

Broxbourne Strategic Partnership for Skills

Grant Funding Application

Introduction

This form is for use by any established or new organisation, group or business applying for financial support or grant funding to provide services to residents of the Borough of Broxbourne.

Financial support is provided at the discretion of, and is administered by, the Broxbourne Strategic Partnership for Skills (BSPS).

The BSPS is a partnership of local private and public community-based agencies, with a focus on skills, learning and employment for residents in Broxbourne. The partnership has three priority aims.

Priority 1: Increasing employment opportunities
Priority 2: Raising skill levels
Priority 3: Addressing skill gaps

The partnership may provide a one-off, or time-limited grant, from £500 up to a maximum of £10,000, towards a project that meets at least one of its three priority aims. Grants can be used for either capital expenditure (equipment) or for revenue (staffing and running) costs.

Decisions on the allocation of all grant funding are made by a panel of representatives drawn from across the partnership.

Application Guidance

There are three application windows within each calendar year: 15th January – 15th March, 15th May – 15th July and 15th Sept – 15th November.

A panel of representatives will meet to review and agree applications following the closure of each application window.

Applicants may be contacted on one occasion only to be asked to provide further clarification in advance of a grant decision being made.

Applications can only be submitted once; resubmission of a previous unsuccessful application will not be considered.

Application Assessment

Applicants must provide a response to all questions, any incomplete or incorrectly completed applications may be deemed as non-compliant.

Some questions have a maximum word count limit. Any words over and above the stated word count will not be read / considered by the panel.

Applications must meet a minimum threshold score for each section of the application form, the minimum threshold score for each section is stated on the application form, if an application fails to meet the minimum threshold score for a section it will not progress further.

Application Scoring Criteria

Each question will be scored using the following scoring criteria.

100	Answer fully meets requirements with strong evidence
50	Answer partially meets requirements with some evidence
0	Answer fails to meet requirements with insufficient evidence

Application Form

Please note that boxes will expand. If you are completing a paper copy, please use additional paper if required.

Section One: Applicant Details

(This section is not scored / there is no minimum threshold score)

Name:			
Job Title / Role:			
Organisation Name:			
Address:		Post Code:	
Telephone No:			
Email Address:			

Please provide the name and contact details of the person who should be contacted regarding this application, if they differ from the details above.

About Your Organisation

Are you registered with Companies House?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes, please provide your reference number:		<input type="text"/>
Are you registered with HMRC?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes, please provide your UTR reference number:		<input type="text"/>
Are you registered with the Charity Commission?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If yes, please provide your reference number:		<input type="text"/>

When did your organisation start trading?	<input type="text"/>	
What was your organisation's financial turnover for last financial year?	<input type="text"/>	
How many people are employed by your organisation?	<input type="text"/>	
What is the ratio of full time / part time employees?	<input type="text"/>	

Business History & Achievements

Please briefly describe your organisation/group/business' history and achievements. Please include information on the number of Broxbourne residents that your organisation supports / benefits.

Please answer below (maximum 200 words).

Section Two: Project Details

(The minimum threshold / pass score required for this section:250)

2a Reason for Your Application - please describe your project and tell us:

- Why you are applying for grant funding
- What you require funding for
- When you want the project to start
- Where it will be located (project description)

Please answer below (maximum 500 words). This question is scored using the scoring criteria.

2b Which of the BSPS priority aims would the grant funding enable you to meet?

There is no requirement for you to meet all the priority themes.

Please answer below. This question is scored using the scoring criteria.

Increasing employment opportunities – If applicable tell us briefly why (maximum 200 words)

Raising skill levels – if applicable tell us briefly why (maximum 200 words)

Addressing skill gaps – if applicable tell us briefly why (maximum 200 words)

2c Please provide evidence below of the need for the project (project rationale and target market)? – please present data that indicates what is needed and for whom. If presenting research or views of other partners/stakeholders please provide full details of the partner/stakeholder (including contact name, email & telephone).

Please answer below (maximum 500 words). This question is scored using the scoring criteria.

2d How will you promote this opportunity / course / new equipment to your target audience? - please describe your marketing/promotion approach for this project. Who/what organisation will you be working with to reach the people this project is aimed at?

Please answer below (maximum 500 words). This question is scored using the scoring criteria.

2e Please describe which organisations/services you will be working with to deliver this project and why? – BSPS favor projects that support greater impact via partnership work.

Please answer below (maximum 500 words). This question is scored using the scoring criteria.

Section Three: Project Outcomes

(The minimum threshold / pass score required for this section:100)

3a Please tell us how your project will benefit and impact the Broxbourne community - what are you aiming to achieve? (e.g. increased employability, job creation, qualifications, progression opportunities)

Please answer below (maximum 500 words). This question is scored using the scoring criteria.

3b Please provide us with specific measurable outcomes and outputs by setting yourself targets or outcomes that you (already) have the tools to monitor and report on – please note that you will be asked to report back on your achievements on a regular basis (e.g. number of courses, number of learners on courses, number of people moving into work, number of jobs created, number of qualifications/courses completed), how you are ensuring equality and diversity across the project.

Please answer below (maximum 500 words). This question is scored using the scoring criteria.

(The minimum threshold / pass score required for this section: 300)

Please answer below. This question is scored using the scoring criteria.

		£
Equipment (if requesting equipment please provide full details in section 5)	<input type="checkbox"/>	
Room Hire	<input type="checkbox"/>	
Staffing	<input type="checkbox"/>	
Teaching resources	<input type="checkbox"/>	
Curriculum development	<input type="checkbox"/>	
Capital - Building	<input type="checkbox"/>	
Other*	<input type="checkbox"/>	
*If other please explain below:		
This question is scored using the published criteria.		

Please answer below (no maximum word limit). This question is scored using the scoring criteria.

Patient Information	
Full Name	
Date of Birth	
Gender	
Address	
City	
State	
Zip	
Phone	
Medical History	
Current Medications	
Previous Surgeries	
Chronic Conditions	
Family History	
Physical Examination	
Vital Signs	
General Appearance	
Head and Neck	
Chest and Lungs	
Heart and Circulation	
Abdomen	
Genitourinary	
Neurological	
Musculoskeletal	
Skin	
Laboratory Tests	
Complete Blood Count (CBC)	
Blood Chemistry Panel	
Urine Analysis	
Imaging Studies	
X-ray	
Ultrasound	
CT Scan	
MRI	
Treatment Plan	
Medications	
Procedures	
Referrals	
Patient Education	
Health Maintenance	
Preventive Care	
Emergency Instructions	
Physician Signature	
Signature	
Print Name	
MD	
Nurse Signature	
Signature	
Print Name	
RN	

4c If this funding is requested as part of a larger/other project, please submit an outline cost, or budget for the whole project and indicate if other funding has already been received or is being sought. - BSPS grant funding cannot be used to fund activities that are already funded from other sources.

Please answer below (maximum 500 words). This question is scored using the published criteria.

4d This fund is for one-off and time-limited payments and cannot support ongoing costs. If there will be any such costs, please tell us how the project will continue once the BSPS grant funding has ended.

Please answer below (maximum 500 words). This question is scored using the published criteria.

4e Please explain what the impact would be if this funding application was not approved?

Please answer below (maximum 500 words). This question is scored using the published criteria.

4f Beyond the life of the project, what will the medium to long term legacy be of this project for your organisation and/or for Broxbourne residents?

Please answer below (maximum 500 words). This question is scored using the published criteria.

Section Five: Equipment

(This section is not scored / there is no minimum threshold score)

Please complete this section if you stated in question 4a that you required equipment.

5a Where will the equipment be located?		
5b Will the equipment fixed or movable? (Please tick box that applies.)	Fixed <input type="checkbox"/>	Moveable <input type="checkbox"/>
5c Who will be the legal owner of the equipment? (Please provide full details of the designated owner)		
5d Will the equipment incur ongoing costs to maintain, run or insure in future years? - if yes, please tell us below how the project will continue to meet costs once this funding has ended. Please answer below (maximum 200 words).		

Section Six: Disclosure and Declarations

(This section is not scored / there is no minimum threshold score)

- a) Please declare below any personal or professional interests and connections which might be seen as possible conflicts of interest. Answer to the best of your knowledge, as relating to you, your organisation, and other connected parties, and in the context of BSPS, its partners and funders, and this application.

- b) I confirm that the company has policies in place that will be necessary for to carry out the project legally and safely. For example, insurance certificates, and/or Safeguarding, GDPR, Data Protection and Health and Safety policies.

☐ (Please tick box)

- c) I understand that if the application is successful, we will be required to activate spending the grant within six months and to have fully utilised the grant within a calendar year.

☐ (Please tick box)

- d) I understand that if the application is successful, we will be contacted for further information to submit to BSPS for monitoring purposes and this will occur at three monthly intervals.

☐ (Please tick box)

Applicant Declaration

The information given on this application form, including for State Aid declarations (below), is correct to the best of my knowledge.

I give consent for the information given to be stored and held in accordance with the Data Protection Act 1998 and used by BSPS and their agents.

I understand that, if my application is successful, the name of my organisation and the amount awarded may be published by BSPS and may be made available in paper and electronic form.

Name (please print):	Date:

Next Steps

Once you have completed all relevant sections of the application form, please return with all attachments, either by post or by email, to Broxbourne Strategic Partnership for Skills (address below)

There are 3 application windows each year. These are: -

- 15 January – 15 March
- 15 May – 15 July
- 15 Sept – 15 November

Once the window has closed all applications received during this time will be reviewed by BSPS and you will be notified if successful before the next window opens.

If you are unable to complete all sections of the application form or require assistance, please contact BSPS for assistance.

Please send this form by post to:

BSPS
c/o Broxbourne Council
Bishops College
Churchgate
Cheshunt, EN8 9XQ

Or by email:

economic.development@broxbourne.gov.uk

Reminder of information to enclose with this application either by post or email as documents or web links:

(If you do not have some of this information, please explain why or ask BSPS for support):

- ✓ An outline project budget, including copies of any quotations or estimates you have obtained.
- ✓ A copy of your organisation's constitution or set of rules
- ✓ A copy of your last 3 years annual accounts
- ✓ Completed State Aid Declaration and Annex1

State Aid Declaration

To avoid public funding distorting competition within the European Common Market the European Commission regulates the levels of assistance which the public sector can provide to businesses ('the State Aid rules'). You should note carefully the requirements needed to comply with the European State Aid rules and if need be, refer to the relevant legislation. It is proposed that the assistance provided from the Broxbourne Strategic Partnership for Skills Fund will comply with the State Aid rules since it will be provided in line with the UK Subsidy Control regulations and Special Drawing Rights' (SDRs) (in accordance with Commission Regulation (EU) No 1407/2013, OJ L 352/1 and with the UK-EU Trade and Cooperation Agreement Article 3.4, Chapter 3, Subsidy Control). Under this regulation a single undertaking may receive up to the limit of €200,000 of either De Minimis aid from the Member State within which it does business, and / or of UK domestic funding received under SDRs, and which provides the aid over any period of three fiscal years. (Note 'fiscal year' relates to the businesses financial year). Please complete **Annex 1 the Statement of Previous Aid** received under the De Minimis regulation and/or UK domestic funding received under SDR's and arrange for a director of your business to sign it. Using this information, we will assess your eligibility to receive assistance. *For completion by Office:

The estimated value of the aid under the Broxbourne Strategic Partnership for Skills Fund will be no more than [£10,000]* which at the current European conversion rate is € [11,662.712]*. You may need to declare this amount to any other UK public body intending to provide aid, in addition to any audit or other investigation, and who requests information from you on how much De Minimis aid your business has received. Therefore, we strongly recommend that you maintain a record of this De Minimis assistance for future reference. For the purposes of the relevant legislation, you must retain this letter for 10 years from the date on this letter and on which the aid was granted and be able to produce it on request by the UK public authorities or the European Commission. You may need to keep this letter longer than 10 years for other purposes.

If you are in any doubt as to whether previous assistance received would constitute De Minimis aid or UK domestic funding received under SDRs, please raise your concerns as soon as possible. Having read the above we would be grateful if you could arrange for the attached statement confirming your business's eligibility for support to be completed, signed, and returned as soon as possible.

• **Future Referrals and Case Studies:**

Provided that the applicant is completely satisfied with delivery of the project, would the applicant be happy to refer (the Project) to another organisation in their business network?	Y	N
Provided completely satisfied would applicant be happy to become a case study?	Y	N

Annex 1 Statement of Previous Aid received under the De Minimis Regulation

I acknowledge receipt of notification from Broxbourne Strategic Partnership for Skills Fund on behalf of the Ministry for Housing Communities and Local Government (DLUHC) that it intends to grant De Minimis aid to

I confirm that the financial year of the Company runs from to (months)

I further confirm that the Company has received the following De Minimis aid and/or UK domestic funding received under 'Special Drawing Rights' during this fiscal year [YYYY to YYYY _____ to _____] and the company's previous 2 fiscal years [YYYY to YYYY _____ to _____]

Please also ensure you provide details of any state aid that the Company has applied for or is expecting to receive: If no aid has been received, please state 'NIL' in table below.

De Minimis Aid				
Body / Organisation providing the Assistance/Aid	Value of the assistance (£)	Value of the assistance (€)	Date of the Assistance /Aid	Nature of the Assistance /Aid
Special Drawing Rights				
Body / Organisation providing the Assistance/Aid	Value of the assistance (£)	Value of the assistance (€)	Date of the Assistance /Aid	Nature of the Assistance /Aid

I warrant that I am authorised to sign on behalf of the Company, and I confirm that I understand the requirements of De Minimis and Special Drawing Rights' (SDRs) (in accordance with Commission Regulation (EU) No 1407/2013, OJ L 352/1 and with the UK-EU Trade and Cooperation Agreement Article 3.4, Subsidy Control). I acknowledge that if the Company fails to meet the eligibility requirements, the Company may become liable to repay the full value of the assistance provided.

The information set out above is accurate for the purposes of the De Minimis regulation.

Signature:
Name:
Position:
Business:
Date: