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Description automatically generated**Delivery Partner Expression of Interest**

**New Partners**

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| 1. **Organisation Details** | | | | | |
| Organisation Name |  | | | | |
| Contact Name |  | | | | |
| E-mail Address |  | | | | |
| 1. **Due Diligence** | | | | | |
| Please answer the statements below | | | | | |
| Is your organisation included on the Better Connect Approved Provider List (APL) | | ☐ Yes | | ☐ No | |
| If yes, please confirm that the information included on the APL is up to date | | ☐ Yes | | ☐ No | |
| If you are not registered on the Better Connect APL, please complete the MS Forms questionnaire by following the link below. **Please note that only organisations who have completed the APL will be eligible to be considered for inclusion in this Skills Innovation Fund delivery partnership.**  <https://forms.office.com/e/wZ7dnRYmz5>  If you need to update your details already submitted to the APL, please do so by following the link in your confirmation email received after completing the APL application ***BEFORE*** submitting this form. | | | | | |
| Are you willing to provide Better Connect with your organisation’s bank details and a bank statement issued in the last 6 months. | | ☐ Yes | | ☐ No | |
| **SECTION 1 – ORGANISATION INFORMATION**  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. **Organisational capacity (500 words)** | | | | | |
| Please describe your organisations current capacity and capability to deliver a UKSPF programme. This should include:   * Experience of staff * Management and governance arrangements * Risk management arrangements | | | | | |
|  | | | | | |
| What staff resource would you commit to delivering a Hidden Curriculum programme? (FTE equivalent) | | | FTE | | |
| Will you need to recruit for this staff resource? | | | ☐ Yes | | ☐ No |
| 1. **Track Record (500 words)** | | | | | |
| Please detail successful delivery and management of similar relevant activity. This should include:   * Contract performance outcomes * Lessons learned * Evidence of successful beneficiary engagement * How delivery of similar projects met the needs of your target priority groups * Partnership working | | | | | |
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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. **Your location** | | |
| Is your organisation based in York or North Yorkshire? | ☐ Yes | ☐ No |
| Do you have a physical base in York or North Yorkshire where delivery of this programme can take place? | ☐ Yes | ☐ No |
| If you have answered ‘Yes’ to either of the questions above please tell us the specific location(s) of your base(s). | | |
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| 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 in these areas. | | |
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| 1. **Geographical locations** | | | | | | | | | | |
| Please tick at least one of the geographical locations below to indicate in which location your project delivery will take place. | | | | | | | | | | |
| Craven | | ☐ | Hambleton | | | | ☐ | Harrogate | | ☐ |
| Richmondshire | | ☐ | Ryedale | | | | ☐ | Scarborough | | ☐ |
| Selby | | ☐ | York | | | | ☐ |  | |  |
| 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 **(250 words).** | | | | | | | | | | |
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| 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)* | | | | | | | | | | |
| **Holistic 121 support** | | | | **Wellbeing (Group activities)** | | | | | | |
| ☐ | Budgeting and Money Management | | | ☐ | Numbers for Wellbeing | | | | | |
| ☐ | Household Planning and Running a Home | | | ☐ | Literacy for Wellbeing | | | | | |
| ☐ | Support for the rising cost of living crisis | | | ☐ | Digital Wellbeing | | | | | |
| ☐ | First steps for Maths, English and ICT and practical applications in everyday life | | |  |  | | | | | |
| ☐ | Digital Skills | | |  |  | | | | | |
| ☐ | Independent Living Skills | | |  |  | | | | | |
| ☐ | Skills for supporting your children with schoolwork | | |  |  | | | | | |
| ☐ | Numeracy Support | | |  |  | | | | | |
| ☐ | Digital Support | | |  |  | | | | | |
| ☐ | Literacy Support | | |  |  | | | | | |
| ☐ | ESOL Support | | |  | | | | | | |
| ☐ | Other: (please state) | | |  | | | | | | |
| For each of the activities you have selected above, please provide more details about how you would deliver these. This should include information about the delivery format, group sizes and length of programmes/support. ***(maximum 300 words for each deliverable selected)*** | | | | | | | | | | |
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| 1. **Volumes** | | | | | | | | | | |
| Please provide the number of 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. | | | | | | | | | | |
| Type of service | | | | | | York | | | North Yorkshire | |
| Holistic 121 Support | | | | | |  | | |  | |
| Wellbeing Provision (Group) | | | | | |  | | |  | |

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| 1. **Linkage to Skills Innovation Fund Outcomes** | |
| Please select all the Skills Innovation Fund Outcomes that the provision you deliver will contribute to.  Are there any additional outcomes that you would like to list? Please include these and provide total achievable numbers alongside them. | |
| **Skills Investment Fund Outcome** | **Number of outcomes to be achieved** |
| New flexible courses (bite sized, modular, outreach) developed and delivered. |  |
| Increased number of adult learners trained in priority sectors. |  |
| Focus on disengaged learners and those in need of upskilling and reskilling. |  |
| **Other Outcomes (please include additional on new lines)** | **Number of outcomes to be achieved** |
| Increased confidence in numeracy, literacy, digital and/or independent living stills that result in further engagement in local provision and/or learning. |  |
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| 1. **Progression and linkage to complementary provision and programmes.** | |
| In the box below, please provide detail of complementary programmes and provision that you deliver or link with that would act as progression route options for your participants.  Please consider linkage with FE colleges, employability programmes, Adult Skills and Learning Services and any other relevant stakeholders/referral agencies.  Please explain how the provision offered links to supporting the emerging growth sectors (300 words max.) | |
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| 1. **Declaration** | |
| **Please check that all sections of the form have been completed, read the following statement and sign below.**  I confirm that the information in this form is correct. If selected as a partner, I agree to comply with all quality monitoring process and procedures by completing and submitting all paperwork and evidence pertaining to the delivery of the grant in accordance with funder requirements. | |
| 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: Close of Business Friday 28th February 2025**

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, Head of Business Development 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.***

***Applications that are missing key information may not be accepted.***

***Please ensure your submission is sent prior to the deadline and is fully complete.***

***Content that exceeds word limits will not be taken into consideration.***