

Commissioner's Proceeds of Crime Fund

Hitting criminals where it hurts,
helping communities where it matters



2021-22

Commissioner's Proceeds of Crime Fund

Application Form

For grants between £2,000 and £10,000



Please refer to the Commissioner's Proceeds of Crime Fund Guidance before completing and submitting your application

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Section 1 - Your Organisation

Name:

Address:

Town/City:

County:

Postcode:

Telephone Number:

General Office/Email:

Website:

Twitter:

Eligibility: Partner agencies that are participants of formal community safety forums are eligible to make application to this fund (by example, a documented member of the local Joint Operations Group / Local Strategic Partnership or similar).

The above however does not however include commissioned organisations, who are invited to make application to the Commissioner's People Power Fund.

Detail of the community safety forum where formal membership is held:

Organisation's Key Point of Contact (Applicant)

Organisation's Treasurer

Name:

Name:

Work/Office Phone:

Work/Office Phone:

Home Phone:

Home Phone:

Role within Organisation:

Role within Organisation: Treasurer

Home Address (REQUIRED FOR VETTING PURPOSES):

Home Address:

Street:	Street:
Town/City:	Town/City:
County:	County:
Post Code:	Post Code:
Mobile Phone:	Mobile Phone:
Date of Birth:	Date of Birth:
Email:	Email:
<input type="checkbox"/> Use organisation's address as correspondence	
Organisation Start Date:	
Month:	Year:
Type of Organisation? Identify as appropriate	
<input type="checkbox"/> A registered Charity	
<input type="checkbox"/> Company limited by guarantees	
<input type="checkbox"/> Unincorporated club or association	
<input type="checkbox"/> Community interest company	
<input type="checkbox"/> Charitable Incorporated Organisation	
<input type="checkbox"/> Other	

Section 2 – Your Application
Is the application SINGLE / JOINT PARTNERSHIP (mark as appropriate)
For joint / partnership applications please provide names, addresses and key point of contact details for each organisation you propose to work with:
For activities involving vulnerable people, has contact been made with your local safeguarding board?

YES / No (mark as appropriate)
If Yes, please provide details of all contact / advice and action taken.

Activity Delivery	
How many of each of the following will deliver the project?	
Full time staff/workers:	Part time staff/workers:
Management committee:	Will any part of your project be sub-contracted? If Yes, detail which part and how it will operate.
Volunteers (excluding management committee):	

Activity Details
Who will be responsible for the delivery of this activity/service?
Name:
Work / office Phone:
Home Phone:
Role within Organisation:
Home Address:
Street:
Town/City:
County:
Post Code:
Mobile Phone:
Date of Birth:
Email:
Activity / Project Name:
Activity start date:

Activity end date:
Detail the geographical area (estate, village, town) where the beneficiaries of your project reside? Postcode:
Detail the local authority area in which your activity will take place.
Activity Outline:
How will you engage with potential participants and attract people to your project?
Detail key milestones for your activity?
Detail how you will evaluate the success of your activity.
List all expected outcomes from your activity.
Detail all your communication / publicity plans (noting the Publicity criteria which forms part of the conditions of any funding award)
Will your activities involve referrals of participants from statutory organisations?
What is your sustainability plan for this activity once POCA funding is utilised?

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Supporting Staffordshire Safer, Fairer, United Communities Priorities

Indicate which one or more of the Staffordshire Commissioner's priorities this activity will seek to support.

- ☐ Modern Policing
- ☐ Early Intervention
- ☐ Supporting Victims and Witnesses
- ☐ Managing Offenders
- ☐ Public Confidence

Supporting Community Safety Priorities

Indicate which one or more of the local Community Safety Priorities this activity will seek to support.

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I confirm that all individuals working with vulnerable people hold current Enhanced DBS certificates.

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Section 3 - Impact

How many people will benefit from this funding?

Primary Beneficiary – Select a single option to represent the primary beneficiary group for this grant:

<input type="checkbox"/> Black, Asian, and minority ethnic	<input type="checkbox"/> Carers
<input type="checkbox"/> Children and young people	<input type="checkbox"/> Ex-offenders/offenders/ At risk of offending
<input type="checkbox"/> Families/Parents/Lone parents	<input type="checkbox"/> Homeless people
<input type="checkbox"/> Lesbian, gay, bisexual and transgendered Groups	<input type="checkbox"/> Long-term unemployed
<input type="checkbox"/> Men	<input type="checkbox"/> Not in education, employment and training (NEET)
<input type="checkbox"/> Older people	<input type="checkbox"/> People with alcohol/ drug additions
<input type="checkbox"/> People in care or suffering serious illness	<input type="checkbox"/> People with learning difficulties
<input type="checkbox"/> People with low level skills	<input type="checkbox"/> People with mental health issues
<input type="checkbox"/> People with multiple disabilities	<input type="checkbox"/> People with physical difficulties
<input type="checkbox"/> People living in poverty	<input type="checkbox"/> Refugees/asylum seekers/ immigrants
<input type="checkbox"/> Victims of Crime/ Violence/Abuse	<input type="checkbox"/> Women

Ethnicity

Primary ethnic group- select single option to represent ethnic group for this grant:

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<input type="checkbox"/> White	<input type="checkbox"/> White Irish
<input type="checkbox"/> White East European	<input type="checkbox"/> White Gypsies and Travellers
<input type="checkbox"/> Other white	<input type="checkbox"/> Mixed
<input type="checkbox"/> Black Caribbean and White	<input type="checkbox"/> Black African and White
<input type="checkbox"/> Asian and white	<input type="checkbox"/> Other Mixed Ethnicity
<input type="checkbox"/> All ethnicities	<input type="checkbox"/> Asian and Asian British
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Black and Black British	<input type="checkbox"/> Caribbean
<input type="checkbox"/> African	<input type="checkbox"/> Other Black
<input type="checkbox"/> Chinese or other groups	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other	

Issues	
Primary issue - Select a single option to represent the primary issue that will be addressed by this grant:	
Please list any other issues that will be addressed by this grant:	
<input type="checkbox"/> Arts, culture and heritage	<input type="checkbox"/> Anti-social behaviour
<input type="checkbox"/> Bullying	<input type="checkbox"/> Caring responsibilities
<input type="checkbox"/> Stronger Communities /Community support and development	<input type="checkbox"/> Counselling/advice/mentoring
<input type="checkbox"/> Disability and access issues	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Economy	<input type="checkbox"/> Education, learning and training
<input type="checkbox"/> Employment and Labour	<input type="checkbox"/> Emergency/Rescue services
<input type="checkbox"/> Environment and improving surroundings	<input type="checkbox"/> Financial exclusion and financial illiteracy
<input type="checkbox"/> Gangs	<input type="checkbox"/> IT/Technology
<input type="checkbox"/> Harmful practice	<input type="checkbox"/> Health, wellbeing and serious illness
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Housing
<input type="checkbox"/> Language, culture and racial integration	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Offending/ at risk of offending	<input type="checkbox"/> Poverty and Disadvantage
<input type="checkbox"/> Refugee/Asylum/Immigration	<input type="checkbox"/> Religion
<input type="checkbox"/> Renewable energies and recycling	<input type="checkbox"/> Rural issues
<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Social inclusion and fairness
<input type="checkbox"/> Sport and recreation	<input type="checkbox"/> Stigma/ Discrimination
<input type="checkbox"/> Substance abuse and addition	<input type="checkbox"/> Supporting family life
<input type="checkbox"/> Violence and Exploitation	

Age Groups
Please indicate the primary group that will benefit from this grant:
Please list any other applicable age group for your grant:

<input type="checkbox"/> Early years (0-4)	<input type="checkbox"/> Children (5-12)
<input type="checkbox"/> Young People (13-18)	<input type="checkbox"/> Young adults (19-25)
<input type="checkbox"/> Seniors (65+)	<input type="checkbox"/> All ages

Section 4 – Financial Information, Project Budget and Consent

Financial Information, noting that financial awards will not be made to individual applicants' bank account.

Organisation's Bank Name:

Organisation's Bank Account Name:

Organisation's Bank Account Number:

Organisation's Bank Sort Code:

Names of Organisation's Bank Signatories:

Organisation's Income Over the Last Accounting Year:

Value of Free Reserves held:

Project funding

Have you received funding from the Commissioner's Community fund before this application?

☐ Yes ☐ No

If you have made applications to other funding streams for this activity please provide details:

If the Commissioner is only able to part fund this application, will the project be reduced or altered in any way?

☐ Yes ☐ No

If the answer to the above is yes, please provide further detail.

Project Budget

What is the total cost of the activity?

£

How much has been raised so far?

£

Value of POCA grant application?

£

Staff Costs	Breakdown	£
	Total Cost	£
Volunteer Costs	Breakdown	£
	Total Cost	£
Operational Costs	Breakdown	£
	Total Cost	£
Office, Overheads and Premises Costs	Breakdown	£
	Total Cost	£
Publicity Costs	Breakdown	£
	Total Cost	£
Other Costs (please define)	Breakdown	£
	Total Cost	£

Section 5 - Supporting Documents

Supporting documents are necessary for your application to proceed. They can be forwarded with this application form. Your application will not proceed to the panel unless necessary documents have been received and are in order. You should provide:

1. Written support from your Neighbourhood Policing Team Commander.
2. Written support from your local Community Safety Lead.
3. A copy of governing documents for your / all partner organisations (Constitution or Memorandum & Articles of Association).
4. A copy of your / all partner organisations Child Protection Policy (ies) and / or Vulnerable Adults Policy (ies).
5. A bank statement for the lead organisation dated within the last 3 months, confirming Free Reserves.
6. Copy of Public Liability Insurance for the lead organisation.
7. A crime report detailing dates and incidences of crime (if the application is for crime prevention measures).
8. A quotation for any capital costs to be incurred.
9. A letter of consent to provide the project, signed by the lead officer of delivering organisation.

10. A letter of consent from the Treasurer of your organisation agreeing to be bound by all terms and conditions of this grant award and receipt of a copy of the completed application form.
11. A letter of consent from your Delivery organisation agreeing to be bound by all terms and conditions of this grant award and a receipt of a copy of the completed application form.

Sponsor / Support:

Name of Neighbourhood Policing Commander providing written support for this application

Name of Community Safety Lead providing written support for this application

Section 6 – Terms and Conditions**Terms and Conditions of Funding**

I confirm that as Applicant that:

General

1. I/we am/are authorised to make this application on behalf of the organisation(s) identified in this application and certify that all information provided is correct to the best of my/our knowledge;
2. I/we understand that if any of this information is incorrect, it may result in this application being delayed or deferred;
3. If any of the information I/we have supplied changes, I/we will notify the Staffordshire Commissioner's Office (SCO) as soon as possible;
4. I/we will provide the SCO any additional information required to enable this application to be considered;
5. I/we take responsibility for the appropriate spend of the grant and understand that I/we may have to repay the grant if I sign these terms and conditions, knowing I/we are unable to meet them;
6. I/we confirm that I/we have read and understood the Commissioner's Proceeds of Crime Fund Guidance Notes which aid the completion of this application and acknowledge that all the eligibility conditions contained therein have been adhered to;
7. I/we recognise that if our activities cease to operate during the life of the application, any assets purchased by way of this grant will be re-allocated to the community by way of transfer to a similar group or activity as determined by the SCO;
8. I/we/the applying organisation(s) retain sole responsibility for the activity and understand that the funder cannot be held responsible for any liabilities whatsoever as a result of the running of the activity or the organisation;

Activity Funding

1. For applications seeking funding for crime prevention measures, I confirm I/we do not currently hold on deposit sufficient free reserves to meet the cost of such measures independently;
2. I/we confirm that all legal responsibilities relating to the installation or usage of any crime prevention measures remain with myself/ourselves;
3. I/we recognise the timeline aligned to funding award and have duly considered this in relation to the delivery of our activities;
4. I/we as named Bank Signatory confirm that any funds provided will be utilised solely for the purposes set out in this application and for no other purpose and all invoices should be retained for the purposes of evaluation and audit.

Privacy Policy and Information Sharing

1. Information regarding this application may be shared with partners and other parties for the purpose of fraud prevention and with the aim of providing best service/support to the applying organisation;
2. Information provided may be shared with the Community Foundation for Staffordshire, Staffordshire Police, Partner Agencies, and other grant awarding bodies in order to aid applicants in the preparation of other funding applications;
3. Prior to agreeing the provision of funding I/we understand that Staffordshire Police will carry out personal conviction/ non conviction vetting for all parties named in this application. I/we give permission for any personal information obtained as a result of such vetting to be shared with the SCO;
4. I/we recognise that as a result of vetting, conditions may be applied to any funding awarded;
5. I/we will ensure that all processing of personal data in relation to this funded activity will be carried-out in accordance with the Data Protection Act (1988) and the UK General Data Protection Regulation (2018) and associated national guidance and that I/we will have in place appropriate policies regarding data protection and data sharing.
6. In line with the UK General Data Protection Regulation (2018), I/we understand that all data submitted to the SCO in relation to this application will be retained by the SCO for a period not exceeding six months of the end of the funding for unsuccessful applications, and for a period not exceeding seven years for successful applications.

Funding of Projects/Activities

I/we acknowledge that this application **does not** seek to secure funds that are:

1. An organisations' statutory function / responsibility;
2. Already commissioned in Staffordshire;
3. Subject to funding (either current or previously) from any Staffordshire Commissioner Grant or other funding source including Locality Deal Fund;
4. Duplicate existing service pathways or referral processes;
5. For commercially run activities;
6. Activities run for the sole benefit of one individual;
7. Counselling or 1-2-1 mentoring;
8. Politically based activities;
9. Activities for which the principle aim is to fundraise for other organisations;
10. Marketing costs for existing or planned activities;
11. Travel / Transport costs;
12. Defibrillators or housing / casing for defibrillators;
13. Premises development or refurbishments;
14. One-off / annual events or day trips;
15. Activities that have previously received funding where the evaluation process is not yet
16. complete;

17. Operational policing activities / overtime costs;
18. Part funding an initiative where the additional funds required have not yet been secured.
19. Activities which promote or condone extremist ideology, activities or terrorism;
20. Activities that have already been paid for or for loan repayments;
21. Activities for which the grant application submitted is incomplete:

Risk Management

1. I/we understand it is my/our responsibility to ensure that all activities provided through this funded activity have all appropriate **health and safety risk assessments** and **that all appropriate insurance policies including public liability** are in place to ensure the safety and wellbeing of those participating and any other legitimate person;
2. I/we understand that it is my/our responsibility to ensure that all activities provided through this funded activity have in place all appropriate **food hygiene** certificates to ensure the safety and wellbeing of those participating and any other legitimate person;
3. I/we understand that it is my/our responsibility to ensure that all activities provided through this funded activity have in place the appropriate numbers of **qualified First Aid trained staff** to ensure the safety and wellbeing of those participating and any other legitimate person;
4. I/we understand that it is my/our responsibility to ensure that all activities provided through this funded activity have in place all appropriate **Safeguarding procedures** to ensure the safety and wellbeing of those participating and any other legitimate person;
5. I/we understand that it is my/our responsibility to ensure that all individuals supporting this funded activity hold up to date, clear and appropriate level **Disclosure and Barring Service (DBS) certificates** to ensure the safety and wellbeing of those participating and any other legitimate person. If the DBS for any such individual is not clear, it is my/our responsibility to notify the SCO who can make an appropriate informed decision based on this information.
6. I/we confirm that the staff associated with operating / delivering this activity have sufficient **training and competency** to deliver the services specified within this application;
7. I/we recognise it is my/our sole responsibility for the activity as defined within this application and that the neither the Staffordshire Commissioner nor SCO can be held responsible for any liabilities as a result of such activities undertaken;
8. I/we recognise that it is my / our responsibility to secure parental / Guardian / Carer permission to enable any photographic images of vulnerable people for the purposes of publicity relating to this activity;
9. I/We shall notify the Staffordshire Commissioner / SCO of any incidents and resulting investigations that occur in respect of a DBS, Safeguarding or Health and Safety issues arising from this grant award.

Evaluation and Accounting

1. As a condition of funding, an activity evaluation will be provided to the SCO within the specified timeframe. Failure to provide such evaluation may result in a request for funding provided to be reimbursed to the Staffordshire Commissioner.
2. A Community Engagement Visit will be undertaken by the SCO or our nominated representative at any point between funding award and project conclusion. This visit may involve dialogue with attendees involved in the activity to seek their feedback.

Publicity

1. Successful applicants will be expected to participate in opportunities generated for joint publicity, communication and engagement with the Police and Crime Commissioner. I/We may be contacted by the SCO's Communications Team; responsible prior notification will be given. This will also include applicants and deliverers details publicised on the Commissioner's website and other relevant websites, including social media channels. For Twitter, use hashtag #StaffsPFCCFunded.

2. Positive publicity generated from the project/organisation will include references and key messages to the Commissioner's Proceeds of Crime Fund.
3. A communication pack including guidelines, branding key messages is available on the Commissioner's website <https://staffordshire-pfcc.gov.uk/financial/community-funding> or for advice, please contact the Communications Team on 01785 232490/232494.
4. Exemptions will apply where any publicity could have a detrimental effect on the success or the project/organisation.

Decision

1. Applicants are required to provide electronic scanned or hard copies of all supplementary documentation referenced in this submission prior to funding award.
2. I / we recognise that funding available within the POCA fund is limited to £50,000 per round and that applications received will be considered by the SCO in terms of perceived maximum ability to support delivery of the Safer Fairer United Communities Strategy and local Community Safety Plans.
3. The final decision to award funding to any application is made by the Staffordshire Commissioner and such decision is final.

By ticking the check box and completing the name and date of birth fields you are bound by these terms and conditions. For electronic submissions, a typed name is acceptable. Please note that submissions of a completed application bearing a typed name confirms acceptance of all conditions detailed within the Terms and Conditions of Funding.

☐ Yes

Applicant Name:

Signature:

Date of Birth:

Thank you for your application to the Proceeds of Crime Fund

Completed application forms should be directed to pfcc.funding@staffordshire-pfcc.pnn.gov.uk

General enquiries can be directed to the Staffordshire Commissioner's Office, Police HQ, Weston Road, Stafford, Staffordshire ST18 0YY by contacting Ellie Moran: pfcc.funding@staffordshire-pfcc.pnn.gov.nuk / ellie.moran@staffordshire-pfcc.pnn.gov.uk

