**Bexley Voluntary Service Council (BVSC)**

**Application form- Community Connect 2017-2020**

**PART 1: ABOUT YOUR ORGANISATION AND GOVERNANCE**

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| **1.1** | **Section 1- Contact details** | |
| **1.1.1** | **Name of your organisation** |  |
| **Contact address** |  |
| **Name of the main contact and their job title for your organisation** |  |
| **Address if different from above** |  |
| **Telephone** |  |
| **E-mail** |  |

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| **1.2** | **Section 1.2- What type of organisation are you?** | |
| **1.2.1** | **Charitable incorporated organisation (CIO)**  **Charitable company (limited by guarantee)**  **Unregistered charity, club, society or association, community based group or organisation**  **Trust**  **Registered charity**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **When was your organisation set up** |  |
| **Registered Charity Number and date of registration:** |  |
| **Company limited by Guarantee Number and date of registration:** |  |
| **VAT registration if applicable:** |  |

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| **1.2.3** | **Your organisation must have sufficient and appropriate financial controls in place.**  **Please indicate which financial control policies and procedures you have in place.** | | |
|  | **Policies and Procedures checklist** | **Yes** | **No** |
| Written policy on delegated authority |  |  |
| Written policy on banking arrangements |  |  |
| Written policy on how to report and respond to a suspected fraud within the organisation |  |  |
| Written policy on travel and subsistence expenses |  |  |
| That Cheque books and receipts are held in a safe/cash box to which access is strictly controlled |  |  |
| Necessary insurance cover for public liability, employer liability, property/contents – where applicable. |  |  |
| A system for recording all income and expenditure |  |  |
| Other (please state) | | |

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| **1.2.4** | **Your organisation must have policies and procedures in place to ensure safe and high-quality delivery, including, but not limited to, the policies listed below** | | |
|  | **Policies and Procedures checklist** | **Yes** | **No** |
| Safeguarding Vulnerable Adults |  |  |
| Health and Safety |  |  |
| Equalities and Diversity |  |  |
| Data Protection |  |  |
| Whistleblowing |  |  |
| Safer Recruitment |  |  |
| Staff training and supervision |  |  |
| Others (please state) | | |

**PART 2: ABOUT YOUR SERVICE DELIVERY**

**Part 2 will be scored with reference to the following.**

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| Score | Meaning |
| 0 | Unacceptable response:  • no evidence provided  • demonstrating a significant misunderstanding of the question  • not meeting the criteria even to a minimum extent |
| 1 | Weak response:  • meeting some aspects to a minimum extent but fails in others  • little evidence of ability to meet or deliver to the proposed criteria |
| 2 | Fair response as:  • meeting the majority but not all aspects of the criteria  • adequate evidence of ability to meet or deliver to the proposed criteria |
| 3 | Good response:  • meeting all aspects of the criteria  • comprehensive, clear proposal demonstrating a good understanding of the criteria  • clear evidence of ability to meet or deliver to the proposed criteria |
| 4 | Response which exceeds criteria:  • exceeding the criteria, through a creative or innovative response or where additional ‘added value’ areas have been identified  • straightforward evidence of ability to exceed the proposed criteria |

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| **2.1** | **Section 2.1- Service delivery** |
| **2.1.1** | **Please demonstrate your track record in delivering responsive and high-quality services to people resident in Bexley with the needs identified for the relevant locality.**  **Word limit 300** |
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| **2.1.2** | **Please provide an example of how you have delivered a service that affected change on beneficiaries and how you were able to demonstrate the change had happened. Please include any tools, methods and measurements you used.**  **Word limit 300** |
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| **2.1.3** | **Please demonstrate your experience of developing and delivering services in Bexley using partnerships and co-production to improve outcomes for people**.  **Word limit 300** |
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| **2.1.4** | **Has your organisation achieved Information Governance (IG) Level 2 compliance as** **measured by the** [NHS Information Governance toolkit.](https://www.igt.hscic.gov.uk/) |
|  | **Yes**  ***Please attach evidence of L2 compliance***  **No**  **If you have indicated “No” please complete 2.1.4.1 and 2.1.4.2** |
| **2.1.4.1** | **If you are not IG Level 2 compliant please identify that this will be achieved by the contract start date. *This is a key requirement and a contract cannot be issued if IG Level 2 is not achieved?*** |
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| **2.1.4.2** | **Please identify the steps that your organisation will undertake to reach IG level 2 compliance.**  **Word limit 300** |
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| **2.1.5** | **Please demonstrate how the service will be delivered, to include:**   * **Understanding of the project** * **How it will be well led** * **Clear and transparent monitoring** * **Community Wellbeing Coordinator management** * **Promotion and development of the Community Connect service across the borough** * **Working in partnership and collaborating with the local Voluntary and Community Sector** * **How your resources will be used effectively** * **Any added value you will bring to the service, for example but not limited to; social value, specific expertise, networks, volunteering.**   **Word limit 1000** |
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| **2.1.6** | **The successful locality provider will be the Community Wellbeing Coordinator employer. The role of the Community Wellbeing Coordinator is fundamental to the success of the Community Connect service. Please detail:**   * **Where the CWC will be based** * **If the CWC will have access to a venue to meet with clients** * **The line management arrangements of the CWC** * **How the CWC will be supported to provide a high quality, effective service that improves outcomes for clients.**   **Word limit 300** |
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| **2.1.7** | **The Community Connect services in each locality are strategic partners in raising the profile of the impact and value of Community Connect. Please demonstrate how you will promote and raise the profile of the programme with key stakeholders.**  **Word limit 300** |
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| **3.1** | **Section 3- Declaration** | |
| **3.1.1** | **Please list who can provide a reference about your organisation and its work. This person should be independent of your organisation.**  **Please ensure that the named person is available to provide a reference by the 28th July as references will be sought prior to the grant award. BVSC are unable to award the grant without an appropriate reference received.** | |
|  | **Name** |  |
| **Occupation** |  |
| **Address** |  |
| **Telephone** |  |
| **E-mail** |  |

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| **3.1.2** | **Please attach your most recent signed audited/independently examined annual accounts.**  **If you do not have accounts please attach a statement of income and expenditure which are signed by the Chair and the CEO/Manager or one other Trustee of your organisation.** |
| **3.1.3** | **Please attach a copy of the organisations governing document eg: memorandum/articles of association, constitution or set of rules defining the aims and objectives of your organisation. These must be signed and dated as adopted.** |

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| **3.1.3** | **Declaration that all the information given is correct and complete.**  **The application must be signed by two authorised signatories, one of whom should be the Chair, Chief Executive and/or the most senior staff member.** | |
|  | **Signed** |  |
| **Print name** |  |
| **Date** |  |
| **Signed** |  |
| **Print name** |  |
| **Signed** |  |
| **Date** |  |

Please send your completed application to Kara Lee [kara@bvsc.co.uk](mailto:kara@bvsc.co.uk) by 9.00am 31st July 2017.