

## Commissioning Prospectus 2017- 2020

### Invitation to Quote

Please complete this application form

<b>Service to be delivered:</b>		<b>Provision of substance misuse outreach service for the Stafford Safer Communities Partnership</b>	
<b>Organisation Information</b>			
Name of lead organisation			
Main address for correspondence			
If a Consortium bid please list all partners			
Contact Name			
Title / Position			
Telephone Number			
Email			
<b>Your project title:</b>			
<b>About your project</b>			
<b>Q1a</b>	<b>Price 30%</b> The available budget is £40000 for the period 1 <sup>st</sup> May 2017- 30 <sup>th</sup> April 2018, What is the total amount you are applying for in this application?  <b>Please provide a detailed and itemised breakdown of the funding required (Table on the right)</b>  <i>(Please insert more rows if required)</i>	List of allocated items requiring funding	Year 1 (12 months)
		1.	£
		2.	£
		3.	£
		4.	£
		5.	£
		6.	£
		7.	£
		8.	£
<b>Total</b>	<b>£</b>		
<b>Q1b</b>	In the previous two years have you received any cash funding from public sector agencies for this particular project i.e. funding from the NHS, Local Authorities, the Police and Crime Commissioner, etc.? If 'yes', please indicate the amount(s) and source		
<b>Q1c</b>	Please outline and explain any direct charges/fees to participants (if relevant)		

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<p><b>Q2</b></p>	<p><b>Project Proposal 35% (What)</b></p> <p><b>Briefly describe and summarise your proposal taking into account the service outline, and state why you think the project is needed</b> <i>(Within your answer please give evidence of how it has been informed by local evidence, knowledge, feedback and engagement, and local needs)</i></p> <p><b>Where, when and how will the project be delivered?</b> <i>(Within your answer please include details of venues, geographical locations, time (e.g. term-time, weekends) and how (e.g. groups sessions, 1-1, training), who will deliver the programme (e.g. yourself or sub-contracting to another Provider), and how will you engage with the target communities?) Bullet points are acceptable.</i></p> <p><b>Who will benefit from the project and how?</b> <i>(Within your answer please include details of the total number of people who will benefit and how they will benefit)</i></p> <p><b>What are the expected targets and outcomes for the project that are stated within the service outline?</b> <i>(Please provide SMART outcomes – i.e. specific, measurable, achievable, realistic and time framed outcomes related to the service outline that the project will achieve).</i></p> <p><b>Thinking about your outcomes how does your project help to change people’s behaviour in the long term?</b> <i>(e.g. participants have the knowledge/competence/confidence to build new life-skills)</i></p>	
<p><b>Q3</b></p>	<p><b>Project Plan (the how) 35%</b> <b>Please provide details of your project plan</b> <i>(This should be SMART (i.e. specific, measurable, achievable, realistic and time framed), also include key actions, recruitment, communication, etc.)</i></p>	

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	<p>The project plan can be an appendix to your submission.</p> <p>(Maximum 500 words)</p>	
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#### Equality and Risk Assessment

<p>Please tick to confirm that you have completed the Equality and Risk Assessment (<b>Appendix B</b>) to accompany application</p>	<input type="checkbox"/>
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#### Organisation Information

##### Payment Arrangements – Please note this information will be treated and secured as confidential as per our Data Protection Policy.

Name of Bank	
Branch address	
Name of account	
Account number	
Bank sort code	
Name of signatories to the account	

#### Legal Status

<p>Type of organisation – (please tick)</p>	<p>Partnership Limited <input type="checkbox"/></p> <p>Company Registered <input type="checkbox"/></p> <p>Charity Public Limited <input type="checkbox"/></p> <p>Company Subsidiary <input type="checkbox"/></p> <p>Franchise <input type="checkbox"/></p> <p>Non-profit making organisation <input type="checkbox"/></p> <p>Other – Please state below <input type="checkbox"/></p> <p><input type="checkbox"/></p>
Company registration number (if applicable)	
Registered Charity Number(if applicable)	

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Insurance	
Please tick to confirm if you hold the following insurances and can provide copies if your application is successful	Public Liability (£5,000,000) <input type="checkbox"/> Employers Liability (£10,000,000) <input type="checkbox"/> Professional Indemnity (£2,000,000) <input type="checkbox"/> Please note these are indicative values. If your organisation does not hold this level of cover please indicate the level of cover your organisation does hold and if you are willing to increase such in support of the delivery of the service  Current Amount/s : Are you willing to increase : YES/ NO
Policies and Procedures	
Please tick to confirm you have the following Policies and Procedures in place and can provide copies if your application is successful	<b>Equal Opportunities Policy</b> <input type="checkbox"/> To avoid discrimination it must follow the recommendations within the statutory code of practise on age, gender, race and disability, equality and employment. Your policy must comply with Equalities Act 2010 and Equalities Legislation. <b>Health and Safety Policy</b> <input type="checkbox"/> <b>Data Protection</b> <input type="checkbox"/> <b>Safeguarding Policy</b> <input type="checkbox"/> If you do not have a Safeguarding Policy then please refer to the following link and tick the box below. In doing so ,you are agreeing to adhere to the Stafford Borough Council Safeguarding Children and Adults at Risk of Abuse and Neglect Policy : <a href="http://www.staffordbc.gov.uk/live/Documents/Policy%20and%20Plans/Safeguarding_Children_and_Adults_at_Risk_of_Abuse_and_Neglect_Policy_and_Procedures.pdf">http://www.staffordbc.gov.uk/live/Documents/Policy%20and%20Plans/Safeguarding_Children_and_Adults_at_Risk_of_Abuse_and_Neglect_Policy_and_Procedures.pdf</a>  We adopt the Stafford Borough Safeguarding Policy in the absence of our own policy <input type="checkbox"/>
References – Please provide details of two referees who can comment on your ability to provide these services	
Reference 1	
Organisation Name	
Address	
Contact Name	
Title / Position / Role	
Telephone number	
Email	

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<b>Reference 2</b>	
Organisation Name	
Address	
Contact Name	
Title / Position / Role	
Telephone number	
Email	
<b>Declaration</b>	
Signature	
Print name	
Position	
Date	

**Please return this form via email to:**

**[policyandpartnership@staffordbc.gov.uk](mailto:policyandpartnership@staffordbc.gov.uk) or alternatively please return by post to;**

**Viki Ashcroft**  
**Stafford Borough Council,**  
**Civic Centre,**  
**Riverside**  
**Stafford, ST16 3AQ**

**Applications must be submitted by 5.00pm on Monday 17<sup>th</sup> March 2017. Applications received after this time will not be considered.**