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**West Yorkshire UKSPF Pillar 3 People and Skills**

**Call 1 – Work & Health Programme “Rise 2 Thrive”**

# **Delivery Partner Expression of Interest**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Organisation Details** | | | | | | | |
| Organisation Name |  | | | | | | |
| Contact Name |  | | | | | | |
| Address |  | | Postcode | | | | |
|  | | | | |
| Telephone |  | | | | | | |
| E-mail Address |  | | | | | | |
| Legal Status of Organisation *(e.g. Registered Charity)* |  | Company No. (if applicable) | Charity No. (if applicable) | | | | |
|  |  | | | | |
| 1. **Eligibility** | | | | | | | |
| 1. Please respond to the following statements in relation to your organisation, any of the individual Directors of your organisation or any other person who has powers of representation or control. If you answer yes to any of the statements below, you will need to provide supplementary information to support your selection | | | | | | | |
| Ongoing investigation relating to suspicion of fraud or irregularity under an existing contract. | | | | | | Yes | No |
| Is your organisation in a state of insolvency, voluntary administration, compulsory winding up and receivership, composition with creditors, company voluntary arrangements or subject to equivalent proceedings? | | | | | | Yes | No |
| 1. Please read the following statements and tick the boxes to indicate that your organisation is eligible to receive funding through this project. All boxes must be ticked to be eligible | | | | | | | |
| The organisation has policies relating to Equality and Diversity, Safeguarding, Health and Safety and Data Protection *(please note, these will need to be submitted if your organisation is selected for this partnership)* | | | | | | |  |
| The organisation has in place both employers and public liability insurance as legally required, or would put this in place before the start of the project | | | | | | |  |
| Your organisation is registered with the Information Commissioner’s Office for processing or intending to process personal data. | | | | | | |  |
| **SECTION 1 – DUE DILIGENCE**  This section aims to identify organisational capacity and capability to deliver UKSPF Programmes. Please ensure every question is completed fully as this section will be scored and used to select the delivery partnership. Details regarding the scoring model and specific guidance on each section can be found in the Guidance Document | | | | | | | |
| 1. **Financial Systems and Audit** | | | | | | | |
| Please answer the following questions below and tick the boxes to indicate the current finance and audit systems your organisation has in place. | | | | | | | |
| Do you have experience of managing projects with output related payments? | | | | | Yes | | No |
| Do you have experience of producing financial claims evidence for previous projects funding through the European Structural Investment Fund (ESIF)? | | | | | Yes | | No |
| Do you have a dedicated staff member or team who would be responsible for producing and submitting financial claims evidence monthly? | | | | | Yes | | No |
| Do you have staff in your organisation with the necessary skills, experience and qualifications to support both finance and audit functions? | | | | | Yes | | No |
| In the space below, please provide a short summary of your organisation’s internal finance systems and skills and experience of your staff team. *(see guidance notes for what is required in your answer)* | | | | | | | |
|  | | | | | | | |
| Do you have experience of measuring and managing your performance against profile and spend? | | | | | Yes | | No |
| Do you have internal audit and monitoring systems that you use in relation to the collection and submission of project monitoring? | | | | | Yes | | No |
| Do you have the tools and resources to support Better Connect, should the programme be subject to external audit? | | | | | Yes | | No |
| In the space below, please provide a short summary of your organisation’s internal audit systems. *(see guidance notes for what is required in your answer)* | | | | | | | |
|  | | | | | | | |
| 1. **Organisational capacity – *scored question*** | | | | | | | |
| Please answer the following questions below to indicate your current organisational capacity for delivering this programme. | | | | | | | |
| How many FTE members of staff are currently employed at your organisation? | | | | |  | | |
| Does your organisation have additional resources in terms of volunteers or support from your board of trustees, who could support this programme should they be required? | | | | | Yes | | No |
| Will you need to recruit additional staff to your organisation should this application be successful? | | | | | Yes | | No |
| Will you be ready to start delivery from 1st April 2024? | | | | | Yes | | No |
| Please provide assurance in the box below that you will be able to delivery this programme. The dates for delivery are mandated at 01/04/2024 – 31/03/2025. *(see guidance notes for what is required in your answer)* | | | | | | | |
|  | | | | | | | |
| Do you have staff in your organisation with the necessary skills, experience and qualifications to support the delivery of this programme? | | | | | Yes | | No |
| In the space below, please provide a short summary of the skills and experience of your staff team in relation to delivery. Or what you would be looking for from any new recruits | | | | | | | |
|  | | | | | | | |
| Do you have a risk management policy that is integrated into your current systems and processes? | | | | | Yes | | No |
| Do you have a risk register that is integrated into your current systems and processes? | | | | | Yes | | No |
| Please use the box below to provide any additional relevant information for this question | | | | | | | |
|  | | | | | | | |
| 1. **Performance management systems** | | | | | | | |
| Please answer the following questions below and tick the boxes to indicate the current performance management systems your organisation has in place. | | | | | | | |
| Do you have systems in place that will enable you to measure your performance against targets (outcomes and outputs)? | | | | | Yes | | No |
| Do you have regular review meetings to ensure that performance is on track? | | | | | Yes | | No |
| Are you able to identify under performance in real time? | | | | | Yes | | No |
| In the space below, please provide a summary of your organisation’s performance management systems and approach. | | | | | | | |
|  | | | | | | | |
| 1. **Quality management systems (500 words)** | | | | | | | |
| Please ensure you provide an answer to each of the questions below. | | | | | | | |
| Do you hold any external quality marks? | | | | | Yes | | No |
| If yes, please provide details below | | | | | | | |
|  | | | | | | | |
| Do you use feedback from clients, funders and stakeholders to inform quality and improvement? | | | | | Yes | | No |
| Do you have established processes and procedures for checking and improving the provision delivered? | | | | | Yes | | No |
| Do staff have the opportunity for Continuous Professional Development? | | | | | Yes | | No |
| In the space below, please provide a summary of your organisation’s quality assurance systems and processes. | | | | | | | |
|  | | | | | | | |
| 1. **Track Record – *scored question total marks available 10*** | | | | | | | |
| Please answer all the questions in this section and provide the details to support your answer in the boxes below. | | | | | | | |
| Have you successfully delivered and managed similar relevant activities and contracts e.g. ESIF funded projects? | | | | | Yes | | No |
| Please provide details below and include previous contract performance profiles and outcomes | | | | | | | |
|  | | | | | | | |
| Through delivery of similar programmes/contracts have you learned lessons that you will be applying to enhance the delivery of this programme? | | | | | Yes | | No |
| In the space below, please provide a summary of your experience of delivering similar provision and lessons learned | | | | | | | |
|  | | | | | | | |
| Are you able to successfully engage beneficiaries? (These could be participants, external stakeholders, other delivery partners in the partnership etc.) | | | | | Yes | | No |
| Please provide examples of this in the box below. If beneficiary engagement is new to your organisation, please provide details as to how you intend to engage your target audience. | | | | | | | |
|  | | | | | | | |
| Have you previously been involved in successful partnership programmes? | | | | | Yes | | No |
| Please provide examples of successful partnership working in the box below and how these skills and experiences will help shape this partnership and why this is important for the successful delivery of this programme. | | | | | | | |
|  | | | | | | | |
| 1. **Your Location** | | | | | | | |
| Is your organisation based in West Yorkshire? | | | | Yes | | | No |
| Do you have a base in West Yorkshire where delivery of this programme can take place? | | | | Yes | | | No |
| If you have answered ‘No’ to either of the questions above please explain in the box below, if successful, how you intend to deliver this programme to participants and/or engage with the relevant stakeholders? | | | | | | | |
|  | | | | | | | |
| 1. **Delivery *– scored questions total marks available 10*** | | | | | | | |
| In the space below, tell us about what you would bring to the partnership and the provision you would like to deliver in West Yorkshire.  Please include:   * Summary of your provision * How you plan to recruit beneficiaries and ensure their eligibility and suitability for the project * How monitoring and evaluation will be integrated into the delivery of your provision * How you will ensure your provision is of a high quality * How you will engage with relevant stakeholders (e.g. employers, wider West Yorkshire provision, referral agencies etc) and ensure that your provision is not duplicating existing services * How will you embed provision that is person-centred, tailored, flexible, holistic and accessible | | | | | | | |
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| **SECTION 2 – DELIVERY PROPOSAL**  This section aims to identify the type of project that your organisation proposes to deliver should your application be selected for the delivery partnership. The majority of this section will not be scored but if successful, the details you provide here will be used to inform delivery plans across the partnership. Please fully complete all questions and refer to the Guidance Document for specific guidance on each question | | | | | | | | | | | | | | |
| 1. **Aims and objectives of your organisation** | | | | | | | | | | | | | | |
| Please give an outline of the main aims of your organisation including organisational footprint. In addition, please provide information which demonstrates your social aims and values. *(see guidance notes for what is required in your answer)* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **Participant groups** | | | | | | | | | | | | | | |
| Please tick at least one of the participant groups below to indicate the types of participants your project will engage. If none of the boxes apply or you have additional groups, please tick **Other** and provide details in the space provided *(please leave blank if you are an Infrastructure or Evaluation partner)* | | | | | | | | | | | | | | |
|  | BAME |  | | Labour Market Returners | | |  | Physical disabilities | | | | | | |
|  | Care Leavers |  | | Learning difficulties | | |  | Physical health | | | | | | |
|  | Drug/Alcohol addiction |  | | Lone Parents | | |  | Unpaid Carers | | | | | | |
|  | Ex-offenders |  | | Mental Health | | |  | Offenders | | | | | | |
|  | Forces Families/Ex-forces |  | | Neurodiversity | | |  | Victims of domestic abuse | | | | | | |
|  | Homeless/Housing Issues |  | | Older People | | |  | Young People | | | | | | |
|  | Other (please state) |  | | | | | | | | | | | | |
| 1. **Geographical locations** | | | | | | | | | | | | | | |
| Please tick at least one of the geographical locations below to indicate in which location your project delivery will take place. | | | | | | | | | | | | | | |
|  | Bradford |  | | Calderdale | | |  | Kirklees | | | | | | |
|  | Leeds |  | | Wakefield | | |  | | | | | | | |
| Please provide further detail about the cities/towns/villages in which you currently deliver services as well as indicating any additional areas where you could provide outreach services. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **Services to be delivered** | | | | | | | | | | | | | | |
| Please indicate which of the following services you would like to provide as part of the programme *(tick all that apply)* and provide a brief summary of the provision you will be offering for each. (see guidance notes for what is required in your answer) | | | | | | | | | | | | | | |
|  | Keyworker Organisation | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Infrastructure Partner | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Evaluation Partner | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Intervention Partner | | | | | | | | | | | | | |
| Intervention – headline delivery categories. Please select all that apply and provide a brief summary of the provision you wish to offer under each you have selected. *(see guidance notes)* | | | | | | | | | | | | | | |
|  | Accredited Learning | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Art Therapy | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Budgeting | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Counselling or Therapeutic intervention | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Debt Advice | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Digital Skills | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Diversity Training | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Engagement with the Benefits System | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | English Skills/Qualifications | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | ESOL | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Green Skills courses | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | ICT Skills/Qualifications | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Maths & Numeracy Skills/Qualifications *– please be mindful of current Multiply delivery in your area.* | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Mental Health Support | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Physical Health Support | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Support to Manage accounts online | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Vocational Training and Skills | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Wellbeing Activities | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
|  | Other *(anything we may have missed that could benefit the participants of this programme)* | | | | | | | | | | | | | |
| *Provide delivery details here:* | | | | | | | | | | | | | | |
| 1. **Volumes *– to be completed by Keyworker and/or Intervention partner organisations only.*** | | | | | | | | | | | | | | |
| Please provide the number of new, eligible participants you believe you could engage during the project below. The numbers you indicate in this section should be realistic and achievable targets, and should represent the minimum number of participants who will fully complete your project activities during the period *(not to be completed by Infrastructure or Evaluation partners)* | | | | | | | | | | | | | | |
| Type of service | | | | | | Economically Inactive | | | Employed | | | | | |
| Key Worker role | | | | | |  | | |  | | | | | |
| Accredited Learning | | | | | |  | | | | | | | | |
| Art Therapy | | | | | |  | | | | | | | | |
| Budgeting | | | | | |  | | | | | | | | |
| Counselling | | | | | |  | | | | | | | | |
| Debt Advice | | | | | |  | | | | | | | | |
| Digital skills/qualifications | | | | | |  | | | | | | | | |
| Diversity Training | | | | | |  | | | | | | | | |
| Engagement with the benefits system | | | | | |  | | | | | | | | |
| English skills/qualifications | | | | | |  | | | | | | | | |
| Green Skills courses/qualifications | | | | | |  | | | | | | | | |
| ICT skills/qualifications | | | | | |  | | | | | | | | |
| Maths skills/qualifications | | | | | |  | | | | | | | | |
| Mental Health support | | | | | |  | | | | | | | | |
| Physical Health support | | | | | |  | | | | | | | | |
| Support to manage accounts online | | | | | |  | | | | | | | | |
| Vocational training and skills | | | | | |  | | | | | | | | |
| Wellbeing activities | | | | | |  | | | | | | | | |
| Other (please state) | | | | | |  | | | | | | | | |
| Please use the box below to provide any additional relevant information regarding volumes. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **Project costing** | | | | | | | | | | | | | | |
| This section has been created to help us understand how funds will be spent during the delivery of the project. Please ensure you refer to the guidance document and the project costing sheet, for more details.  We use a unit cost methodology to allocate funding to partners in a fair and equitable way and generate a maximum contract value. This is **not** a payment by results model. Your maximum contract value will be used to inform you of how much funding you have available to cover the cost types indicated below. | | | | | | | | | | | | | | |
| UKSPF guidance details that payments will be made quarterly in arrears – do you have sufficient funds to cashflow this? | | | | | | | | | | | Yes | | No | |
| Have you used the project costings spreadsheet to determine your maximum contract value for the services you wish to deliver? Please upload this with your application form. | | | | | | | | | | | Yes | | No | |
| Have you completed table 1 of the expenditure template – Forecast of delivery expenditure (staff costs only). Please upload this with you application form. | | | | | | | | | | | Yes | | No | |
| Please provide the estimated costs associated with this project. Please refer to the information and guidance spreadsheet for intended unit costs associated with each project category. | | | | | | | | | | | | | | |
| **Cost type** | | | | | **01/04/2024 – 31/03/2025** | | | | | | | | | |
| **Staff costs** (e.g. staff salaries, tutor costs, project management, administration) | | | | | £ | | | | | | | | | |
| **Consultant costs** (e.g. where freelancers are used for project delivery) | | | | | £ | | | | | | | | | |
| **Consumables** (e.g. stationary, refreshments, resources, marketing materials) | | | | | £ | | | | | | | | | |
| **Equipment** (up to the value of £1,000 per item) | | | | | £ | | | | | | | | | |
| **Staff expenses** (e.g. mileage) | | | | | £ | | | | | | | | | |
| **Venue Hire** | | | | | £ | | | | | | | | | |
| **Total Costs** | | | | | £ | | | | | | | | | |
| 1. **Match Funding** | | | | | | | | | | | | | | |
| There is a requirement to leverage a minimum of 10% additional match funding for this programme. If we were to be successful in securing the full £4M, there is an expectation to provide £444,444.00 of additional match. Better Connect are looking to source this as cash match, however if we are not able to secure the full amount, we would like to apply a salary match methodology to secure the funding.  Please refer to the guidance document for more details. | | | | | | | | | | | | | | |
| Should this be required, is your organisation willing and able to contribute to the project’s salary match? | | | | | | | | | | Yes | | No | | |
| Have you completed table 2 of the expenditure template – Forecast of Match Contribution (staff costs only). Please upload this with your application form. | | | | | | | | | | Yes | | No | | |
| Please use the box below to provide any additional relevant information for this question | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **Additional Information** | | | | | | | | | | | | | | |
| Please provide answers to the following questions. Please note there is no need to provide evidence of these at this stage. | | | | | | | | | | | | | | |
| Do you have an up-to-date safeguarding policy? | | | | | | | | | | Yes | | | | No |
| Do you have an up-to-date Equality Diversity and Inclusion Policy and associated implementation plan? | | | | | | | | | | Yes | | | | No |
| Do you have an up-to-date sustainability policy and associated implementation plan? | | | | | | | | | | Yes | | | | No |
| Do you have an up-to-date health and safety policy? | | | | | | | | | | Yes | | | | No |
| Do you have an up-to-date data protection and GDPR policy? | | | | | | | | | | Yes | | | | No |
| Do you have an up-to-date anti-fraud policy? | | | | | | | | | | Yes | | | | No |
| Do you have an up-to-date conflict of interest policy? | | | | | | | | | | Yes | | | | No |
| Do you have a bank account, in the name of your organisation, with at least two authorised and unrelated signatories? | | | | | | | | | | Yes | | | | No |
| Do you have or use any tools or metrics to help you measure social value? | | | | | | | | | | Yes | | | | No |
| Do you have insurance in place that covers Employers Liability, Public Liability and Professional Indemnity? | | | | | | | | | | Yes | | | | No |
| Please use the box below to provide any additional relevant information that you would like to include with your application that has not been captured in any of the questions above. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **Declaration** | | | | | | | | | | | | | | |
| **Please check that all sections of the form have been completed, read the following statement and sign below (electronic signatures are acceptable).**  I confirm that the information in this form is correct. If selected as a partner, I agree to comply with all quality monitoring processes and procedures by completing and submitting paperwork and materials pertaining to the delivery of the grant as required by the funders, which I understand will also require personal details from beneficiaries. | | | | | | | | | | | | | | |
| Signed | | | Date | | | | | | | | | | | |

Please return your completed application, along with the required documents **by email** to, Emma Lyons, [elyons@betterconnect.org.uk](mailto:elyons@betterconnect.org.uk) confirmation of receipt will be sent to each applicant once the application has been logged.

**Deadline for applications: Monday 18th December 2023, midnight**

To ensure transparency and fairness to all applicants, Better Connect will not answer any questions from individual applicants in relation to the scoring criteria. However, if you have any questions about your organisation’s eligibility for the fund or any practical questions about completing the application form, please contact Emma Lyons, Business Development Manager on 01423 795305 or e-mail Emma on [elyons@betterconnect.org.uk](mailto:elyons@betterconnect.org.uk)

***Please note; Better Connect cannot be held responsible for the accuracy or completeness of any submissions.***

***Applications received after this deadline will not be accepted.***

***Please ensure your submission is sent prior to the deadline and includes absolutely everything required as detailed in the information and guidance document. We will not be able to inform you if anything is missing.***

***We will not read past or take into consideration any detail that exceed any indicated word counts.***

***Please ensure all required accompanying documents have been uploaded***