**COMMISSIONING AND GRANT AGREEMENT 2020-21**

**(REDUCING REOFFENDING)**

**Please read these Notes and Guidance before completing the Commissioning and Grant Agreement (application form) to ensure that your initiative/project supports the Commissioner's outcomes and that the outputs demonstrate value for money.**

**The data submitted by you on this application is will be handled in accordance with current data protection law and our** [***Privacy Notice***](http://lancashire-pcc.gov.uk/privacy-and-cookie-policy/)

**Projects / Initiatives must adhere to the government's current COVID-19 guidelines.  
Further information regarding COVID-19 can be found** [***here***](https://www.gov.uk/coronavirus)

**About you and your organisation**

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| **NAME** |  |
| **NAME OF GROUP/ORGANISATION** |  |
| **CHARITY NUMBER**  **(if applicable)** |  |
| **CONTACT TEL. NO.** |  |
| **EMAIL ADDRESS** |  |
| **POSTAL ADDRESS** |  |
| **WEBSITE** |  |
| **COPY OF CONSTITUTION ATTACHED?** |  |
| **COPY OF LATEST ACCOUNTS ATTACHED?** |  |
| **QUALITY ASSURANCE ACCREDITATION** | (Does your organisation currently hold any form of accreditation in respect of its; Governance, Resources, initiatives or people. If so, please attach details) |

**Bank details**

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| **NAME OF ORGANISATION RECEIVING FUNDING** |  |
| **NAME OF BANK** |  |
| **BANK ADDRESS** |  |
| **ACCOUNT NUMBER** |  |
| **SORT CODE** |  |

**ALL COMMISSIONING AND GRANT AGREEMENTS MUST BE SIGNED OFF BY A SENIOR OFFICER FROM THE ORGANISATION RECEIVING FUNDING**

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| **SIGNED:**  **(Please note electronic signatures may be used)** |  |
| **POSITION:** |  |
| **DATE:** |  |

**About the Project/ Initiative**

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| **NAME OF PROJECT/INITIATIVE** |  |
| **AMOUNT REQUESTED** | £ |
| **DELIVERY AREA (LOCAL BOARD AREA)** |  |
| **DETAILS OF ANY MATCH FUNDING** |  |
| **ESTIMATED START DATE** |  |
| **ANTICIPATED COMPLETION DATE** |  |

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| **1.** | **SUMMARY OF ISSUE / TOPIC BEING ADDRESSED** |
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| **2.** | **DETAILS OF THE PROJECT OR INITIATIVE**  **(Please keep these details as concise as possible and include a breakdown of expected costs)** |
| Included details on who and how many will benefit from this initiative/project. | |

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| **3.** | **WHICH OF THE PCC's PRIORITIES DOES YOUR PROJECT/INITIATIVE SUPPORT?**  **(Please explain how your proposed project/ initiative supports all or some of the PCC's Priorities)** | |
| **ESSENTIAL** | | |
| **Tackling Crime and Reoffending** | |  |
| DESIRABLE | | |
| **Protect Local Policing** | |  |
| **Supporting vulnerable people and victims** | |  |
| **Developing safe and confident communities** | |  |

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| **4.** | **PROJECT ASSESSMENT CRITERIA** |
| 4.1 | COMMUNITY FOCUS & MEASURES |
| 1. What is the purpose of your project? Please detail how your project works and include potential variables that may influence your project. 2. Please provide details of the outcomes you expect from your project, including how you propose to measure them. Include how your project focusses on a specific problem or issue, and how this fits under the approach to reducing reoffending as set out in the notes and guidance document (i.e. reduction in crime, pathways to employment, further education and housing) | |

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| 4.2 | **HOW DOES YOUR ORGANISATION MEET THE 5 PRINCIPLES OF TRAUMA INFORMED CARE?** |
| **1. Safety** - How does your organisation ensure the physical and emotional safety of your clients?  **2. Trustworthiness** - How do you work to foster a trusting relationship with your clients whilst maintaining appropriate boundaries and ensuring tasks are focussed on clear plans agreed and reviewed.  **3. Choice** - How does your organisation ensure that clients retain the control often previously denied alongside prioritising consumer choice and control?  **4. Collaboration** - How do you ensure that you maximise collaboration with both clients and other partners to ensure effective service delivery. How do you ensure client satisfaction and experience shapes service delivery.  **5. Empowerment** - How does your organisation foster an atmosphere which allows individuals to feel validated? How do you ensure clients are at the centre of the service you provide? Do you provide appropriate supervision of your workforce including clinical supervision? What is your sustainable model for ensuring your workforce - volunteers or paid workers remain able to deliver a person centred service. | |

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| 4.3 | **THEORY / EVIDENCE BASE** |
| Please detail what existing theory, research or evidence base is used as a basis for your project. What suggests that your planned project will succeed in meeting its aims? | |

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| 4.4 | **EVALUATION PLANNING** |
| Details should cover the process of setting up your project and implementation. Provide details of what evaluation criteria you will use and set this out prior to implementation. Include how you will measure your objectives and how you have successfully met you aims (e.g. how many individuals accessed employment and training? was Restorative Justice considered?) | |

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| 4.5 | **DELIVERY** |
| Ensure that you have sufficient resources to deliver your project and provide details here. | |

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| 4.6 | **EXIT STRATEGY** |
| Please explain what your exit strategy is. Please consider how sustainable your project is and what long-term plan you have in place given the short term nature of the Reducing Reoffending Fund. | |

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| **5.** | **SUMMARY OF COMMUNICATIONS AND PROMOTIONAL PLANS** |
| This should include details of any opportunity for the Commissioner to engage with the initiative e.g. launch event, award ceremony etc. | |

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| **6.** | **HOW ARE YOU GOING TO SHARE AND PROMOTE WHAT YOU HAVE LEARNED?** |
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| **7.** | **DO YOU PLAN ON ANY SPECIFIC MILESTONES DURING YOUR PROJECT? IF SO WHAT MILESTONES WILL YOU BE LOOKING AT?** |
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Contact Us  
If you need any help with your application you can contact us:

Website: [www.lancashire-pcc.gov.uk](http://www.lancashire-pcc.gov.uk)

Telephone: 01772 533587

E-Mail: [Commissioner@lancashire-pcc.gov.uk](mailto:Commissioner@lancashire-pcc.gov.uk)

Address: Police and Crime Commissioner's Office  
 PO Box 100  
 County Hall,  
 PRESTON  
 PR1 0LD

**MONITORING INFORMATION**

Your answers to this section will not affect your grant application and are for monitoring purposes only.

**Please indicate whether your project is specifically targeted at people within one or more of the protected characteristics listed below.**

**(Tick appropriate)**

1. Male Female Transgender Not Targeted
2. Young people (under 25) People 25-65 Older People (65+)  
     
    Not Targeted
3. People with disabilities (physical, emotional or mental)  
     
    Not Targeted

1. Gay Lesbian Bisexual Heterosexual Not Targeted
2. Race (including ethnic or national origins, colour or nationality)  
     
    *Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Not Targeted
3. Specific religion or belief  
    *Please specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    Not Targeted

**Is your organisation set up to specifically advance the interest of any of the groups above and if so which ones (gender / age / disability / sexual orientation / race / religion)?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_