

LBHF 3RD SECTOR INVESTMENT FUND APPLICATION FORM

for funding commencing 1st October 2010

Important

To help you fill in this application form, please make sure you first read

- the eligibility criteria
- the relevant service specification
- the guidance notes

The application form must:

- (a) be typed in Arial 12 point font. Text boxes will automatically expand as you type. Please note that there are word limits that feature on some of the questions.
- (b) be submitted in hard (printed) and electronic formats, and
- (c) be answered in English

Please provide all answers on this form beneath each question, unless specifically instructed otherwise.

In order to be awarded funding it is essential that the questions are answered in full. Any omission or misrepresentation may lead to the rejection of your application. Where appropriate, supportive documentation must be included, and it should be clearly marked with the Applicant's name, the service specification name and cross-referenced to the question to which it refers. Failure to include such documentation may lead to your application being rejected.

We require an electronic (MS Word 1997-03) copy of your application to be e-mailed to: communityliason@lbhf.gov.uk.

A signed printed copy of your application form must also be posted or hand delivered to: Community Liaison, 4th Floor, 77 Glenthorne Road, London W6 0LJ

Both the electronic and printed copy of your application form and all supporting documentation must be received by the closing date:

Monday 30th November 2009 by 5pm

APPLICATIONS RECEIVED AFTER THIS TIME WILL NOT BE ACCEPTED

Please note, this fund has a minimum limit of £10,000 per year (i.e. £20,000 if 2 year funding is sought or £40,000 if 4 year funding is sought). If you are seeking funding of £10,000 or less please contact Community Liaison for information about Fast Track Small Grants.

Please complete:

This application form is set out under the following sections:

Section 1: Organisation details

- 1.1 Organisation name
- 1.2 Organisation address
- 1.3 Organisation contact
- 1.4 Aims of the organisation
- 1.5 Main activities of the organisation
- 1.6 Governing documentation / legal status
- 1.7 Organisation's governing body
- 1.8 Organisation's bank account
- 1.9 Organisation's accounts
- 1.10 Service Specifications applied for
- 1.11 Professional and Business Standing
- 1.12 Youth Services Approved Provider list

Section 2: About your project

- 2.1 How much funding is requested
- 2.2 Project name
- 2.3 Project summary
- 2.4 Project need
- 2.5 How you have identified needs
- 2.6 Project outcomes

Section 3: Achieving your outcomes and delivering your project

- 3.1 Project delivery method
- 3.2 Project delivery plan service outcomes for year 1, year 2, year 3, year 4
- 3.3 Project delivery plan organisation outcomes
- 3.4 Numbers of beneficiaries
- 3.5 Beneficiaries
- 3.6 Equal opportunities
- 3.7 Monitoring and evaluation methods

Section 4: Budgets and Resources

- 4.1 Resources, policies and procedures
- 4.2 Project management
- 4.3 Budgets:
 - Budget A: Organisational budget: April 09 September 2010
 - Budget B: Project budget: October 2010 September 2012/14
 - Budget C: Organisational budget: October 2010 September 2012/14
- 4.4 Value for money
- 4.5 Added value
- 4.6 Staffing structure
- 4.6.1 Saff posts
- 4.6.2 Staffing costs
- 4.7 Volunteer involvement in delivering your project
- 4.8 Management Committee profile
- 4.9 Probity

Section 5: Signatories and required documentation

- 5.1 Declaration
- 5.2 Required documentation
- 5.3 Closing date

Section 1: Organisation details

Appendix 6 3SIF application form				
1.1 Organisation name:				
1.2 Organisation address:				
Registered address, including po				
Phone n	umber:			
Email a	ddress:			
Website address (if appl	icable):			
1.3 Organisation contact				
	Title:			
	ename:			
	ırname:			
Position or j				
Address for correspondence (in	<u> </u>			
	stcode):			
Phone n				
Email a	ddress:			
1.4 Aims of your organisation	. – please b	oriefly outline below		
1.5 Main activities of your org	ganisation	- please briefly summar	ise bel	ow
1.6 Your Governing documen	t and loga	al etatue		
				•••
All organisations that receive LBH		nust be not for profit orga	anisatio	ns with a
governing document such as a co	nstitution		1	
Do you meet this requirement				Yes / No
Please identify whether you are a	registered			
or unregistered charity, constituted	ŀ			
community organisation etc				
Date established:		Month: Year:		
Charity number:		Company number:		
Other:				
1.7 Governing Body				
All organisations funded through the	ne 3 rd Sect	or Investment Fund must	t have a	a robust
management committee with at lea				
local resident should be on the ma				
the area. Alternatively there must	•			•
with a local presence in the area for				
Do you meet this requirement				Yes / No
, , , , , , ,				
1.8 Your Organisation's bank	account			
All organisations that receive LBH	r tundina r	nust have a bank or build	าเทต รดต	CIETY ACCOUNT IN THE

1.9 Your Organisation's accounts

Do you meet this requirement

All organisations that receive LBHF funding must produce annual accounts or if the organisation is new, you must provide recent bank statements. You must include a copy of your

Yes / No

name of the organisation as shown on your governing document. Cheques and other withdrawals must be signed by at least two people who are not related to each other.

most recent approved accounts (not more than 12 months old), signed and dated by your Chair, Secretary or Treasurer and by your auditor or independent examiner where appropriate. If the organisation is new, we require all of the original statements you have received from your bank or building society as well as an original letter from your bank or building society showing your account details and when the account was opened.

Do you meet this requirement Ye	Yes or No
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1.10 Service specification(s)				
Under which of the council's service specifications are you applying?				
(indicate with ✓ or X all that apply)				
Health & Wellbeing (Older People)				
Children & Families Infrastructure				
If you are applying under more than one service specification you must complete separate				
sections 2, 3 and 4 for each (not all questions are applicable in section 4, see "additional				
service specification area" form.				

1.11	Professional and Business Standing	
Do a	any of the following apply to your organisation, or to (any of) the director(s),	Y or N
partı	ners, Management Committee members or proprietors?	
i.	Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors or subject to relevant proceedings	
ii.	Has been convicted of a criminal offence related to business or professional conduct	
iii.	Has committed an act of grave misconduct in the course of business	
iv.	Has not fulfilled obligations related to payment of social security contributions?	
٧.	Has not fulfilled obligations related to payment of taxes	
vi.	Is guilty of serious misrepresentation in supplying information	
vii.	Is not in possession of relevant licences or membership of an appropriate organisation where required by law	
	u have answered yes to any of the above, please give details below, including we done to put things right.	hat has

If you have answered yes to any of the questions under 1.11, please contact Community Liaison before proceeding further.

1.12 Youth Services "Approved Provider" list	
Please indicate whether you wish your application to also be used as an	Yes or No
application to register as an Approved Provider for Youth services.	

End of section 1

Section 2: About your project					
2.1 How much	funding is requested	d?			
Year 1: £	Year 2: £	Year 3*: £	Year 4*: £		
Total: £					
* if applicable					

2.2	Project name:
	•

2.3 Project summary: (300 words maximum) Briefly and concisely describe your project and what you will spend the LBHF funding on if your application is successful.

2.4 Project need: (500 words).

Please describe the needs you are addressing, the needs of the beneficiaries, whether individuals or organisations. Also tell us about any existing services and how your project will add to them or fill in any gaps in terms of meeting needs.

2.5 How have you identified that need? (300 words).

Include details of how you have consulted with your beneficiaries and stakeholders, any research you have carried out and any other evidence you have gathered such as demographic or deprivation data.

2.6 Project outcomes:

We want to know what difference your project will make in terms of addressing the needs that you have identified, and what the outcomes of your project would be.

Your project should deliver the outcomes as outlined in the relevant service specification under which you are applying. Using the service specification outcomes as a guide, please list the <u>SMART</u> outcomes that your project will be delivering – please refer to the guidance notes to help you answer this question.

You may also include any further outcomes/benefits your project would deliver for Hammersmith & Fulham residents.

Please <u>do not</u> include the organisational outcomes of: Sustainability, Leverage, Strategic Working, Good Practice and Environmental Practice in this section.

Outcome 1:	
Outcome 2:	
Outcome 3:	
Outcome 4:	
Outcome 5:	
Outcome 6:	
Outcome 7:	
Outcome 8:	

Please add further outcomes as appropriate (use the tab key whilst in the last box of the table to add more rows.

End of section 2

Section 3: Achieving your outcomes and delivering your project

3.1 Project delivery method (guide - 1000 words)

Expanding on your answer at question 2.3 please describe the following :

- The detail of the project you will be delivering.
- Why you think your project is the best way to meet the need and bring about the proposed outcomes.
- How your project complements and supports existing activities and strategies, including local and national strategies.
- If other providers offer similar services, how you know that your proposal does not duplicate provision
- How you will engage users in the planning and delivery of your project
- Also if your project is able to demonstrate creativity and innovation, please describe how.

3.2 Project delivery plan

Please complete a project delivery plan on a year by year basis (Please provide a detailed plan for years one and two. A less detailed plan is acceptable for years 3 and 4.) This will be used for monitoring purposes.

Project Plan: Year 1

Outcomes (as identified in 2.6)	How will you <u>evidence</u> that this outcome has been achieved?	Methods Project activity/service delivery	<u>Targets</u> and <u>timescales</u>	How will you <u>monitor</u> and <u>evaluate</u> the activities?

Please add more rows as required (use the tab key whilst in the last box of the table to add more rows)

Project Plan: Year 2

Outcomes (as identified in 2.6)	How will you evidence that this outcome has been achieved?	Methods Project activity/service delivery	<u>Targets</u> and <u>timescales</u>	How will you <u>monitor</u> and <u>evaluate</u> the activities?

Please add more rows as required (use the tab key whilst in the last box of the table to add more rows)

Project Plan: Year 3

Outcomes (as identified in 2.6)	How will you <u>evidence</u> that this outcome has been achieved?	Methods Project activity/service delivery	<u>Targets</u> and timescales	How will you <u>monitor</u> and <u>evaluate</u> the activities?

Please add more rows as required (use the tab key whilst in the last box of the table to add more rows)

Project Plan: Year 4

Outcomes (as identified in 2.6)	How will you evidence that this outcome has been achieved?	Methods Project activity/service delivery	Targets and timescales	How will you <u>monitor</u> and <u>evaluate</u> your activities?

Please add more rows as required (use the tab key whilst in the last box of the table to add more rows)

3.3 Project Delivery Plan – Organisation Outcomes							
All organisations need to sh	All organisations need to show how they will work towards achieving the following outcomes:						
Outcome	What activities will you undertake in order to achieve this outcome	Target dates	Monitoring and evaluation - how will success be measured				
Sustainability							
Leverage							
Strategic Working/involvement in broader activities							
Good Practice							
Good Environmental Practice							

Long term health condition

ır project.
number

(* if applying under the infrastructure service specification)

(" applying under the illinastru	otare servic	o specimentally	
3.5 Beneficiaries: Please ider	ntify which o	communities and groups your service will ta	rget
and estimate the percentag	ge.		
3.5.1 Ethnic background			
White		Asian or Asian British	
White British	%	Indian	%
White Irish	%	Pakistani	%
White Other	%	Bangladeshi	%
		Other Asian	%
Black or Black British			
Caribbean	%	Other Ethnic group	%
African	%	Chinese	%
Other Black or Black British	%	 other (please specify below) 	
			%
Mixed ethnicity	%		%
3.5.2 Gender: do you anticipate		percentage of one more than the other?	
Male	%	Female	%
·		users are likely to be disabled people?	
Learning disability	%	Physical disability	%
Sensory impairment	%	Mental health need	%

3.5.4 Age Groups: Which age groups will be the prime beneficiaries of your service?					
0-4	%	18+	%	50+	%
5-13	%	20-24	%	65+	%
14-19	%	25-49	%	75+	%
(25 if disabled)	70			85+	%

None (or disability not declared)

%

3.5.5 Other communities: will your service target any other specific groups or individuals?				
Single parent families	%	Unemployed individuals	%	
Ex offenders	%	Single households	%	
Low income households % Homeless individuals		%		
Carers	%	Refugees	%	
Victims of domestic abuse	%	Asylum seekers	%	
Other (please specify below)	%	People who work but don't live in	%	
		the borough		

3.5.6 Faith: is your project of particular relevance to people of a specific faith? If yes, please describe the faith group/s that would benefit and estimate percentage of overall users:	yes / no
	%

3.5.7 Sexual orientation: Is your project directed at, or of particular relevance yes / no

Appendix e dell'application form	
to certain people depending on their sexual orientation? If yes, please describe	
which groups and estimate percentage of overall users.	
	%

3.5.8 Location: will your service target beneficiaries from particular areas of the borough?			
Wards in the north of the borough	College Park & Old Oak		
	Wormholt and White City	%	
	Shepherds Bush Green	%	
	Askew	%	
Wards in the centre of the borough	Ravenscourt Park	%	
	Hammersmith Broadway	%	
	Addison	%	
	Avonmore & Brook Green	%	
Wards in the south of the borough	Fulham Reach	%	
_	North End	%	
	Palace Riverside	%	
	Munster	%	
	Fulham Broadway	%	
	Town	%	
	Parsons Green & Walham	%	
	Sands End	%	

3.6 Equal opportunities

Tell us how the people or organisations that you are targeting will know that the project exists, will have access to your services and will be able to use the facilities and services provided? How does your project demonstrate your commitment to equality?

3.7 Monitoring and evaluation of your project

Expanding on the answer you gave in question 3.2 please explain how you will monitor and evaluate the overall project and know you have achieved what you have set out to do?

Please refer to the guidance notes for further information.

End of section 3

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- **4.1 Resources:** In this section we ask you to explain whether your organisation has the relevant resources, policies and procedures in place needed to deliver the proposed service.
- i) What additional resources are available to enable you to deliver the project?
- ii) Where will your project operate from? If your project will be delivered from a number of locations, please add further rows to give details of each.

Is the property from where you plan to deliver this project owned or leased/rented by your organisation?

(delete as appropriate)

Owned / Rented	If rented, outstanding rent/lease term:	years:	months:

iii) Does the organisation have the relevant policies and procedures in place in orde deliver the project?	r to
Please indicate that you have the policies detailed below. You do not need to	yes / no
send us these policies, but you may be asked to provide them at a later date.	
Quality policy and Quality system relevant to this type of work?	
If yes, please give brief details but do not send the policy document at this stage	
Do you have a particular member of staff responsible for assuring quality?	
Staff training, development and supervision policies	
Code of conduct and discipline policies	
Grievance and staff representation policy	
Quality assurance (customer care)	
Health & Safety policy and procedures	
Complaints procedure	
Public liability insurance	
Professional indemnity insurance	
Confidentiality policy	
Financial procedures policy (including reserves policy)	
Volunteering policy	

iv. Policies that must be submitted as part of your application if relevant:	
Vulnerable adults/safeguarding policy	
Child protection/safeguarding policy	
Equal opportunities and diversity policy	

4.2 Project Management

- i) How will you ensure that the project is delivered effectively and is well managed?
- ii) If your proposal is submitted in partnership with other providers, please explain why this is considered beneficial, how you will work together to deliver the service and what role each organisation will have.
- iii) How will you ensure that the people working on the project will have the relevant skills and knowledge? How will they be managed and supported? Please include staff and volunteers.

iv) How will you ensure that the budget is managed appropriately and effectively?

Please insert additional rows if required £	4.3 Budget - In this section we ask you to s		urrent and anticipated)
Please insert additional rows if required E HBHF 3 rd Sector Investment Fund £ from other funders - please specify:- Fundraising e.g. events Income from service chargers Rent and hall lettings Membership fees Donations Bank Interest Other Income (please specify) Total Income Expenditure Revenue Costs Salaries, national insurance, pensions Freelance fees Recruitment Staff training Other staffing costs Accommodation costs Building Maintenance costs Insurance Utilities Communication costs Marketing & publicity Quality Assurance Monitoring & evaluation Professional and legal fees Volunteer expenses Training for beneficiaries Management expenses Other (please specify):			
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Other (please specify)	Accommodation		
	Utilities		
	Other (please specify)		
Capital costs (please specify)	Capital costs (please specify)		
Total Expenditure	Total Expenditure		
Explanatory notes:			

Appendix 6 3SIF application form Budget B - Project Budget October 2010 to September 2012 or September 2014 depending on whether 2 or 4 year funding is requested.

Complete the following table to show us your expected income, how much the project will cost and what you will spend the funding on.

		Total Proje	ct Income			
Anticipated Income	Year 1 £	Year 2 £	Year 3 £	Year 4 £	Total for project	Is this income confirmed? y/n
Please insert additional rows as required						,
LB Hammersmith & Fulham						
Other funders – please specify						
Fundraising e.g. events						
Income from service charges						
Rent and hall lettings						
Membership fees						
Donations						
Bank Interest						
Other income (please specify)						
Total			_			

Explanatory notes:		

Total Project Costs							
Anticipated Expenditure Please insert additional rows as required	Year 1 £	Year 2 £	Year 3 £	Year 4 £	Total for project	Funding from Other Sources £	Amount requested from LBHF £
Staff costs:							
Salaries, national insurance, pensions							
Freelance fees							
Recruitment							
Staff training							
Staff travel / other staffing costs							
Accommodation rents							
Property/business rates							
Maintenance costs							
Insurance							
Utilities							
Communication costs							
Marketing & publicity							
Quality assurance							
Monitoring & Evaluation							
Professional and legal fees							
Volunteer costs							
Training for beneficiaries							
Management expenses							
Other (please specify)							
Overheads							
Staff							
Accommodation							
Utilities							
Other (please specify)							
Capital costs: (Please specify)							

Appoint & Coll application form							
Total Expenditure							
Explanatory notes:							

Appendix 6 3SIF application form Budget C – Organisation Budget October 2010 to September 2012 or Sept 2014 depending on whether 2 or 4 year funding is requested.

Complete the following tables to show us your expected income, and how this will be allocated to run the organisation.

Total Organisational Income									
Anticipated Income Please insert additional rows as	Year 1 £	Year 2	Year 3	Year 4	Total for				
required	£	£	£	£	organisation				
LB Hammersmith & Fulham									
£ from other funders– please specify									
Fundraising e.g. events									
Income from service charges									
Rent and hall lettings									
Membership fees									
Donations									
Bank Interest									
Other income (please specify)									
Total anticipated Income:									

Total Organisation Costs							
Anticipated Expenditure Please insert additional rows as required	Year 1 £	Year 2 £	Year 3 £	Year 4 £	Total for Organisation	Funding from other sources £	Amount requested from LBHF £
Staff costs:							
Salaries, national insurance, pensions							
Freelance fees							
Recruitment							
Staff training							
Staff travel/other staff costs							
Accommodation rents							
Property/business rates							
Maintenance costs							
Insurance							
Utilities							
Communication costs							
Marketing & publicity							
Quality assurance							
Monitoring & Evaluation							
Professional and legal fees							
Volunteer costs							
Training for beneficiaries							
Management expenses							
Other (please specify)							
Overheads:							
Staff							
Accommodation							
Utilities							
Other (please specify)							
Capital costs:							
Other (Please specify)							

Appendix 6 3SIF application form				
Total Expenditure				
Explanatory notes:				

Appendix 6 3SIF application form
4.4 Value for money - How does your project deliver value for money?
Please describe any efficiency measures which you have put into place over the last financial year or which you plan to? For example, what action are you taking to ensure that you are maximising the use of the premises, sharing back office functions etc.
4.5 Added value
Apart from the added value already identified in 3.3, how will council funding add or maximise the added value that your service or organisation offers.
4.6 Staffing structure
Please insert or attach a staff structure chart for your organisation, clearly identifying both new and existing posts.

4.6.1 Staff posts								
If successful, what staf	If successful, what staff positions will be paid for by this funding? Please give a breakdown							
below (or insert n/a if n	o staff will b	e funded from this funding).						
Job title(s):	Grade	de What role and key duties will this post(s) Is this a undertake on the project? or exist post?						

4.6.2 Staffing costs (one row per post – add more rows as needed)								
Job title	Hours per week	Annual salary for total hours worked £	Annual NI contribution £	Pension contribution £	Total requested for this post £			

4.7 Volunteer involvement in delivering your project
Will volunteers be involved in delivering the project? If so, please give a breakdown of numbers, what they will contribute to the project and how much time they will give per week.

If the project will not use volunteers, please tell us why.

4.8 Management Committee Profile (Insert more rows if required)					
Name	Home address	Role (Chair, Secretary, Treasurer, trustee etc.)	Is this member a signatory?		
			Y or N		

4.9 Management Committee membership and representationHow does your Management Committee reflect the population of the borough and the profile of your service users. For example, how many male/female, BME or disabled people are members of the Management Committee and are any member of the Management Committee current or former users of your organisation's services?

4.10 Probity				
Any organisation failing to disclose relationships with others connected to the Council will be				
disqualified. Please delete as appropriate				
i. Is any officer, employee, consultant or Management Committee member of your organisation an employee or ex-employee of the council?	Yes / no			
ii. Is any officer, employee, consultant or Management Committee member of your organisation connected to an employee of ex-employee of the Council?	Yes / no			
iii. Is any officer, employee, consultant or Management Committee member of your organisation an elected member of the Council, or someone who has been an elected member of the Council in the last 4 years?	Yes / no			
iv. Is any officer, employee, consultant or Management Committee member of your organisation related or otherwise connected with an elected member of the Council?	Yes / no			
v. Is any officer, employee, consultant or Management Committee member of your organisation involved directly or indirectly in providing services to the Council?	Yes / no			
vi. Is any officer, employee, consultant or Management Committee member of your organisation involved in any other organisations that may be interested in bidding for the Council's services under this tender process?	Yes / no			
If you have answered yes to any of the questions above, please give full details below.				

End of section 4

Section 5: Declarations and supporting documentation		
5.1 Required documentation		
In order for your application to be considered you must submit with this application all of the following documentation. If you do not submit all the relevent documentation, your application will be at risk. The checklist will help you to check that you are sending us a fully completed application. Council officers will not follow up any missing documents. Please indicate (with X) which of the following documentation is enclosed with your application:		
Completed application form (submitted by email)		
Completed signed application form submitted by post or by hand		
Governance document e.g. constitution, memorandum or articles of association		
Evidence of local steering group and local presence in the borough for at least 12 months if no local residents are on the Management Committee		
Additional service areas sections 2, 3 and 4 for (if relevant)		
Employment and Advice		
Health & Wellbeing (Older People)		
Children and Families		
Infrastructure		
Organisation Budget (Form A) (1 st April 09 – 30 th September 2010)		
Project budget (Form B) for each project and for each year, from Oct 2010		
Organisation Budget (Form C) for each year, from Oct 2010		
Staff structure chart		
Job descriptions for any posts to be funded		
Recent Annual Report		
Recent audited accounts, or if a new group, all bank or building society statements		
Bank details – copy of most recent bank statement		
A Business plan or a work programme for the organisation		
Fundraising strategy		
Equal Opportunities and Diversity Policy		
Child Protection/Safeguarding policy (if relevant)		
Vulnerable Adults Safeguarding policy (if relevant)		

On behalf of (organisation name):

Home address, including postcode:

Email:

Phone number (including area code):

Declaration

organisation.						
We confirm that this application and the proposed project within it has been authorised by the management committee, governing body or board.						
		his application is true and co approved by our organisation				
Signatory one - this must be the main contact named in section 1 I understand that you may contact me during the assessment process and I confirm that I am authorised by the organisation for this purpose and that you may rely on any further information supplied to you by me.						
Title	Forenames (in full)	Surname	Position			
Signature:			1			
Date:	Date:					
On behalf of	(organisation name):					
		nair, Treasurer or Secretar ust be different to signato				
I confirm that this application and the proposed project within it has been authorised by the						
		ing body and that the signat	tory above is duly			
authorised to provide any further information that may be required.						
Title	Forenames (in full)	Surname	Position			
Signature:						
Date:						

We confirm that we are duly authorised to sign this declaration on behalf of the applicant

5.3 Closing date:

We require both a paper, and an emailed copy (MS Word 97-2003) of your application form

Both copies, and all supporting documentation must reach us by 5pm on 30th November 2009

LATE APPLICATIONS WILL NOT BE ACCEPTED

5.4 Submitting your application:

Paper copy to be posted or hand delivered to:

Community Liaison 4th floor, 77 Glenthorne Road London W9 0LJ

Emailed application form must be sent to: communityliaison@lbhf.gov.uk

We require your emailed application form to be submitted as a Microsoft Word document (1997-2003 edition). This will enable us to transfer information from your application into our assessment document and if successful, into your contract and monitoring information.

Additional sections 2,3 and 4b

For organsiations wishing to submit an an application for services under two or more specifications, a separate section 2, 3 and 4b of this form is required for each. You can use the provided "additional sections 2,3 and 4b" document included in the application pack. The organisations name and details of the relevant service specification must be clearly marked.

Supporting documentation: can be sent by email and/or submitted with your paper application form. However, this must, as with the application form, be submitted by the closing date above.

Emailed application form and signatures

It is acceptable to submit an emailed application form without the signatures required at 5.3 as long as the paper copy submitted by hand or by post does include them.