|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1) Eligibility Criteria (Put an X in the box on the right to indicate YES)** | X | **2) Further Clarification Question** | **3) Classifications** | **If box not applicable, put ‘N/A’.** |
| Our project will address one or more of the identified themes |  | Which of the following themes does your project address? | Health & Wellbeing |  |
| Community Safety |
| Crime & Anti-Social Behaviour |
| Substance Use |
| Youth Provision |
| Community Cohesion |
| Access to Services |
| Pride of Place |
| Celebrating the People |
| We are a community-based organisation, school, parish council or business that operates within the designated People Zone area |  | Please clarify what type of organisation you are in box on the right e.g. School, Parish, Business, Charity etc. | Organisation type : |  |
| We will be able to evidence that our project will have a positive impact / address the need / reduce the problem. |  | Please clarify you will provide brief monthly monitoring updates and an end of project report. | Yes / No |  |
| I/We provided our Companies House Number / Charity Number and the link to our webpage which includes all up to date information regarding our organisation |  | Please provide your Companies House number/Charity Number in column 4 on the right and a link to your website which includes up to date information regarding your organisation.  If you have FCA registration you can provide details on this too. | Link to your website: |  |
| Companies House Number: |  |
| Charity Number: |  |
| Link to accounts on Charity Commission or Companies House: |  |
| Social Media handles: |  |
| We confirm our organisation, members of our board, or senior executives have never been declared bankrupt |  |  |  |  |
| The benefits of our project will be realised within Leicester, Leicestershire and Rutland |  | Please specify the areas where your project will be rolled out. Delete the response (Yes or no) in column 4 as necessary to outline the LLR areas your project will be rolled out to. | Leicester City | Yes / No |
| Charnwood | Yes / No |
| North West Leicestershire | Yes / No |
| The bid does not exceed the £10,000 P/A threshold |  | Please specify the total amount requested in column 4 on the right | Total Amount Requested: | £ |
| I/We confirm that our organisation has all the relevant insurance documents required to undertake our work |  | Our organisation has suitable Employers Liability Insurance | Yes / No |  |
| Our organisation has suitable Public Liability Insurance | Yes / No |
| We acknowledge our organisation is wholly responsible for legal compliance and ensuring sufficient indemnity and insurances for our activities. | Yes / No |
| I/We confirm that if our service uses a website, then we display the appropriate privacy notices and accessibility statements where required |  | We are happy to provide any relevant insurance documents and information upon request by the OPCC | Yes / No |  |
| Our organisation has a UK bank account with two signatories. |  | Please give us the name and contact of the two signatories in column 4 on the right. | Person 1 Name and contact no: |  |
| Person 2 Name and contact no: |  |
| Our organisation has an Equality and Diversity Policy |  | Our organisation has a Equality and Diversity Policy and we have evidence that all staff/volunteers have read and/or understood this. | Yes / No |  |
| Our organisation has a Safeguarding Policy |  | Our organisation has a Safeguarding Policy and we have evidence that all staff/volunteers have read and/or understood this. | Yes / No |  |
| Our organisation has an information/Data security policy/protocol |  |  |  |  |
| We confirm our staff are suitably DBS checked and cleared to conduct the work |  | Yes / No |  |  |
| We will be able to adhere and comply with the Terms and Conditions as set out in the relevant funding agreement |  | We acknowledge all bidders must be able to accept all of the terms and conditions of the grant agreement attached | Yes / No |  |

**Please save this form as a PDF and return to the People Zone team along with your application, quotations and supporting documents, to:** [**People.Zones@leics.police.uk**](mailto:People.Zones@leics.police.uk)

**We will be unable to proceed with your application, without having these completed documents.**

**Thank you.**