



Voluntary Sector Support Services for patients on Virtual Wards Application for small grants of between £200 and £1,000 - 2011/2012

Applications are invited from charities and voluntary organisations who provide a support service for patients with a limiting long term condition who live in the Tendring and/or Colchester area. The purpose of the fund is to support Community Matrons manage a 'virtual ward' and avoid unnecessary admissions to hospital. Successful applicants will have to demonstrate that their service can support patients to stay in their own home (within the community matrons' virtual ward) who would otherwise have been admitted to hospital.

The grant can be used for support services such as advice, befriending or similar with the aim of supporting patients with a long term condition to manage their condition most effectively.

This fund is not designed to provide help with shopping or household tasks or schemes already being supported by the PCT.

All successful awards will be required to undertake a patient satisfactory survey or similar evaluation and submit the outcome to the CVS who are administering the fund on behalf of the PCT. All applications will be assessed by a panel which will include the Community Matrons and Social Workers.

If you are not sure about any of the following questions and would like further clarification, go to the end of this form for the contact details of your local CVS.

Section 1: Criteria

To be eligible to make an application your organisation must be able to answer **yes** to all of the following questions. If your application is successful, you may be asked to produce such documents

	Criteria	Yes	No
1	Does your project provide a support service for patients living in the Tendring or Colchester area who have a limiting long term condition?		
2	Does your organisation have more than three trustees on the Committee/Board?		
3	Does your organisation hold a formally adopted constitution, governing document, terms of reference or rules?		
4	Does your organisation hold a formal bank account with two signatories who are not related or are close friends?		
5	Does your organisation have independently examined annual accounts?		
6	Does your organisation hold public liability insurance?		
7	Does your organisation have a Health and Safety Policy?		
8	Is your application for the provision of support, advice, befriending or similar for patients with a limiting long term condition?		
9	Is your organisation an affiliated member of the CVS?		
10	Is your organisation signed up to the Local Compact?		

Section 2: Organisation details

Name of Organisation:	
Address:	
Postcode:	
Contact Person:	
Position in organisation:	
Telephone:	
E-mail:	

Charity registration number (if applicable)	
Company number (if applicable)	
Is your organisation a subsidiary or branch of a national/regional organisation	Yes/No* <i>*Please delete as appropriate</i>

Section 3: General Information

3.1 What is the aim of your organisation? Please tell us what you were set up to do

3.2 How is your organisation managed - please give

- 1) a management structure
- 2) list the Trustees, together with brief details of the background of the trustees
- 3) frequency of management committee meetings

1)

2)

3)

3.3 It is essential that at least two people are required to authorise cheques and withdrawals on your organisation's bank account. These people must be unrelated and must not live at the same address. Please tick to confirm that this is the case.

Yes

3.4 Please state your organisations' predicted annual turnover for 2010-11 *This information is requested so that the Funding Panel can assess financial stability.*

£

3.5 Please state if your organisation has, or is working towards, a quality standard such as PQASSO (practical quality assurance system for small organisations), or CQC or quality mark or similar and state which :

Section 4: Details of your service

4.1 Description of service and how it will be delivered

4.2 What are the expected outcomes i.e. what should happen as a result of your service ?

4.3 What are the expected outputs Please give details of the numbers of people you expect to benefit from the project. For example, explain how many people will benefit over the year:

4.4 How will you monitor and evaluate the impact of the service? i.e. patient satisfaction survey or evaluation system – please describe:

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4.5 What specific area will be covered by the project?

North East Essex

Tendring

Colchester

Specific areas. If your service covers a village/town or area, please give details

4.6 How much are you applying for from this fund

	£
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4.7 What will this money be spent on?

Please note the maximum funding available from this fund is £1,000 one off funding for 2011/2012

	ENCLOSURES	TICK
1	Reports from the last Annual General Meeting or official Annual Report.	
2	Two written references supporting the application and intentions of the organisation from partner organisations or relevant agencies	

OR, if your group/organisation is newly formed please provide:

1	Bank statements from the last six months	
2	A copy of the minutes from your committee's last meeting giving permission to apply for this funding	
3	Two written references supporting the application and intentions of the organisation from partner organisations or relevant agencies	
4	The constitution or terms of reference	

Thank you for your application, a funding panel will assess your application and you will be informed of the outcome in due course.

I confirm that the organisation named in Section Two has authorised me to make this application on its behalf. I confirm that I have read and understood the paragraph above, and accept all terms and conditions stated on behalf of the organisation.

Signed: **Date:**

Chairman: **Date:**

FOR ORGANISATIONS BASED IN COLCHESTER:

Please submit your completed application to Tracy Rudling, CCVS, Winsley's House, High Street, Colchester, Essex, CO1 1UG email: information@ccvs.org

FOR ORGANISATIONS BASED IN TENDRING:

You can submit the completed application form to admin@cvstendring.org.uk or posted to: Sharon Alexander, CVS Tendring, 20-22 Rosemary Road, Clacton on Sea, Essex CO15 1NZ. If you have any questions telephone 01255 425692