**2024-5 PFCC Community Safety Development Fund (CSDF) Application**

**Please ensure you have reviewed the 2024-5 CSDF guidance document before completing the application.**

**your organisation**

1. **Please provide details of the organisation making this application**

|  |  |
| --- | --- |
| Organisation name:  |  |
| Type of organisation:  |  |
| Charity/Company Number: |  |
| Address:  |  |
| Primary contact:  |  | Position: |  |
| Email address: |  | Telephone: |  |
| Website: |  | Amount of PFCC CSDF Funding you are bidding for: | £ |

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

|  |
| --- |
| *e.g. Registered Charity, Local Authority, Community Safety Partnership, Voluntary or Community Organisation/Group* |

1. **What is your organisation’s purpose, and how will this funding support your core activity?**

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|  |

**your proposal**

1. **Description of your proposal**

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| --- |
| *Please indicate the category/project type that best describes your activity.* |
| Youth engagement and projects |[ ]
| crisis support for families and vulnerable. |[ ]
| Domestic abuse awareness and support |[ ]
| Reducing reoffending |[ ]
| Crime prevention |[ ]
| Support for Homeless |[ ]
| Road safety |[ ]
| NTE |[ ]
| Target Hardening (CCTV, lighting etc) |[ ]
| Other (please explain) |[ ]

|  |
| --- |
| *Brief description of what activity you are planning and how it will be implemented.* |
|  |

1. **Please describe evidence of need for your proposal.**

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| --- |
| *What evidence do you have that this project is needed? Can you demonstrate that the intervention will have the desired impact? (Please include details of any consultation or stakeholder engagement conducted)* |
|  |

1. **Aims, outcomes and monitoring of the project.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project aim** | **Desired outcome** | **Activity planned to achieve outcome** | **Success measure** | **Monitoring process and outputs** |
| *EXAMPLE to engage young people and deter them from criminal behaviour in the community.* | *Young people positively engaged and decrease in reports of anti-social behaviour*  | *Weekly sessions of 2 youth workers engaging young people and providing education and awareness including good citizenship at recreational areas where high ASB is being reported* | *20 weekly sessions**50 young people engaged.**Positive feedback from young people**Reduction in reports to community safety and police about ASB*  | *Lead youth worker will be monitoring attendance and feedback forms provided to young people who engage at monthly intervals.* *Reports to community safety teams and police will be monitored quarterly*  |
|  |  |  |  |  |
|  |  |  |  |  |

**6. Which geographical area (s) does your proposal relate to? (please tick all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Countywide | [ ]  | Chelmsford | [ ]  | Rochford | [ ]  |
| Basildon | [ ]  | Colchester | [ ]  | Southend-on Sea | [ ]  |
| Braintree  | [ ]  | Epping Forest | [ ]  | Tendring  | [ ]  |
| Brentwood  | [ ]  | Harlow | [ ]  | Thurrock | [ ]  |
| Castle Point | [ ]  | Maldon | [ ]  | Uttlesford | [ ]  |

1. **Applicants are required to obtain support for their bid from relevant partners, including local Community Safety Partnerships (if appropriate)**

|  |  |
| --- | --- |
| Have you engaged your local Community Safety Partnerships (CSP)? | Choose an item. |
| CSP area |  |
| Contact details |  |
| Signature: |  |
| Evidence of endorsement attached to application: | Choose an item. |

**7.1 Details of endorsement received from groups/organisations engaged in proposal development.**

|  |  |
| --- | --- |
| Organisation name |  |
| Area of focus/interest: |  |
| Contact details |  |
| Signature: |  |
| Evidence of endorsement attached to application: | Choose an item. |
| Organisation name |  |
| Area of focus/interest: |  |
| Contact details |  |
| Signature: |  |
| Evidence of endorsement attached to application: | Choose an item. |
| Organisation name |  |
| Area of focus/interest: |  |
| Contact details |  |
| Signature: |  |
| Evidence of endorsement attached to application: | Choose an item. |

1. **Who is your target group, who will you expect to benefit?**

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| --- |
| *Who will be the recipients of the service, or who will benefit from the intervention you are proposing?* |
|  |
| *What is the cohort size, and how long will individuals be engaged with the initiative?* |
|  |

1. **Does your organisation provide specialist services for victims with protected characteristics?**

|  |  |  |  |
| --- | --- | --- | --- |
| Age | [ ]  | Race | [ ]  |
| Disability  | [ ]  | Religion or belief  | [ ]  |
| Gender Reassignment  | [ ]  | Sex  | [ ]  |
| Marriage and Civil Partnership  | [ ]  | Sexual Orientation  | [ ]  |
| Pregnancy and maternity  | [ ]  |  |

1. **Accessibility - Outline how you will ensure your proposed initiative will be accessible to all those eligible to take part.**

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| --- |
| *Consider accessibility issues such as locations of services, timing of programmes, advertising the initiative via appropriate forums.* |
|  |

1. **Sustainability - What will happen after funding expires?**

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| --- |
| *Do you plan to continue with this initiative after the PFCC funding ends? If yes, how will this be achieved?*  |
|  |
| *Will the impact of the initiative be sustainable even if the project ceases?* |
|  |

**links to police and crime plan**

[**Police & Crime Plan priorities**](https://www.essex.pfcc.police.uk/what-we-are-doing/police-and-crime-plan/)**;**

1. **Which of the following Police & Crime Plan priority areas will your proposal contribute towards?**

|  |  |
| --- | --- |
| **Police and Crime Plan Priorities** | **Select** |
| More local, visible, and accessible policing | [ ]  |
| Drive down anti-social behaviour and crime | [ ]  |
| Beat knife crime and drug gangs and protect young people | [ ]  |
| Tackle violence against women and girls and domestic abuse | [ ]  |
| Ensure vulnerable people are protected | [ ]  |
| Improve road safety and reduce road deaths in Essex to zero | [ ]  |

**12.1 Please explain how your proposal supports the Police and Crime Plan priorities above.**

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| --- |
|  |

**financial information**

1. **In the table below please provide details of the costs relating to your proposal including any funding already secured or applied for.**

|  |  |
| --- | --- |
| **Proposal of costs e.g. room hire, equipment, travel** | **Cost (£)** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Cost of Proposal** | **£** |
|  |
| **Other secured funding** | **Cost (£)** |
| *Eg local council, Big Lottery, Benefit in kind* |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total matched funding** | **£** |
| **Total Community Safety Development Fund requested** *(cost of proposal minus match funding)* | **£** |

**declaration**

1. **Safeguarding Policy. If successful a copy of your safeguarding policy will be required prior to any grant award.**

|  |  |
| --- | --- |
| Do you have safeguarding policy?  | Choose an item. |
| *If Yes, how do you monitor and ensure compliance with the policy?* |  |

1. **GDPR Policy. If successful a copy of your data protection policy is required prior to any grant award.**

|  |  |
| --- | --- |
| Do you have a GDPR policy?  | Choose an item. |
| *Please share how do you comply with any data protection responsibilities? Please include, retention and secure storage of data.* |  |

1. **Have you attached to this application your latest set of financial accounts?** Choose an item.
2. **If your application is successful, we would like to publicise how the funding is being utilised effectively and showcase the excellent initiatives supported by the Community Safety Development Fund to raise awareness.**

|  |  |
| --- | --- |
| ***Please tick the box to provide consent for PFCC to promote your organisation, this may involve sharing details with a third- party copy writer.*** | [ ]  |

I confirm that I have read and understood the PFCC Crime Prevention Fund criteria and if successful I will be required to comply with the conditions in the PFCC’s funding agreement.

The information contained within this application is accurate to the best of my knowledge and that I am authorised to apply for funding on behalf of my organisation.

|  |  |  |  |
| --- | --- | --- | --- |
| **PRINT NAME** |  | **POSITION** |  |
| **SIGNATURE** |  | **DATE** |  |