Date received in office (office use only) Reference no. (for office use only)

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|  |  | LCM/2023 |

# HEALTHY COMMUNITIES TOGETHER

# Locality Commissioning Model

**APPLICATION**

**Bid for £20,000- £50,000**

Guidance notes, forms and further information is [uploaded here](https://cvalive.org.uk/news/2022-news-items/the-localities-commissioning-f/).

**PART 1: ABOUT YOUR GROUP**

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| --- | --- | --- | --- | --- |
| **1. Name of organisation** | | | | |
|  | | | | |
| **2. Address of organisation**   |  | | --- | |  |   **3. Main contact for this application**  Title First name Surname | | | | |
|  |  |  |  |  |
| Position held in the group | | | | |
|  | | | | |
|  | | | | |
| Email: | | | | |
| Telephone  Day Evening | | | | |

**4. Briefly describe the main aims and activities of your organisation**

**Word Count: 150 words maximum**

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**5. Eligibility**

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| **QUESTIONS** | **Yes** | **No** |
| 1. Is your group a **not-for-profit voluntary or community group?**  Please select your organisation type below:  Choose an item.  If you selected ‘other’ please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Charity no. (if applicable) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Company no. (if applicable) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *If neither a charity nor a company, please provide your last set of accounts* |  |  |
| 2. Does your organisation have a **governing document?** (you may call this a set of rules, constitution, memorandum of articles and association etc) |  |  |
| 3. Has your group been **active in the local community for more than a** year prior to March 2023? Please put the date your organisation started.  Click or tap to enter a date. |  |  |
| 4. Please tick to indicate which of the following **policies** you have:   * Safeguarding * Data protection * Health & Safety   If working directly with young people or vulnerable adults, do staff have **DBS checks?** |  |  |
| 5. Are you applying as part of a partnership? If so **provide names of all partner organisations**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| 6. Please indicate the level of **insurance cover** you hold for:  Employers liability: Click or tap here to enter text.  Public liability: Click or tap here to enter text. |  |  |
| 7. Please provide **bank details**:  Name of account Click or tap here to enter text.  Sort code Click or tap here to enter text.  Account number Click or tap here to enter text.  Include a blank paying-in slip or voided cheque to confirm these details. |  |  |

**PART 2: ABOUT YOUR COMMUNITY PROJECT**

**6. Project details**

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| Project name: |

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| --- | --- |
| Planned start date | Planned end date |
|  |  |

Please note funding needs to be spent within the next 12 months (additional 6 month extension possible for projects that demonstrate impact against key outcomes)

**7. Please describe the activities/services you are planning and how they will maximise people’s independence and enable them to access support from the community and have better physical and mental health, wellbeing and overall quality of life.**

* **Who are your beneficiaries?**
* **What type of support will they receive (advocacy, physical activity, healthy eating, social connection/peer support etc)**
* **When and where**
* **What outcomes will you deliver on?**

**Word Count: 300 words maximum**

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**8. Approximately how many people will benefit from the project? \_\_\_\_\_\_ (unique no.)**

**9. Please explain** **how your project will tackle the root causes of inequalities and how your delivery responds directly to one or more of the priorities identified in your Local Community Partnership (LCP) Local Community Plan:** [﻿﻿﻿﻿﻿Local Community Partnerships - Croydon Voluntary Action (cvalive.org.uk)](https://cvalive.org.uk/empowering-the-community/networks/local-community-partnerships/)

* **What Local Community Partnership area are you applying for?**
* **Which priorities from within your Local Community Plan are you responding to?**
* **How will your project tackle the root causes of inequalities?**
* **How will you work in collaboration with other local groups/partners?**

**Recommendation: We want to hear about your plan, keep it clear and simple. Use whatever medium works best for you to present your project e.g. project plan (maximum 1 side) or film (maximum 5 minutes) or text (word count: 500 words maximum)**

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**10. Measuring success**

**We will require all partners to adopt the tools and indicators required to effectively measure impact.**

**How will you:**

* **Collect the data needed to confirm the number of participants/outputs?**
* **Analyse the data collected to measure the impact of your work against your key outcomes?**
* **Involve project beneficiaries in continuous project design, delivery and performance measurement?**

**Word Count: 250 words maximum**

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**11. Learning and Managing Risk**

**We are looking to support organisations that are prepared to take risks and build learning into their project.**

**How will you:**

* **Critically evaluate your delivery on this project?**
* **Manage the key risks you have identified?**

**Word Count: 250 words maximum**

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**12. Please provide a breakdown of the proposed project costs on the budget template provided** [LCM Budget Template](https://cvalive.org.uk/cvalive/assets/documents/lcm-budget-template)

**13. Funding request**

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| **Amount requested** | £ |
|  |  |

**14. Declaration**

I confirm that, to the best of my knowledge and belief, the information in this application form is true and correct. The organisation agrees to abide by the terms and conditions [Terms & Conditions LCM](https://cvalive.org.uk/cvalive/assets/documents/terms-conditions-lcm).of the funding as they are set out in this application form and understand that any offer of funds will be subject to our proposed work remaining within the funding criteria. We agree to participate in monitoring, auditing and evaluation related to this fund. My signature confirms the group’s acceptance of these conditions.

|  |  |
| --- | --- |
| Signature | Date |

**Deadline is 5pm 17 July 2023**

**Before starting on your application, you can contact**[**sarah.burns@cvalive.org.uk**](mailto:sarah.burns@cvalive.org.uk)**for advice on any part of this guidance that you are not clear about. Completed applications, with all the accompanying documents, must be sent to**[**finance@ageukcroydon.org.uk**](mailto:finance@ageukcroydon.org.uk)