



EUROPE & SCOTLAND
European Social Fund
Investing in a Smart, Sustainable and Inclusive Future

PERTH AND KINROSS EMPLOYABILITY AND SOCIAL INCLUSION/POVERTY PIPELINE CHALLENGE FUND

APPLICATION FORM

Potential Provider must respond to all sections contained within this proposal form. Perth & Kinross Council will however accept these responses, and any other information in support of your bid, in the Providers own format.

In respect of a response which includes sub-contractors arrangements, it is the lead organisation that completes the entire proposal form and, in addition, arrange for each named organisation to complete Parts 1 & 2 and Appendix 2 Results and Outputs for relevant pipeline.

Applications should be submitted by completing the application form (Appendix 1) and Results and Outputs table (Appendix2), please ensure the relevant Results and Outputs table is selected, and return marked for the attention of Lynn Webster, European Social Fund Programme Officer, Planning and Development, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, Perth, PH1 5GD. Submissions can also be emailed by secure email to EuropeanSocialFundPMO@pkc.gcsx.gov.uk. The closing date for this call is 31st July 2019 and subject to available funding.

Employability Pipeline Stages – Please indicate

Stage 1 Engagement	Stage 2 Overcoming Barriers	Stage 3 Work Focussed Training	Stage 4 Work Activity	Stage 5 Job Sustainability & Development

Employability Pipeline Strand – Please indicate

Youth	Adult	Health

Positive Futures – Poverty and Social Inclusion

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1: Applicant Organisation

Organisation Name:	
Type of Organisation/Legal Status:	
Address:	
Telephone:	
Fax:	
E-mail:	
Web:	
VAT registration number	
Contact Person & Designation:	
Number of Full Time Equivalent (FTE) employees	
Project title	



2: Policies & Procedures

Please confirm that you have the following policies/procedures, the date last updated and that copies can be supplied on request.

Achieved or working towards a nationally recognised Quality Standard?	YES/NO (if yes please give details of the Quality Standard)
Health & Safety Policy	YES/NO Date:
Equal Opportunities Policy	YES/NO Date:
Employer Liability Insurance	YES/NO Expiry Date:
Public Liability Insurance	YES/NO Expiry Date:
Data Protection Act 1998 and GDPR May 2018 It is both a legal and contractual requirement that the successful contractor shall meet their obligations under the Data Protections Act 1998. Please confirm that you full understand and agree to this requirement.	YES/NO
<p>Management Structure and Reporting (Programme Compliance)</p> <p>Operations must have a robust and coherent management and reporting structure in place, applicants should therefore provide an explanation of the proposed management structure including:</p> <ul style="list-style-type: none"> • a description of both the day-to day management arrangements and the overall organisational management structures; • clear evidence of the capacity and expertise of the applicant to manage the Operation effectively; <p>an outline of the proposed reporting hierarchy and the anticipated frequency of reporting within this structure (i.e. to the Lead Partner);</p> <ul style="list-style-type: none"> • Where multiple organisations are involved in the delivery of the operation, define who has the overall responsibility for the maintenance of the records of the operation and where these records will be stored <p>Applicants must incorporate a flowchart illustrating the Operation management structure. In addition, the roles and responsibilities of all Operation delivery staff should be clearly defined.</p>	

3: Overview of proposed activity 15%

*Question 1: Please provide a summary of your operation and the activity you are going to deliver and explain why this delivery is needed **600 word maximum**



4: Need for Grant and added value 10%

*Question 1: Please explain why grant assistance is needed to enable your project to proceed **(250 word maximum)** (50%)

*Question 2: Please explain the added value of your project please quantify as precisely as possible **(250 word maximum)** (50%)



5: Target Indicators and Milestones – (Please complete Appendix 2 Results and Outputs Table for relevant pipeline) 20%

*Question: Please detail any relevant delivery experience and include information on the level of performance achieved. Please include any information relating to delivery experience and engagement of key target groups for focussed employability/Poverty & Social Inclusion interventions incorporating the following Headlines **(250 word maximum) include all target groups that are applicable to your organisations delivery or mark N/A**

* 1: A considerable number of people aged over 25 have been claiming ESA in a work related activity group for more than 1 year **(Health Pipeline) Employability Pipeline**

* 2: Numbers of long term unemployed (claimant count) are small in Perth and Kinross. To drive long term unemployment down to minimal levels requires:

- Interventions which target this small and manageable group AND
- Interventions which target short-term unemployed people who face multiple barriers and are most at risk of becoming long-term unemployed **(Youth, Adult and Health Pipeline) Employability Pipeline**

* 3: Number of people of all ages, providing support, advice and assistance on finances, housing, **benefits (low income, workless and lone-parent households) Positive Futures! To address Poverty**

* 4: Skills gaps in key growth industries for Perth and Kinross (**Youth, Adult and Health Pipeline**) *Employability Pipeline*

* 5: There are pockets of deprivation in Perth and Blairgowrie (**Youth, Adult and Health Pipeline**) *Employability Pipeline and Positive Futures! To address Poverty*

* 6: There are some identified gaps or shortages in current provision. Tell us how you will fill these gaps. *Employability Pipeline and Positive Futures! To address Poverty*



6: Horizontal Themes 15%

*Question 1: **Sustainable Development** What are the current issues/barriers faced

- **How will they be addressed**
- **How will they be monitored**
- **How will you know there has been acceptable progress (250 word maximum)**

*Question 2: **Equal Opportunities and Non-Discrimination**

. What are the current issues/barriers faced

- **How will they be addressed**
- **How will they be monitored**
- **How will you know there has been acceptable progress (250 word maximum)**



*Question 3: **Equality between Men and Women**. What are the current issues/barriers faced

- **How will they be addressed**
- **How will they be monitored**
- **How will you know there has been acceptable progress (250 word maximum)**

7: Previous relevant Experience in Employability/Poverty & Social Inclusion and/or European Social Fund (20%)

*Question 1: With reference to the evaluation criteria and the Council's strategic objectives, <http://www.pkc.gov.uk/pkperform> tell us about any specialist knowledge, skills or experience your organisation has of delivering an Employability provision to address gaps in service delivery **400 word maximum (30%)**

*Question 2: Tell us about any challenges you faced and how you overcame these **300 word maximum (20%)**



*Question 3: Please describe how you would characterise partnership working within a pipeline context. Describe your experience of operating in a multi-partner employability/ Social Inclusion programme, including who the partners were, how partners worked together to support clients and how working partnership was achieved **300 word maximum** (25%)

*Question 4: Tell us what your target outcomes and actual achievements were for this/these contract(s). **300 words maximum** (25%)



8: Record Keeping and Admin/Claims (20%)

*1: Describe the systems processes your organisation would use to administer provision effectively while ensuring secure, accurate and auditable records on customer's data, progress and outcomes and finance (40%)

*2: What evaluation processes would you carry out to establish the success of the project and how would these be reported?(60%)

9: Financial Breakdown

Provide a detailed breakdown of eligible project costs, covering premises, staff; customer support and any consumable costs. Please provide evidence of match funding and confirmation of any **STATE AID RECEIVED**

Activity Costs	Cost (£)
Total	

Net Project costs up to (40% grant required)	This figure is Total Project Costs minus Total Project Income/Other Funding received	
Match Funding (60% Match)	This figure is total Project Income/Other Funding received	
Match Funding Source	Detail the source of the match funding	
Match Funding Source evidenced	Provide evidence of match funding source i.e. audited accounts.	
Total Project Cost		
Activity start date		
Activity end date		
Financial end date		
Expenditure Profile		
Calendar Year	Total Cost	Grant Cost (40%)
2019	This is the total cost to your organisation in the given calendar year of the project	This figure is Total Project Costs minus Total Project Income/Other Funding received in the given calendar year
2020		
2021		
2022		
Total		

State Aid Received	Yes / No – If Yes please provide details below (<i>all state aid must be declared</i>)
Amount Received over 3 year period £	Further details here



10: Bank Details

Bank Name & Address	
Account Name, Number and Sort Code	

11: Contract Signature

I hereby confirm that the information supplied within this proposal document is correct to the best of my knowledge and understand that it's contend, if accepted, may for part of any subsequent contract.

Signed:	
Print Name:	
On behalf of (Company Name):	
Position in Company:	
Date:	

Submissions should be marked for the attention of Lynn Webster, European Social Fund Programme Officer, Planning and Development, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, Perth, PH1 5GD or email to EuropeanSocialFundPMO@pkc.gov.uk.

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12: Check list – Absolute Requirements

	General Principles	Y/N
1	Affordable within EU Funds	
2	Match Funding available and evidenced	
3	Clear contribution to EU 2020 goals	
4	Genuinely additional	
5	Feasible to deliver	

Date of receipt: _____ Date of acknowledgement: _____

Review Outcome:

Reviewing Officer: _____ Date: _____

Approved YES/NO

