

Help for Single Homeless Application Form

This document should be read in conjunction with the prospectus available on the [GOV.UK website](http://www.gov.uk/government/publications/fair-chance-fund-expressions-of-interest).

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| 1. Name of lead contact (each application needs a lead, named contact) |
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| 1. Lead local authority |
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| 1. Job title, address & contact details (including e-mail address) |
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| 1. Name of other local authorities in grouping and contact details |
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| 1. Names of any other partners/services and contacts (e.g. health, probation, employment, voluntary and community sector) and confirm that they are supportive of this bid |
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| 1. The total amount funding you will require |
| *This should be no less than £100,000 and no more than £250,000* |
| 1. The amount of funding you expect to obtain (if any) through local contributions, the source and the financial year |
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| 1. If you are London Borough and are seeking funding from the Greater London Authority’s ‘No First Night Out’ pilot project please click this box |

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| 1. Please give a summary of your proposal (350 words) |
| *In this section please summarise the activity you intend to undertake. Please include details of the cohort group/ needs levels you intend to work with; groups 1-3 (refer to prospectus for details).*  [*Word count*] |
| 1. Demonstrating need (200 words) |
| *Please illustrate scale and nature of single homelessness across your grouping. Suggestions of data sources can be found in the prospectus. You may attach a single spread sheet as an appendix.*  *[Word count]* |
| 1. Outputs Level: outcomes and targets you would like to achieve against costs (200 words) |
| *This section will be used to assess value for money. Please describe the outcomes your service will achieve. These should be stretching but achievable. Please also complete the table with clients needs levels, numbers of people you aim to help and the rough unit cost per person helped (we anticipate that this will be different for different client needs levels – please specify if it is not). A description of client needs groups is included in the prospectus.*   |  |  |  | | --- | --- | --- | | Needs Level | Number of people helped | Unit Cost | | Group 1 |  |  | | Group 2 |  |  | | Group 3 |  |  |   *[Word count]* |
| 1. Innovation and service transformation (200 words) |
| *Please explain how your bid meets the innovation and service transformation criteria, including details of how you will work with the customer to map the customer journey.*  *[Word count]* |
| 1. Sustainability (200 words) |
| *Please explain how your bid meets the sustainability criteria.*  *[Word count]* |
| 1. Budget profile |
| *Please set out amount of resource funding you are bidding for and complete budget line table for September 2014 – March 2015 and April 2015 – March 2016. Please split the funding profile over two years with a ratio of 3 to 5.* |

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| **Budget head** | **2014-15 (Sept– March)** | **2015-16 (April to March)** |
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| **Total amount sought from DCLG** |  |  |
| **Local contribution** |  |  |
| **Scheme total** | |  |

Declaration

I declare that to the best of my knowledge the answers submitted in this application are correct. I understand that the information will be used in the process to assess whether my organisation should receive funding. I understand that the Department for Communities and Local Government may reject this application if there is a failure to answer all relevant questions fully or if I provide false / misleading information. Final funding decisions will be made by the minister.

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| Scanned signature: |  | | |
| Date: |  | | |
| Name: |  | | |
| Job Title: |  | | |
| Duly authorised to sign bids on behalf of:  (lead local authority and other local authorities) | | |  |
|  | |  | |

Completed forms to be submitted by 5pm, 8th August 2014 to:

singlehomelessness@communities.gsi.gov.uk