Community Safety Services Fund

Application Form

Please refer to the Community Safety Services Fund Guidance Notes before completing this application form

(<https://www.northyorkshire-pfcc.gov.uk/for-you/partnership/non-commissioned-community-safety-services/>).

Please ensure you have completed all relevant sections, and please note that appendices or attachments will not be considered.

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| --- | --- | --- | --- | --- | --- |
| **Applicant Details:** | | | | | |
| **Name of Applicant Individual / community group / organisation:** | | | | | |
| **Overall purpose of your group / organisation (50 words max):** | | | | | |
| **Project Summary:** | | | | | |
| **Name of Project:** | | | | **Total Amount Requested:**  **£** | |
| **Type of Service, please indicate either:**  Community Based Volunteer Service:  Targeted Prevention & Early Intervention:  Targeted Early Intervention Emotional Health: | | | | **Timescales for Project Delivery:**  Start Date:  End Date: | |
| **\*CoVid-19**  We want to support you to in continuous project delivery, with work-arounds where required. Please identify your alternative arrangements and / or business continuity plans related to CoVid-19 and on-going Government advice, plus any support you may require in order to achieve this. | | | | | |
| **Locations, please indicate which District/Borough/City you will deliver to:**  **All**:  Craven:  Hambleton:  Harrogate:  Richmondshire:  Ryedale:  Scarborough:  Selby:  York: | | | | | |
| **Project Details:** | | | | | |
| **Description of your project and what you hope to achieve (300 words max):** | | | | | |
| **Why is your project needed, and what do you anticipate the demand will be? (200 words max):** | | | | | |
| **Who and how many\* of any of the following will benefit from your project (150 words max per category):**  **\*Applications should specify the minimum number of individuals the project/initiatives will work with/support** | | | | | |
| **Individuals / groups at risk of Re-Offending** |  | | | | |
| **Individuals / groups at risk of Offending** |  | | | | |
| **Individuals / groups at risk of repeat victimisation** |  | | | | |
| **Individuals / groups at risk of becoming a victim** |  | | | | |
| **Specific locations** |  | | | | |
| **How will you measure the Outcomes of your project, including how you will set a Baseline position (300 words max):** | | | | | |
| **Targeted Prevention & Early Intervention and Emotional Health projects, please indicate which of the following 9 x Categories of Need you will measure positive change against as a result of your project and specify how this will be measured (100 words max per category):** | | | | | |
| **Mental Health** | |  |  | | |
| **Physical Health** | |  |  | | |
| **Shelter & accommodation** | |  |  | | |
| **Family, friends & children** | |  |  | | |
| **Education, skills & employment** | |  |  | | |
| **Drugs & alcohol** | |  |  | | |
| **Finance & benefits** | |  |  | | |
| **Outlook & attitudes** | |  |  | | |
| **Social Interactions** | |  |  | | |
| **How will the project deliver against the Community Safety Services Fund aim and key priorities within the Police and Crime Plan? (200 words max):** | | | | | |
| **Community Safety Partnership Sign-off** | | | | | |
| **Safer York Partnership** | | | | | |
| **Name:** | | | | | **Signature:** |
| **Job Title:** | | | | | **Date signed-off:** |
| **North Yorkshire Community Safety Partnership**  **OR**  **North Yorkshire Community Safety Hub:**  **Craven**  **Selby**  **Rydedale**  **Scarborough**  **Harrogate**  **Hambleton**  **Richmondshire** | | | | | |
| **Name:** | | | | | **Signature:** |
| **Job Title:** | | | | | **Date signed-off:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial Breakdown:** | | | |
| **Description** | **Unit Cost** | **Quantity** | **Total Cost** |
|  | £ |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |
|  | £ |  | £ |
| **Project Total:** | | | **£** |

|  |  |
| --- | --- |
| **Main Contact Details:** | |
| **Main Contact:**  **Role within organisation:** | **Main Contact email address:** |
| **Main contact postal address:** | **Main Contact telephone number/s:** |
| **Main Contact Postcode:** | **Website:** |
| **Main Contact Signature (enter full name or electronic signature):** | **Date signed:** |

**Please email your completed application form to** [**nicole.hutchinson@northyorkshire.pnn.police.uk**](mailto:nicole.hutchinson@northyorkshire.pnn.police.uk)

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 through the Community Safety Services Fund, in line with GDPR .

Please tick this box if you give consent to your project being included in any such PFCC publicity, using non-sensitive information in line with GDPR and appropriate consent.