# Department for Work and Pensions Flexible Support Grant Funding

# Expression of Interest Form

Please only complete this form if you have read the project specification and fully understand what is required.

Expression of Interest forms will be considered by an Independent Decision Making Panel.

Any organisations deemed by the panel as potentially suitable for consideration as a Deliver Provider will be required to provide evidence of the statements provided in this form prior to being commissioned to deliver.

|  |  |
| --- | --- |
| **Contact Details** | |
| Organisation name |  |
| Postal address |  |
| Your name |  |
| Your position/job title |  |
| Your telephone number |  |
| Your email |  |
| Organisation website address |  |

## Track record and experience

Please provide a brief overview of your organisation highlighting any specialist areas of delivery or areas of focus relevant to this project, e.g., particular geography or demographics (300 words)

|  |
| --- |
|  |

Please provide details of any services you currently deliver, or have delivered in the last three years (2019 onwards), that demonstrate relevant track record in relation to the DWP Flexible Support Grant (300 words max)

|  |
| --- |
|  |

If you already have staff in post who might deliver this project, please list their relevant qualifications and training. Please only identify staff by job title, do not include personal identifiable information (300 words max)

|  |
| --- |
|  |

Please describe any projects your organisation has delivered, or is currently delivering, collaboratively with other VCS delivery providers (100 words max)

|  |
| --- |
|  |

Please provide an example of a project your organisation has delivered/is delivering which demonstrates successfully meeting stringent reporting requirements on outcomes, finances and performance, i.e. a contract requiring robust, comprehensive activity and financial reporting (100 words max)

|  |
| --- |
|  |

Please provide details of a relevant person (in the commissioning or contracting body of the example above) who can be contacted as a referee to confirm the statement you’ve provided:

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Job Title** |  |
| **Telephone number** |  |
| **Email address** |  |

Please describe relevant track record against areas and activities identified in the project specification and why your organisation would be well placed to deliver this project (750 words max)

|  |
| --- |
|  |

## Specialism

Does your organisation have experience in the last 5 years of targeted support in any of these areas?

|  |  |
| --- | --- |
|  | Please state **YES** or **NO** below |
| People living with a mental health issue |  |
| Substance Use (Drug and/ or Alcohol) |  |
| People with learning disabilities |  |
| People with complex health needs |  |
| Refugees/ New arrivals |  |
| People who are socially and economically disadvantaged |  |
| Welfare, debt and benefits advice |  |

**Below is a list of standards, policies and other evidence required as part of the due diligence process. To be considered to deliver contracted services on behalf of the VCS Alliance you will need to provide the information requested.**

## Legal Status

Please indicate the legal status of your organisation

|  |  |
| --- | --- |
| **Type of Organisation** | **Please state YES or NO below** |
| Registered Charity |  |
| Community Interest Company |  |
| Charitable Incorporated Organisation |  |
| Company Limited by Guarantee |  |
| Unincorporated |  |
| Private company |  |
| Other (Friendly Society, Co-operative, Trust), please state here: |  |

## Registrations

Please provide current registration details for bodies your service or organisation is registered with. Using the blank rows provided, please add any other professional or statutory bodies not already listed which you think are relevant.

|  | **Registered name** | **Registration number** | **Date of registration (MM/DD/YYYY)** | **Not registered or Not applicable** |
| --- | --- | --- | --- | --- |
| Companies House |  |  |  |  |
| Charity Commission |  |  |  |  |
| Care Quality Commission |  |  |  |  |
| Information Commissioner’s Office |  |  |  |  |
| OFSTED |  |  |  |  |
| Financial Conduct Authority |  |  |  |  |
| Office of the Immigration Services Commissioner |  |  |  |  |
| [other bodies – please state] |  |  |  |  |

## Finances

If requested to, can your organisation confirm the following details or provide this information?

|  |  |
| --- | --- |
|  | Please state **YES** or **NO** below |
| You can provide the last three complete years of accounts |  |
| You have a financial reserves policy in place |  |
| Your bank account requires at least 2 signatories |  |
| You can provide your bank account details |  |

## Activity and financial monitoring and reporting

|  |  |
| --- | --- |
|  | Please state **YES** or **NO** below |
| You can provide the last three complete years of accounts? |  |
| You have a financial reserves policy in place? |  |
| Your bank account requires at least 2 signatories? |  |
| If requested you can provide details of your bank? |  |

## Insurance

Does your organisation have the following insurance cover currently in place?

|  |  |  |
| --- | --- | --- |
| **Insurance** | Please state **YES** or **NO** below | If **YES**, please state at what level (in £££s) |
| Public Liability |  |  |
| Employer’s Liability |  |  |
| Professional Indemnity |  |  |

## Core Policies/ Procedures

Does your organisation have a current version of the following?

|  |  |
| --- | --- |
|  | Please state **YES** or **NO** below |
| Health and safety policy |  |
| Safeguarding Policy |  |
| Equality, Diversity and Inclusion Policy |  |
| Data Protection and Confidentiality policy |  |
| Risk Assessment Procedure |  |
| Complaints Procedure |  |

## Organisation Governance

|  |
| --- |
| **Please provide the full names of all your organisation’s current Directors/Trustees:** |
| Does your Board of Directors/Trustees include people who use your services?  ***YES/NO*** *(DELETE AS APPROPRIATE)* |
| Does your Board of Directors/Trustees hold regular meetings for which written records are kept?  ***YES/NO*** *(DELETE AS APPROPRIATE)* |
| Does your organisation have a written Constitution or Memorandum/Articles of Association?  ***YES/NO*** *(DELETE AS APPROPRIATE)* |
| If you answered “no” to the previous question, and there is no written Constitution or Articles of Association, is there another governing document?  ***YES/NO*** *(DELETE AS APPROPRIATE)*  Please state the name of that document here and briefly, and describe how it supports the governance of your organisation: |

## Staffing

|  |
| --- |
| **Standards of competence of staff who deliver your services**  Does your organisation have policies and procedures in place to ensure that all personnel are appropriately trained and qualified to deliver services?  ***YES/NO*** *(DELETE AS APPROPRIATE)*  Does your organisation have policies and procedures in place to ensure that all relevant personnel are trained and have the capability to manage, robustly monitor and report on project activities and financial spend?  ***YES/NO*** *(DELETE AS APPROPRIATE)*  Does your organisation conduct DBS checks on relevant staff and volunteers at the level required by law?  ***YES/NO*** *(DELETE AS APPROPRIATE)*  **Staff recruitment**  Does your organisation currently have staff in post suitably qualified to deliver this work?  ***YES/NO*** *(DELETE AS APPROPRIATE)*  Does your organisation have the ability to recruit appropriate staff to deliver this work  ***YES/NO*** *(DELETE AS APPROPRIATE)* |

## Accreditations and Quality Standards

Please provide details of any accreditations and/ or quality standards your organisation has achieved within the last 5 years (since 2017) or is currently working towards.

|  |  |  |
| --- | --- | --- |
| **Accreditation/Quality Standard**  (e.g., PQASSO, Investors in People) | **Date Awarded/Achieved** | **Expected date of completion if relevant** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Values

|  |
| --- |
| If you become a delivery partner, your organisation will be expected to uphold the values of The VCS Alliance. Please familiarise yourself with them at the following weblink.  <https://www.thevcsalliance.org.uk/wp-content/uploads/2022/04/Values-Integrity-Transparent-Collaborative-Visionary-Innovative-Inclusive-Pioneering-Accountable-2-1536x864.png>  Please indicate that your organisation will commit to upholding these values  ***YES/NO*** *(DELETE AS APPROPRIATE)* |

|  |
| --- |
| Declaration I declare that the information given in this Expression of Interest form is true and accurate.  I confirm that I have authority to submit this Expression of Interest on behalf of my organisation.  **Your name (please print**):  **Position held**:  **Your signature**: **Date**: |

**To be considered as a delivery partner, please complete and return this Expression of Interest document by email to** [**info@thevcsalliance.org.uk**](mailto:info@thevcsalliance.org.uk) **by no later than**

**5pm on Monday 6th June 2022**