**Community Safety Serious Violence Fund**

**Application Form**

**Please refer to the Funding Guidance Notes before completing this application form:**

[Apply for the Community Safety Serious Violence Fund - York & North Yorkshire Office for Policing, Fire, Crime and Commissioning](https://www.northyorkshire-pfcc.gov.uk/for-you/partnership/non-commissioned-community-safety-services/#Community_Safety_Serious_Violence_Fund)

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

|  |
| --- |
| **Organisation Details:**  |
| **Legal name of organisation** |
| **Charity No or Companies House No** |
| **Annual turnover** |
| **Purpose of your organisation (max 50 words)** |
| **Conflict of interest in receiving this grant funding** |
| **Organisation Website** |
| **Organisation Email address** |
| **Organisation address with postcode** |
| **Lead Contact Details:** |
| **Name**  |
| **Job Title / Position in organisation** |
| **Email address** |
| **Telephone number** |
| **Project Summary:** |
| **Name of Project:**  | **Total Amount Requested** *(maximum £30,000)***:****£**  |
| **Please identify if this funding will fully or partially fund this project\*. If partial, please identify what other sources of funding will also support the project and if this is confirmed. Please include details of the funding source(s), the application dates, and the amount(s) applied for. Have funding decisions been made? If not, when do you expect to be notified?** | **Please identify if your project is new or existing. If new, please explain what gap the project addresses. If existing, please explain how this funding will add value and expand or develop the project further (150 words max):** **New** **Existing**  |
| ***\* Acceptance of any funding offered must not result in double funding, ensuring that the organisation is not being funded from elsewhere for the same or similar activity. Any match or pooled funding declared above, would not be considered double funding. The authorised signatory will be liable for any false declaration.*** |
| **Project start date:** | **Project end date***)***:** |
| **Delivery / Activity type:** *Please indicate the type of activity your project will focus on (tick all that apply)*Universal Awareness Raising / Prevention / Education-based activity to young people: [ ] Universal Awareness Raising / Prevention / Education-based activity to adults: [ ] Training (professionals and / or community) activity: [ ] Targeted Diversionary activity (non-sport): [ ] Targeted Diversionary activity (sport): [ ] Therapeutic activity: [ ] Targeted Early Intervention Accommodation: [ ] Targeted Early Intervention Education, Employment and Training: [ ]  *Please indicate which……………………….*Targeted Early Intervention Emotional Health: [ ] Targeted Positive Relationship(s) activity: [ ] Targeted Parenting Programme: [ ] Targeted Community / Location\*\* activity, including Community Based Volunteers: [ ] Targeted Desistance activity to stop (re)offending [ ] Weapon amnesty [ ] Other [ ] *Please describe……………………….* |
| **Is the project adopting a trauma-aware or trauma-informed approach to delivery?**Yes [ ] No [ ] *Please explain your response……………………….* |
| **Crime Type / Priority:** *Please indicate the crime type and local SVD priority(ies) your project will focus on (tick all that apply)** Homicide [ ]
* Violence with Injury[[1]](#footnote-1)[ ]
* Domestic Abuse [ ]
* Rape and Sexual Offences[ ]
* Weapon Related Violence; including Weapon Possession [ ]
* Arson Endangering Life [ ]
* Stalking and Harassment; non-domestic [ ]
* Community Safety and Anti-Social Behaviour[ ]
* Violence Against Women and Girls (VAWG) [ ]
* Young People [ ]
* Alcohol and Substance Misuse [ ]
* Mental Health [ ]
* Deprivation and Employment [ ]
* Education [ ]
* Other, please state and provide rationale……………………………. [ ]
 |
| **Location:***Please indicate the area(s) in which your project will be delivered (please mark all that apply):***North Yorkshire and York Countywide**: [ ] Craven: [ ]  Hambleton: [ ]  Harrogate: [ ]  Richmondshire: [ ] Ryedale: [ ]  Scarborough: [ ]  Selby: [ ]  York: [ ] *\*\*If you are delivering a Targeted Community / Location project, please identify the specific location(s):*……………………………………………………………………. |
| **Project Details:** |
| **Explanation of your project and how the funding will help achieve the aims and objectives (300 words max):** |
| **Please explain your organisation’s experience / evidence of delivery in this project area (max 200 words)** |
| **Will the project be delivered solely by your organisation? If not, please provide the details of any other organsations involved in the delivery of the project and their experience / evidence of delivery in this project area (max 200 words)** |
| **Please explain the need and demand for your project and how you have evidenced this (200 words max):** |
| **How will you measure the outcomes of your project and evidence success?** Please include how you will set a baseline position. **(max 200 words)** |
| **How will the project deliver against the North Yorkshire and York Community Safety / SVD key priorities listed above: (150 words max):** |
| **Please identify any risks to the success of your project and how these risks will be managed.**      |
| **How will the project be sustained after the grant funding has ended? How will the work of this project be supported going forward? (100 words)**      |
| **Please indicate the age group your project is targeted at:** *Please mark all that apply***0 to 11** [ ] **12 to 15** [ ] **16 to 18** [ ] **19 to 24** [ ] **25 and over** [ ]  |
| **Please identify and explain how the following groups will benefit from your project (100 words max per category):***Applications should specify the minimum number of individuals the project will work with/support* |
| **Universal - not involved in offending activity. Specific locations / communities***Please specify if part of the Clear Hold Build approach (Scarborough / York only)* |  |
| **Individuals / groups at risk of offending** including serious violence*Please specify if high risk e.g.known areas* |  |
| **Individuals / groups involved in offending***including serious violence* |  |
| **Individuals / groups at risk of becoming a victim** *including serious violence* |  |
| **Individuals / groups at risk of repeat victimisation** *including serious violence* |  |
| **Please indicate which of the following Ministry of Justice Categories of Need your project will address. Specify how positive change will be measured (100 words max per category):** |
| **Mental / Emotional Health**  |  |  |
| **Physical Health**  |  |  |
| **Shelter & accommodation**  |  |  |
| **Family, friends & children**  |  |  |
| **Education, skills & employment**  |  |  |
| **Drugs & alcohol** |  |  |
| **Finance & benefits** |  |
| **Outlook & attitudes** |  |
| **Social Interactions** | [ ]  |  |
| **Financial Breakdown:** |
| Please provide a **specific breakdown** of how you will spend your grant below. The Community Safety Serious Violence Fund **cannot provide a generic contribution** to an overall project. |
| **Description** | **Unit Cost** | **Quantity** | **Total Cost** |
|       |  £      |        |  £      |
|       |  £      |        |  £      |
|       |  £      |        |  £      |
|       |  £      |        |  £      |
|       |  £      |        |  £      |
|       |  £      |        |  £      |
| **Project Total:**  |  **£** |

|  |  |
| --- | --- |
| **Timescales for project delivery and funds spent:** **Funding must be spent and project completed by 31 March 2026***Please indicate all Quarters in which your project will be delivered and funds spent****Funds spent must match project delivery*** *i.e. If your project will be delivered from April 2025 – March 2026, Quarterly spend must also take place in this time**Please highlight all relevant Quarters with delivery and projected spend* | **Quarter 1 2025-26****April – June 2025****Projected spend: £** |
| **Quarter 2 2025-26****July – September 2025****Projected spend: £** |
| **Quarter 3 2025-26****October – December 2025****Projected spend: £** |
| **Quarter 4 2025-26****January – March 2026****Projected spend: £** |
| **Total** | **£** |

|  |
| --- |
| **Community Safety Partnership (CSP) Sign-off**  |
| **Prior to submission, please obtain the relevant CSP sign off below. Details can be found in the application form guidance:** [**Apply for the Community Safety Serious Violence Fund - York & North Yorkshire Office for Policing, Fire, Crime and Commissioning**](https://www.northyorkshire-pfcc.gov.uk/for-you/partnership/non-commissioned-community-safety-services/#Community_Safety_Serious_Violence_Fund) |
| **Safer York Partnership** [ ]  **North Yorkshire Community Safety Partnership** [ ]   |
| **Name:**      | **Signature** *(enter full name or electronic signature):*      |
| **Job Title:**      | **Date:**       |
| **Authorised Signatory:** |
| **Applicant Signature** *(enter full name or electronic signature):* | **Signature Date:** |

|  |
| --- |
| **Business Continuity** 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 / other circumstances and Government advice, plus any support you may require in order to achieve this. |
|  |

**Please email your completed application form to** **nicole.hutchinson@northyorkshire.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 this fund, in line with GDPR.

[ ]  Please tick this box if you give consent to your project being included in any such OPFCC and / or Home Office publicity, using non-sensitive information in line with GDPR and appropriate consent.

1. Attempted Murder, Endangering Life, Grievous Bodily Harm, Actual Bodily Harm, Administering Poison with Intent to Injure, Non-Fatal Strangulation and Suffocation [↑](#footnote-ref-1)