

Homeless Hospital Discharge Fund 2013-14 APPLICATION GUIDELINES

These notes are intended to guide you through the Homeless Hospital Discharge Fund application process. Please read them carefully before you complete the application form and refer to them when you are answering questions. In addition, please also refer to the eligibility criteria prior to completing the application form, to ensure that you meet the criteria for receiving the fund.

Please send your completed application form to homelesshealth@dh.gsi.gov.uk. All applications must be received by 12pm on 8th July 2013.

SECTION 1

APPLICANT DETAILS

Name	<i>Please provide details for the main contact for this application.</i>
Position	
Organisation Name	
Address	
Telephone Number	
Email Address	

ORGANISATION DETAILS

Legal name	<i>This should be the name of your organisation as shown in your governing documents.</i>
Trading name (if different from above)	
Charity number	
Company number	
Chief Executive	<i>Please include the contact details for your organisation's Chief Executive.</i>
Address	
Phone number	
E-mail address	
Brief description of services your organisation provides and beneficiaries	<i>Please tell us what type of organisation you are, the aims of your organisation and any restrictions there are in the areas you can work in or the types of people you can support.</i>

Please indicate whether you are applying for the Revenue Fund, Capital Fund, or both:

Revenue Capital Both

You should indicate here where you are applying for revenue funding, capital funding or both.

Revenue funding is available for projects to put in place arrangements to ensure that nobody is discharged from hospital back onto the street.

Capital funding is available for projects to secure appropriate facilities for those requiring ongoing medical support after hospital discharge to allow time for recovery. If some funding for running costs will be required, please include it in section 3, but clearly state that this is revenue funding.

Please complete section 2 if you are applying for revenue funding, section 3 if you are applying for capital funding, or complete both sections if applicable. All applicants should complete section 4. If a question is not applicable to your application, please answer N/A.

SECTION 2

REVENUE FUNDING PROPOSAL

Project Title	<i>This should be the name of the project you are proposing</i>
Outline of proposal	<i>Please tell us what your project will do, who you will help, why this is needed and who the key partners are that you will work with in delivering the services. You should clearly demonstrate how your proposal meets the fund eligibility criteria and demonstrates appropriate consideration of the good practice standards.</i> <i>Please do not exceed 300 words.</i>
Evidence of assessment of local need	<i>Explain why the project is needed and provide information to support this, including statistics and data gathered from current services.</i> <i>Please indicate how many homeless people there are in the area covered by your proposed service. Please explain how you have made this assessment.</i> <i>Please do not exceed 150 words.</i>
Beneficiaries of proposed services	<i>Tell us who will benefit from the project, why they need support and how many people you estimate to help by April 2014. We want to know who your project will support to help us understand the impact of your project.</i> <i>Please do not exceed 150 words.</i>
Expected outcomes	<i>Tell us about the changes that will happen because of the funding, including targets for what you will achieve and timescales for when you will achieve things by.</i> <i>Please do not exceed 150 words.</i>
Total grant applied for (£)	<i>Please tell us the total amount of funding you are applying for.</i>
Sustainability	<i>The funding is only for the 2013-14 financial year as an initial start up fund. Part of the</i>

strategy	<p><i>eligibility criteria for the fund is that successful services are sustainable beyond the life of the funding. Please demonstrate to us how you will sustain the project after this funding ends. You should explain:</i></p> <ul style="list-style-type: none"> <i>• how you expect that it continue to be funded;</i> <i>• how you will ensure that this happens;</i> <i>• what has already been done to start this process. This should include considering how your organisation will promote your services to commissioners and funders.</i> <p><i>Please do not exceed 150 words.</i></p>
Contact details of partners or service links in delivering project:	
Partner 1	<p><i>Please provide contact details, including name, address, phone number and email address, of the key partners that you are working with in delivering the proposed project. We need to ensure that the project is integrated and has support from local health providers and/or local authorities. In some cases, where there are concerns about 'local connection' this may require involvement from more than one local authority.</i></p> <p><i>Please add/delete lines as necessary.</i></p>
Partner 2	
Partner 3	
Evidence of engagement with local commissioners	<i>Please tell us how you have engaged with and involved local commissioners in your proposed project and how you plan to continue doing so at the end of the funding.</i>
Monitoring and evaluation	<p><i>Tell us about the systems and procedures you have in place to manage and monitor services and their impact. How will you determine whether your project is a success and how will you determine whether changes are taking place as a result of your project? Who will be responsible for gathering this data and who will they report to? How will you use this data to improve the services you are providing</i></p> <p><i>Please do not exceed 150 words.</i></p>

SECTION 3

CAPITAL FUNDING PROPOSAL

Project Title	<i>This should be the name of the project you are proposing</i>
Outline of proposal	<p><i>Please tell us what your project will do, who you will help, why this is needed and who the key partners are that you will work with in delivering the services. You should clearly demonstrate how your proposal meets the fund eligibility criteria and demonstrates appropriate consideration of the good practice standards.</i></p> <p><i>Please do not exceed 300 words.</i></p>
Evidence of assessment of local need	<p><i>Explain why the project is needed and provide information to support this, including statistics and data gathered from current services.</i></p> <p><i>Please indicate how many homeless people there are in the area covered by your</i></p>

	<p><i>proposed service. Please explain how you have made this assessment.</i></p> <p><i>Please do not exceed 150 words.</i></p>
Beneficiaries of proposed services	<p><i>Tell us who will benefit from the project, why they need support and how many people you estimate to help by April 2014. We want to know who your project will support to help us understand the impact of your project.</i></p> <p><i>Please do not exceed 150 words.</i></p>
Expected outcomes	<p><i>Tell us about the changes that will happen because of the funding, including targets for what you will achieve and timescales for when you will achieve things by.</i></p> <p><i>Please do not exceed 150 words.</i></p>
Total grant applied for (£)	<p><i>Please tell us the total amount of funding you are applying for. If your project requires some revenue funding to run the service, please indicate that here.</i></p>
Sustainability strategy	<p><i>The funding is only for the 2013-14 financial year as an initial start up fund. Part of the eligibility criteria for the fund is that successful services are sustainable beyond the life of the funding. Please demonstrate to us how you will sustain the project after this funding ends. You should explain:</i></p> <ul style="list-style-type: none"> <i>• how you expect that it continue to be funded;</i> <i>• how you will ensure that this happens;</i> <i>• what has already been done to start this process. This should include considering how your organisation will promote your services to commissioners and funders.</i> <p><i>Please do not exceed 150 words.</i></p>
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SECTION 4

FINANCIAL INFORMATION

Total funding applied for	
Explain why this proposal cannot be funded by another source or requires funding due to shortfalls in other funding	<i>Please demonstrate how other funding options have been explored.</i>

DOCUMENTATION

Please confirm that you are enclosing the following supporting documentation:

Stakeholder reference

This should be a reference from a stakeholder organisation that you have received funding from (if applicable) or worked with.

Annual accounts

Please attach your most recent audited accounts. Alternatively, if they are available online on the Charity Commission/Companies House website, please inform us and provide us with the details.

Budget plan for proposed project

Please attach a full breakdown of the budget for the project. This should clearly outline the project, staff, management and evaluation costs. Please make sure that the information in the budget plan links to the information in the rest of the application form.

FURTHER SUPPORT

If you require any further information, please refer to the frequently asked questions document. Should you require further support and advice, please e-mail homelesshealth@dh.gsi.gov.uk.

If you require support to make sure that local commissioners are fully engaged in your proposal, please contact the relevant regional lead from NHS England:

Region	Name	Contact details
London	Trish Pashley	T.Pashley@nhs.net
Midlands and East	Ranjit Senghera	Ranjit.Senghera@nhs.net
North	Tracy Grey	T.Grey@nhs.net
South	Kate Milton	Kate.Milton@nhs.net