

# **OUTER HEBRIDES ALCOHOL & DRUG PARTNERSHIP (ADP)**

## **Funding Application Form 2014 - 2015**

#### Criteria for applications

- The deadline for submissions will be Friday 30<sup>th</sup> 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:
<ul> <li>Evidence of a planned client centred, recovery based service</li> <li>How you will engage, assess and support clients</li> <li>Planned service activities</li> <li>Appropriate referrals being made and/or integrated recovery pathways planned</li> <li>The geographic area your project will cover</li> <li>The capacity of your organisation to deliver this project</li> </ul>
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.
<ul> <li>Please detail how you will ensure your service is accessible to clients (e.g. support</li> </ul>
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.

4.	TYPES OF SERVICE
	4.1 Please outline how you would deliver this pilot service:
	A drop in facility for problem drinkers and substance users who are in recovery
	A service to offer evening and weekend support to problem drinkers and substance users who are in recovery

Please state which of the ADP strategic priorities the service will contribute to and how this will be done: (It is not expected services will address all of the ADPs strategic priorities below; only those applicable to your service.)	
4.2 Early Years:	
Effective interventions and diversionary activities for children and families affected by or at risk of substance use	
Flexible substance support services for children and families providing advice and information and access to further social support	
Specialist parenting programmes focusing on substance misuse	
Structured, intensive substance interventions to promote and maintain recovery with parents	

	4.3 Early Intervention:
•	Alcohol brief interventions in primary care and wider settings e.g. youth settings
•	Effective interventions and diversionary activities for those affected by or at risk of problem substance use, e.g. adults, families and young people affected by substance use, vulnerable groups.
•	Structured, intensive substance interventions to promote and maintain recovery for those affected by or at risk of problem substance use
•	Flexible substance support services providing advice, information and access to further social support for those affected by or at risk of problem substance use, e.g. befriending or drop in services

<b>4.4 Problem drinkers and Substance Users - Treatment and Recove</b> Applications should target services for the recovery of adults and young people who are dependent or persistent heavy drinkers or substance users.	
Effective interventions and diversionary activities for those affected by harmful and problematic drinking or substance use	
<ul> <li>Flexible substance support services providing advice, information and access to furth social support for those affected by harmful and problem substance use or drinking</li> </ul>	ner
Community based specialist assessment and care planned treatment, care and at for those affected by or at risk of problem substance use	ftercare
Community Detoxification service	

•	Access to specialist rehabilitation care
•	Therapeutic Employment and training
•	Therapeduc 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 NFFD
7. NEED  Please state how you have identified the need for this service
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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 quantative information	
(if both are not provided then the application will be scored down)	
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9. ACTIVITIES AND TIMESCALE
Please outline the activities you will undertake and the timescale using SMART
(Specific, Measurable, Attainable, Relevant, Timebound)

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.			

Breakdown of planned expenditure. Please include of		dditional funding
secured from other organisations for the purpose of	his project	
INCOME	£	NOTES
Amount applied for		
Partnership funding (from other statutory source/s)		
Partnership funding (from non-statutory source/s)		
TOTAL		
EXPENDITURE		
Staffing – please provide detailed staffing costs		
Equipment and hire of premises		
Training costs		
Partnership costs (i.e., admin., management,		
meetings, etc.)		
Travel costs for staff		
Travel costs for clients		
Materials/music		
Other 1 (please specify)		
Other 2		
Other 3		
TOTAL		
<b>12. Sustainability</b> Please state if the project is sustainable beyond the exit strategy.	funding period	and detail any planned

11. BUDGET

Name:	
Signature:	Date:

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.

### Please electronically return to:

Email: <u>karen.peteranna@nhs.net</u>

Karen Peteranna ADP Administrative Assistant

#### Please also send a signed copy to:

Karen Peteranna
ADP Administrative Assistant
Health Promotion
Block 11
Laxdale Court
Stornoway
Isle of Lewis
HS2 0GS

Tel: 01851 76 2022