**2024-5 PFCC Community Safety Development Fund Application**

**Please ensure that you have read the 2024-5 CSDF guidance document before filling in your application.**

**your organisation**

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

|  |
| --- |
| Organisation name:  |
| Type of organisation:  |
| Charity/Company Number: |
| Address:  |
| Main contact:  | Position: |
| Email address: | Telephone: |
| Website: |

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

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| --- |
| *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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| *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**

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| --- | --- | --- | --- | --- |
| **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 [ ]  Harlow

[ ]  Basildon [ ]  Maldon

[ ]  Braintree [ ]  Rochford

[ ]  Brentwood [ ]  Southend-on-Sea

[ ]  Castle Point [ ]  Tendring

[ ]  Chelmsford [ ]  Thurrock

[ ]  Colchester [ ]  Uttlesford

[ ]  Epping Forest

1. **Details of endorsement received from groups/organisations engaged through the development of this proposal**

|  |
| --- |
| * Organisation name:
* Area of focus/interest:
* Contact details
* Signature:
* Evidence of endorsement attached to application: Yes/No
 |
| * Organisation name:
* Area of focus/interest:
* Contact details
* Signature:
* Evidence of endorsement attached to application: Yes/No
 |

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 [ ]  Religion or belief

[ ]  Disability [ ]  Sex

[ ]  Gender Reassignment [ ]  Sexual Orientation

[ ]  Marriage and Civil Partnership

[ ]  Pregnancy and maternity

[ ]  Race

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**

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

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| --- | --- |
| **Police and Crime Plan Priorities** | **Select** |
| Further investment in crime prevention |  |
| Reducing drug driven violence |  |
| Protecting rural and isolated areas |  |
| Preventing business crime, fraud, and cyber crime |  |
| Protecting vulnerable people and breaking the cycle of domestic abuse |  |
| Improving safety on our roads |  |
| Reducing violence against women and girls |  |
| Encouraging volunteers and community support |  |
| Improving support for victims of crime |  |
| Increasing collaboration |  |

**12. (B) Please explain how your proposal supports the Police and Crime Plan priority identified 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.**

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| --- | --- |
| **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. **(A) Do you have safeguarding policy? Yes/No**

If successful a copy of your safeguarding policy will need to be provided prior to any grant being awarded

**14. (B) If Yes how do you monitor and ensure compliance with the policy?**

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|  |

1. **Please share how do you comply with any data protection responsibilities?**

If successful a copy of your data protection policy will need to be provided prior to any grant being awarded

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1. **Have you attached to this application your latest set of financial accounts? Yes/No**
2. **If your application is successful, we would like to publicise how the money is being put to good use and raise awareness of the types of excellent work being supported by the Community Safety Development Fund**

[ ]  **Please tick the box if you agree for the PFCC to promote your organisation that may involve sharing details to 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** |  |