



OUTER HEBRIDES ALCOHOL & DRUG PARTNERSHIP (ADP)

Funding Application Form 2014 - 2015

Criteria for applications

- The deadline for submissions will be Friday 30th May 2014
- Late submissions will not be taken into account

Please attach (where applicable) copies of:

- Your organisation's most recent audited or independently verified accounts.
- Your organisation's business plan.
- Any evaluations of your organisation's service.
- Voluntary organisations should include a copy of their constitution.
- Qualifications, training certificates and evidence.

Please ensure you read the guidance document before completing the application form.
Please ensure you fill in **ALL** sections of the application form

General Information
Name of Organisation:
Project Title:
Name of Main Contact:
Contact Details:

1. PROJECT DESCRIPTION

Tell us about the project you seek funding for.

Outline how your aims and objectives fit with the ADP vision and aims.

Please include information on the following points:

- Evidence of a planned client centred, recovery based service
- How you will engage, assess and support clients
- Planned service activities
- Appropriate referrals being made and/or integrated recovery pathways planned
- The geographic area your project will cover
- The capacity of your organisation to deliver this project

Aims:

Objectives:

2. YOUR ORGANISATION (please attach a copy of your constitution if applicable)
Company Registration number:
Charity number:
VAT number:
What year was your group established?
How many people are on your committee?
What agencies are represented on your committee?
Does your organisation have a proven track record in delivering drug and alcohol services? If so, please detail and include any evidence, e.g. independent evaluations, inspections.
Do the staff in your organisation hold qualifications or training relevant to the proposed project? If yes, please detail and provide copies of certificates/evidence.
Will the post holder/s be working with children and/or protected adults? YES/NO
Is the post holder/s registered with the PVG scheme? YES/NO

3. EQUALITY AND DIVERSITY

- Attach your equality policy if you have one. If not, please outline how you will ensure your service is inclusive.
- Please detail how you will ensure your service is accessible to clients (e.g. support with client travel costs, flexible working or out of hours service)
- Please attach a copy of your Equality and Diversity Impact Assessment

Is your project targeted at a particular group, e.g. through gender, age or vulnerable groups? If so, please detail below.

Is your project targeted at a specific geographical area within the Outer Hebrides? If so, please submit evidence of locally identified need.

- Access to specialist rehabilitation care

- Therapeutic Employment and training

5. PARTNERSHIP

Please outline whether this is a multi-agency project and if so, how agencies will work together to achieve the aims and objectives and ensure an integrated service for service users.

6. TARGET GROUP

Please describe your target group e.g. age, gender, service users etc.

Target group:

How many people will access this service?

If a continuing service how many new clients will access the service during the funding period?

7. NEED

Please state how you have identified the need for this service.

Attach any additional evidence collated to show need for this project e.g. needs assessment or reports

8. OUTCOMES & HEALTH GAIN

Please outline what outcomes your service will deliver for the client group and **how they will be achieved** (see enclosed ADP core outcomes)
Please detail how you will achieve both qualitative and quantitative information
(if both are not provided then the application will be scored down)

9. ACTIVITIES AND TIMESCALE

Please outline the activities you will undertake and the timescale using SMART (Specific, Measurable, Attainable, Relevant, Timebound)

[Empty box for writing activities and timescale]

10. MONITORING AND EVALUATION

State how the project will be evaluated.

Please outline how you will:

- gather, collate and report on meaningful outcomes for clients.
- implement and develop National Quality Standards.
- routinely gather and report evaluation information from clients

Please refer, where possible, to evaluation that relates to specific aspects of the project.

Empty response area for monitoring and evaluation details.

I, on behalf of the Committee/Group agree to the conditions set out in the grant criteria and also to complete an end of year report to the ADP.

Name: _____

Signature: _____ Date: _____

Please electronically return to:

Email: karen.peteranna@nhs.net

Karen Peteranna
ADP Administrative Assistant

Please also send a signed copy to:

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