2**

* 1. Organisation name
	2. Organisation address
	3. Main contact person details
	4. Grant management key contact details
	5. Type of organisation
	6. Governance and management arrangements
	7. Establishment of organisation
	8. Staffing and volunteers
	9. Organisational aims and activities

**Section 2: Your application**  **3-10**

 2.1 Overview

 2.2 Activities and delivery

2.3 Service users

2.4 Staffing

2.5 Impact

2.6 Financial information

**Section 3: Additional information for Consortium or Partnerships**  **11**

 3.1 Organisation details

 3.2 Organisation track record of supporting victims

 3.3 Partnership working & grant expenditure

**Section 4: Due diligence**  **12**

 4.1 Key policies and procedures

 4.2 Insurances

4.3 Reserves

**Section 5: Declaration**  **13**

**Section 6: Submitting your application** **14**

**Section 1: About Your Organisation**

**Tell us all about your organisation, key contacts, governance, aims and activities.**

**1.1 Organisation Name**

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| --- |
|  |

**1.2 Organisation Address**

|  |
| --- |
|  |

**1.3 Main Grant Contact Person (first point of contact)**

|  |
| --- |
| Name:Role:Email Address:Telephone Number: |

**1.4 Grant Manager Key Contact (if different to 1.3)**

|  |
| --- |
| Name:Role:Email Address:Telephone Number: |

**1.5 Type of Organisation**

The type of organisation as stated in your organisation’s governing document and the registration number (where applicable).

|  |  |  |
| --- | --- | --- |
| **Type of Organisation***(Please tick the box that applies)* | **Registration Number** | **Link to organisation’s page on registrar/regulatory body’s website** *(e.g. Charity Commission’s website)* |
| Registered charity | [ ]  |  |  |
| Not-for-profit company | [ ]  |  |  |
| Social enterprise | [ ]  |  |  |
| Company Limited by Guarantee | [ ]  |  |  |
| Unincorporated and not registered as a charity | [ ]  |  |  |
| Other (please specify) | [ ]  |  |  |

**1.6 Governance and Management Arrangements**

1. **Please briefly describe what arrangements you have in place to ensure that your services are safe and effective. This should include information around governance, quality assurance and policies relating to information sharing, safeguarding, risk management; as well as detail of how you operationally assess and manage survivors’ safety and risk.**

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**1.7 When was your organisation established?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** |  |  | **Year** |  |

**1.8 Staffing and Volunteers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employees** | **Number** |  | **Volunteers** | **Number** |
| Full Time Equivalent |  |  | Active |  |
|  | Non-active |  |

**1.9 Brief description of your organisation, including aims and current activities**

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**Section 2: Your Application**

Tell us how your organisation intends to support victims of crime across Northumbria.

**2.1 Overview**

**a) Which funding priorities will your service predominantly be delivering against? Please refer to *section 3* of the Programme Guide and Funding Priorities document.**

|  |  |
| --- | --- |
| **Domestic Abuse** * Support for women
* Support for men
* Culturally competent support for Black and Minority Ethnic
* Support for isolated & marginalised victims

  | [ ] [ ] [ ] [ ]  |
| **Stalking and Harassment** * Emotional, practical and therapeutic support

**Sexual Violence and Abuse*** Support for women, men, children and young people and Black and Ethnic Minority
* Support for victims of sexual exploitation
 | [ ] [ ] [ ]  |
| **Violence Against the Person** |  |
| * Support for adults
* Emotional and practical support for families

**Children and Young People**  | [ ]  [ ]  |
| * Community-based trauma-informed emotional, practical, advocacy and therapeutic support
* Trauma-informed support for victims of exploitation

**Hate Crime** | [ ] [ ]  |
| * Community-based trauma-informed emotional, practical, advocacy and therapeutic support for all hate crime victims
* Prevention focused work targeting hate crime based on race, religion, sexual orientation, gender identify and disability

**Mental Health Needs** | [ ] [ ]  |
| * Trauma-informed support for victims with a mental health need

**Other Vulnerabilities*** Trauma-informed support for adult victims of Modern Day Slavery and other forms of exploitation
* Prevention focused work with older people
* Criminal Justice System support and practical guidance
 | [ ] [ ] [ ] [ ]  |
|  |  |
|  |  |
|  |  |

**b) Please tell us briefly about the specific issues you will address with this grant?**

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|  |

**c) Please confirm the geographical area(s) your service will cover (tick all that apply).**

|  |  |
| --- | --- |
| Northumberland | [ ]  |
| North Tyneside | [ ]  |
| Newcastle | [ ]  |
| Gateshead | [ ]  |
| South Tyneside | [ ]  |
| Sunderland  | [ ]  |
| Whole Northumbria Force Area (all the above) | [ ]  |

**d) If your service will cover more than one geographical area (or the whole Northumbria force area), how do you plan to ensure equitable access to your service?**

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|  |

**e) If your service has any accreditation standards relevant to this grant application, please provide details on these standards below.**

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**2.2 Activities and Delivery**

1. **Please confirm the support provisions your service will offer:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Support type***(Please tick all that apply)* | **Brief summary of support offered** | **Is this support delivered one to one, in a group or via both methods?** | **Can clients access the support remotely?** |
| Information, advice and safety planning | [ ]  |  |  |  |
| Practical support | [ ]  |  |  |  |
| Emotional support (non-therapeutic) | [ ]  |  |  |  |
| Therapeutic support *(Please make sure to specify the type of therapeutic support in your brief summary)* | [ ]  |  |  |  |
| Peer support | [ ]  |  |  |  |
| Helpline support | [ ]  |  |  |  |
| Outreach  | [ ]  |  |  |  |
| Other – please specify in the boxes below |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Please provide a summary of the service you are proposing to deliver, linking to our funding priorities and the categories of need in the Programme Guide and Funding Priorities document.**

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1. **Is this new work? If so, please explain how you will mobilise this service.**

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1. **How will you receive referrals for this service? Please consider how you will work with the Northumbria Victim and Witness Service and other agencies and how the service will be promoted.**

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1. **When can service users access your service? Are there options to access the service outside of your normal working hours/days?**

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1. **If your service requires a waiting list to be put in place, how will the waiting list be managed? Will interim support be available for those placed on a waiting list?**

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1. **Do you currently have a waiting list and if so, how many people are on the waiting list and what are the average waiting times?**

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|  |

1. **Please tell us about your track record / experience in relation to your proposed service.**

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**2.3 Service Users**

1. **What is the age range of service users? Please state the minimum age your service will support (and maximum age if applicable).**

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|  |

1. **Is your service exclusively for clients with certain protected characteristic(s)? (including sex, disability, age, gender reassignment, race, religion or belief, sexual orientation).**

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| --- |
|  |

**2.4 Staffing**

1. **What staff will you have to deliver this service, considering project management and direct service delivery? Please make sure to state the hours/Full Time Equivalent (FTE) of staff the grant would fund.**

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|  |

1. **How are your staff qualified? If you are recruiting new staff, please state the minimum qualifications and experience you expect staff to have.**

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**2.5 Impact**

1. **How many individuals will benefit from this grant per financial year?**

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|  |

1. **Please provide a breakdown below of how many individuals will benefit from each activity (if you are delivering a range of support options) you will deliver with this grant.**

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| --- | --- |
| **Activity** | **Number of beneficiaries per financial year** |
|  |  |
|  |  |
|  |  |
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1. **What are the key benefits and outcomes intended for your service users as a result of this grant? Please consider the 4 key outcomes in the Government’s Victims Funding Strategy[[1]](#footnote-1)**

|  |
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1. **How will you collate, measure and report the benefits, outputs and outcomes of the grant? Please consider the 10 Categories of Need (as specified in the Programme Guide and Funding Priorities document).**

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**2.6 Financial Information**

1. **Total cost of the service per financial year, including a breakdown of the total cost.**

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|  |

1. **How much funding has been raised or secured so far for this service? Please state the source of the funding and briefly describe what this funding pays for (including the staffing hours/FTE).**

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|  |

1. **How much money are you seeking from us to deliver this service per financial year?**

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|  |

1. **Are you seeking other funding towards this service?**

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|  |

1. **Budget breakdown – please provide a detailed breakdown of the budget for the grant you are applying for. Please make sure your budget reflects spending per financial year. If any aspects of the budget do not fit within the categories provided within the table below, please add more rows.**

|  |  |
| --- | --- |
| **Item** | **Amount (£) per financial year** |
| **Direct Staff Costs** |
| Salaries (including pension and NI) |  |
| Training |  |
| Recruitment |  |
| **Other Costs** |
| Travel/mileage |  |
| IT/telephony |  |
| Room hire |  |
| Volunteer expenses (mileage and subsidence)\* |  |
| Supervision |  |
| **Overhead Costs\*\*** |
| To include administration, promotion, rent, utilities and associated insurances |  |
| **TOTAL:** |  |

***\*Note for volunteer expenses*** *– Only out-of-pocket expenses can be paid to volunteers, who should submit receipts and/or proof of payment such as bus/rail tickets for your records. Volunteers should not be paid a flat rate as they will be classed as employees of your organisation.*

**\*\*PLEASE NOTE THAT OVERHEAD COSTS SHOULD NOT EXCEED 12% OF THE TOTAL FUNDING PER FINANCIAL YEAR.**

**Section 3: Additional Information for Consortium or Partnerships**

**Please share details with us on any partnerships you are involved with that are intending on coming together to support victims of crime across Northumbria.**

*Partnership questions – These three questions should ONLY be completed by organisations applying to the fund in a consortium or partnership.*

**3.1 List the organisation name, organisation addresses, charity or company number (if applicable), and the contact details of the main contact for all partners involved in this bid.**

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| --- |
|  |

**3.2 Please tell us about each partner’s track record in supporting victims of crime, and the history and track record of the consortium or partnership where applicable (please state if this is a new partnership).**

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**3.3 Please provide any additional details about how your partnership would use the grant and who would lead or carry out each part of the work.**

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**Section 4: Due Diligence**

**Please provide us with the necessary documentation to carry out the required due diligence checks.**

**4.1 Key Policies and Procedures**

1. **Please submit copies of your organisation’s documents (listed below) with your application form:**
* Set of rules, memorandum of understanding or constitution
* Safeguarding policy/policies
* Most recent signed accounts
* Equality and Diversity Policy
* Current data protection policy/information security policy
1. **Please confirm that the staff who will be delivering the service have up to date Enhanced DBS checks (or that they will be subject to them prior to delivering the service):**

|  |  |
| --- | --- |
| I confirm | [ ]  |

**4.2 Insurances**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Information Needed** |
| Does your organisation have current public liability insurance? | [ ]  | [ ]  | [ ]  | Value: £ |
| Does your organisation have current employer’s liability insurance?  | [ ]  | [ ]  | [ ]  | Value: £ |

**4.3 Reserves**

What is your organisation’s annual income, expenditure and reserves in the past two years?

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial year** | **Annual income (£)** | **Annual expenditure (£)** | **Reserves at the end of the year** |
|  |  |  |  |
|  |  |  |  |

**Section 5: Declaration**

**By signing this declaration, you are confirming that the information in this application form is a true reflection of your intentions and if successful the service or project that you deliver will be free of charge, confidential and will not unfairly discriminate service users.**

**Declaration – for all applicants**

Printed Name:

Position:

Signature:

Date:

**Section 6: Submitting Your Application**

**Please take time to complete every field in this application form so we can fully understand the project you are asking us to support.**

**Once you have completed this form, please return it via e-mail to** **enquiries@northumbria-pcc.gov.uk**

**Please remember to attach copies of your key policies and procedures mentioned within S*ection 4.1* when you submit your application form.**

If you have any queries, please contact holly.thornton@northumbria-pcc.gov.uk and dean.taylor@northumbria-pcc.gov.uk.

The deadline for submitting applications is **Wednesday 9th November 2022.**

1. HM Government (2022), *Victims Funding Strategy.* Available at: <https://www.gov.uk/government/publications/victims-funding-strategy> [↑](#footnote-ref-1)