|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Organisation / Charity Number (where applicable)** |  |
| **Named Lead, Role & Contact Details in respect of this funding request** |  |
| **Are you currently commissioned or funded by the OPFCC for North Yorkshire for this or any other Service / Project / Role/s?**  **If Yes, please provide details** | YES / NO |
| **If NO, please confirm you have provided your latest Annual Accounts with this Form** | YES / NO |
| **What Service / Project / Role/s are you applying for?**  **Please provide title & brief description** | **(max. 150 words)** |
| **Does this Service / Project / Role/s primarily support victims and survivors of (please indicate estimated proportional split if both categories apply throughout the remainder of this Form):** | |
| **Domestic Abuse?** | **Sexual Violence or Abuse?** |
| YES / NO | YES / NO |
| **Does the Service / Project / Role/s support one or more protected characteristics, and is this exclusively?**  **[i.e. BAME, LGBT+, Disabled]** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| YES / NO / Not Applicable  NOT / EXCLUSIVELY | YES / NO / Not Applicable  NOT / EXCLUSIVELY |
| **Does the Service / Project / Role/s support male victims, and is this exclusively?**  **If YES, please provide details** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| YES / NO / Not Applicable  NOT / EXCLUSIVELY | YES / NO / Not Applicable  NOT / EXCLUSIVELY |
| **Does the Service / Project / Role/s support children & young victims, and is this exclusively?**  **If YES, please provide details, including age ranges** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| YES / NO / Not Applicable  NOT / EXCLUSIVELY | YES / NO / Not Applicable  NOT / EXCLUSIVELY |
| **Is the Service / Project / Role/s delivered by and for the group/s they support?**  **If YES, please provide details** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| YES / NO / Not Applicable  NOT / EXCLUSIVELY | YES / NO / Not Applicable  NOT / EXCLUSIVELY |
| **Please provide evidence of:**   * **current demand and/or unmet need for your services in North Yorkshire & the City of York specifically;** * **why current provision (including consideration of current commissioned services) is unable to meet this local need; and** * **how would your Service / Project / Role/s address these gaps if the funding requested is awarded?** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| **(max. 500 words)** | **(max. 500 words)** |
| **Please provide evidence of:**   * **gaps in provision specifically in North Yorkshire & the City of York for under-represented victims and survivors such as those with protected characteristics, males and children & young people (including reference to current commissioned services); and** * **how your Service / Project / Role/s would meet the needs of these groups if the funding requested is awarded, including any evidence that you have proven track record of providing tailored services for these groups where applicable?** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| **(max. 500 words)** | **(max. 500 words)** |
| **Please provide evidence of:**   * **how your Service / Project / Role/s would support and enhance existing service provision, avoiding duplication; and** * **how will you ensure delivery over an initial 12-month period from April 20212 to March 2023, including clear, realistic timescales for implementation/commencement?** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| **(max. 500 words)** | **(max. 500 words)** |
| **Total funding requested for 2022/23** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| **£** | **£** |
| **Please provide a breakdown of each element of the Service / Project / Role/s funding is requested for, including FTEs / unit / hourly costs where applicable** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
|  |  |
| **Please outline how your proposal could be scaled back if required and what % of the Total funding requested would be required to deliver this** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| **%** | **%** |
| **Are you currently operating a Waiting List for any part or stage of your Service / Project / Role/s?** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| YES / NO / Not Applicable | YES / NO / Not Applicable |
| **If YES, please provide:**   * **total number of those on your Waiting List/s as at end of February 2022** * **breakdown of number of those on your Waiting List/s at each stage i.e. awaiting Initial Contact, Assessment, Allocation of Worker, Commencement of Counselling, etc** * **average length of time on Waiting List/s in DAYS** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
|  |  |
| **Total number of Referrals received by Service / Project / Role/s during January to March 2022 inclusively** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
|  |  |
| **Total number of Referrals received by Service / Project / Role/s during January to March 2021 inclusively** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
|  |  |
| **Please estimate total number of Referrals you expect to receive during April to September 2022 inclusively** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
|  |  |
| **Total number of Individuals Supported by Service / Project / Role/s during January to March 2022 inclusively** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
|  |  |
| **Total number of Individuals supported by Service / Project / Role/s during January to March 2021 inclusively** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
|  |  |
| **What is the maximum number of Individuals that can be Supported by Service / Project / Role/s at any one time based on current staffing / resources?** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
|  |  |
| **What would be the maximum number of Individuals that can be Supported by Service / Project / Role/s at any one time if funding requested is provided?** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
|  |  |
| **Is there anything else not covered above you would like us to consider when evaluating your request?** | |
| **Domestic Abuse Support** | **Sexual Violence or Abuse Support** |
| **(max. 250 words)** | **(max. 250 words)** |