**Expression of interest**

Grants to support the development of services and activities for people with memory loss or dementia in Somerset

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| **Section one – about your organisation** |
| 1. Organisation details
 |
| Organisation name |  |
| Trading name |  |
| Registered address |  |
| Post code |  |
| Main office (if different from above) |  |
| Company or charity number |  |
| Type of organisation |  |
| Main contact for this EOI |  |
| Postilion in organisation |  |
| Address |  |
| Post code |  |
| Telephone number |  |
| Email  |  |
| 1. Organisation overview
 |
| Please give a brief overview of your organisation or service (300 words) |
|  |
| 1. Financial information
 |
| Please confirm you hold company financial accounts for the last three financial years:   | **YES/NO** |
| **Do any of the following apply to your organisation (including any directors or others person(s) who have power of representation, decision or control):** | **YES/NO** |
| State of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings?  | **YES/NO** |
| Been convicted of a criminal offence related to business or professional conduct?  | **YES/NO** |
| Committed an act of grave misconduct in the course of business?  | **YES/NO** |
| Has unfulfilled obligations related to payment of taxes?  | **YES/NO** |
| Is guilty of serious misrepresentation in supplying information?  | **YES/NO** |
| 1. Insurance
 |
| Please provide details of your current insurance cover and confirm that you will commit to obtaining the required value of insurance if successful |
| Employer Liability £10m | Expiry Date:Name of Company: Policy Number:  |
| Public Liability £5m | Expiry Date:  Name of Company: Policy Number:  |
| Professional Indemnity £250,000 | Expiry Date: Name of Company: Policy Number:  |
| 1. Health and Safety / Safeguarding
 |
| Do you have a company Health and Safety **policy** which includes statement, organisation for carrying out the policy – i.e. division of duties, delegation of responsibilities, structure chart etc. and the arrangements for carrying out he policy – i.e. safety procedures, safety manuals etc.If the answer is YES, please return a signed and dated copy of your policy.**Note a: SCC require all organisations to provide a written health & safety statement and policy to address the needs of clients, building occupants, the public and anyone else who may be affected by their working activities irrespective of the number of employees****Note b: For organisations who will be working where children/young person’s may be present, you must address in the policy the question of ensuring your employees are both suitable and behave appropriately in relation to access to children under 18.** | **YES/NO** |
| Please confirm whether you have had any improvement or prohibition notices, or prosecutions served on your company in the last 3 years by the Health & Safety Executive (HSE) or Local Authority.  | **YES/NO** |
| Do you have written risk assessments in place for the activities covered by your company? Please a sample set specific to the type of work your company has undertaken. (This could include COSHH. Manual Handling, Noise, Working at Height, Working in confined spaces, Working with machines, Electrical equipment, Lone Working, Violence & Aggression etc.)  | **YES/NO** |
| Does your company have a written Safeguarding Policy, including Prevent? | **YES/NO** |
| Who is the company Safeguarding Officer? |  |
| Do all staff and volunteers, who are undertaking regulated activities have a Disclosure and Barring Service (DBS) Certificate? |  |
| 1. Equality and Diversity
 |
| Does your company have a written Equality & Diversity Policy, which complies with the Equality Act 2010? | **YES/NO** |
| Has your company had any findings of unlawful discrimination against it by any court or industrial / employment tribunal in the last three years?If yes, please provide details | **YES/NO** |
| Do you have procedures in place for dealing with complaints? | **YES/NO** |
| Are you compliant with the Data Protection Act 2018? | **YES/NO** |

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| **Section two – about your project** |
| 1. Name of project
 |  |
| 1. What does your project involve? (500 words max.)

Summary of your plan, include main activities and how they will be delivered, detail any partnership working |
|  |
| 1. When will your project start and end
 | (dd/mm/yyy) to (dd/mm/yyyy) |
| 1. Needs: what needs have you identified and how will your project seek to meet these needs? (300 words max.)
 |
|  |
| 1. Outcomes: What will be the key changes or differences of the grant/project (300 words max.)
 |
|  |
| 1. How will you ensure sustainability after the end of the grant funding? (300 words max.)
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|  |
| 1. Please outline how you will be funding your project in your own words and using the table below (300 words max.)
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|  |  |  |  |
| --- | --- | --- | --- |
|  | Total costs (£) | Detail | How many years is this amount for? |
| Capital |  |  |  |
| Revenue |  |  |  |
| Income |  |  |  |
| Total requested |  |  |  |

*(please add additional lines to the table if needed)* |
| 1. Please let us know about any matched funding you have secured
 |
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| **Section three - references and declaration** |
| Please provide information of two references to support your application |
| Name |  |
| Job title |  |
| Address |  |
| Email |  |
| Telephone |  |
| Relationship to the applicant |  |
|  |
| Name |  |
| Job title |  |
| Address |  |
| Email |  |
| Telephone |  |
| Relationship to the applicant |  |
| **Declaration** |
| The following declaration is to be completed by the applicant.I certify that the information supplied is to the best of my knowledge accurate and that I accept the conditions and undertaking requested in this Expression of Interest. I understand and accept that false information could result in rejection of our application. |
| Name |  |
| Signature |  |
| Position in the Organisation |  |
| Date |  |
| Telephone number |  |
| Email address |  |