



EIPS 2019 Application Form

1. Using the online application form

Thank you for your interest in the EIPS 2019-21 funding programme.

Please Note:

The application form will not save automatically, so it's important that you click the "Save and Next" button from time to time which will save your work, then click "Prev" to go back and continue your responses.

There is no log out feature, so simply close the browser page after you have saved your progress.

We also recommend that you draft and save your written responses offline first to avoid any issues which might arise during the course of online working.

You will need to keep your unique link email and password handy so that you can log back in as and when required to complete your application.

Please remember, it is vitally important that your application considers and responds to Lambeth's Children and Young People's Plan. You can download a copy of the plan here: [CYP Plan](#)

Applicants are strongly advised to read the Invitation to Tender and Outcomes Framework documents before commencing an application.

Partnerships/consortiums will also be required to upload a copy of your Partnership Agreement or Memorandum of Understanding.

You can download a copy of the [Finance Template and Individual Partners Details form](#) here.

Eligibility to apply:

**You can apply if your (and partners) organisation is a:
Voluntary or community organisation
Registered charity**

**Constituted community group or club
Community interest company (CIC)
Company Limited by Guarantee (non-profit)**

You cannot apply if your (and partners) organisation is:

Individuals

Sole traders

Generating profits for private gain

You must also meet the following criteria to apply:

Lead Provider must be a Lambeth based organisation

**Your organisation has at least two unrelated people on the board
or committee**

Your project will run for 2 years

Work and spending starts within 12 weeks of a grant being issued

You have a UK bank account in your organisation's name

**You produce and can provide annual accounts, or are less than 18
months old and can provide draft accounts and a financial
forecast**

Thank you and good luck!

1. I understand the above and would like to proceed.

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2. About the Lead Provider

2. Name of Lead Provider

3. Address

4. Details of Lead Providers person responsible for management and delivery of the project

Name

Job Title

Phone

Email

5. Details of Lead Providers person responsible for financial management of the project

Name

Job Title

Phone

Email

6. The Lead Provider is incorporated as:

7. Company/Charity number:

8. What was your income as stated in your most recent annual accounts?

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3. About Partners

9. Consortium/Partnership name (if applicable)

10. Name and address of partner organisations

Partner 1

Partner 2

Partner 3

Partner 4

Partner 5

Partner 6

Partner 7

Partner 8

Partner 9

11. Have all partners completed a PQQ with YLC?

12. Please upload a copy of your Partnership Agreement or Memorandum of Understanding

Choose File

No file chosen

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4. About Your Project

The following questions should be answered regarding the overarching project, not the work of an individual partner. Thank you.

13. Please select the type of EIPS funding you are applying for

14. In which locality are you applying to deliver EIPS provision?

15. Please tell us about the consortium/partnership project you are proposing and the activities it will deliver (1000 words max.)

Important note on the next questions:

Unique beneficiaries are the number of individuals who use the service.

CYP Attendances is the total number of places filled in your service over the duration.

For example: 90 CYP attendances may be made up of 30 unique beneficiaries attending 3 sessions each - or 90 unique beneficiaries attending one session each - or any combination of unique beneficiaries attending multiple sessions.

16. How many unique beneficiaries (CYP) do you expect to work with over the funding period? It is important to be realistic as numbers must be demonstrated.

17. How many CYP attendances do you expect to fulfil over the funding period? It is important to be realistic as attendance must be demonstrated.

18. How does your project consider and respond to Lambeth's Children and Young People's Plan? (500 words max.)

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5. Outcomes

The following questions should be answered regarding the overarching project project of the consortium/partnership, not the work of an individual partner. Thank you.

19. Please select the outcomes for Children and Young People that you will be working towards. Please be realistic as these will need to be measured, monitored, evaluated and demonstrated.

- Health - Increased emotional and social capabilities
- Achieve/Resilience - Improved confidence to access support, services, networks and in self-advocacy
- Health - Improved physical health, general wellbeing and reduced obesity
- Safe - Improved relationships with family, friends and community
- Resilience/safe - Reduced violence and/or risk-taking behaviour
- Achieve – Improved communication, leadership, problem solving and goal setting
- Health - Improved mental health and wellbeing
- Achieve - Increased education employment and training

20. Please describe your experience in delivering similar outcomes for children and young people. This can include relevant experience of the individual organisations who make up the consortium/partnership, and/or experience working together previously. (500 words max.)

21. How will you measure, monitor, evaluate and demonstrate outcomes achievement? Please consider the Outcomes Framework and evaluation tools of the Invitation to Tender when answering this question (500 words max.)

| |
|--|
| |
|--|

22. Please describe how you will work together within your consortium/partnership to ensure that outcomes for young people are both achieved and documented (250 words max.)

| |
|--|
| |
|--|

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6. Working Together

The following questions should be answered regarding the overarching project of the consortium/partnership, not the work of an individual partner. Thank you.

23. Please describe how the consortium/partnership will manage communication between partners; including around young people referrals and capturing the voice of young people (250 words max.)

24. Please describe how you will manage risks which arise from delivering young people's services, including those specific to partnership/consortium working, example; disputes between partners (500 words max.)

25. Please indicate how many CYP referrals you expect to facilitate within your consortium/partnership over:

Year one

Year two

Total

26. How will the partnership/consortium work with other/external organisations and services to ensure that referral pathways are available for CYP and that specialist services in alignment with the outcomes and priorities of the fund are accessed? (eg. mental health, youth violence, NEET, Early Help). (500 words max.)

| |
|--|
| |
|--|

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7. Lead Provider - More about the individual partners delivery and outcomes

Please use this section to tell us about the lead provider and their work within the overarching project.

27. Please tell us about your delivery plans and activity/service offerings within the overarching project and how these link to outcomes for CYP. (250 words max.)

28. How many unique beneficiaries will you work with over the duration (Q1 to Q8)?

29. How many CYP attendances will you fulfil over the duration (Q1 to Q8)?

30. Please indicate when you will work with these unique beneficiaries. Please note that the total should equal the total in the above question.

Q1 (Oct - Dec 2019)

Q2 (Jan - Mar 2020)

Q3 (Apr - Jun 2020)

Q4 (Jul - Sep 2020)

Q5 (Oct - Dec 2020)

Q6 (Jan - Mar 2021)

Q7 (Apr - Jun 2021)

Q8 (Jul - Sep 2021)

Total

31. Please indicate when you will fulfil these attendances. Please note that the total should equal the total in the above question.

Q1 (Oct - Dec 2019)

Q2 (Jan - Mar 2020)

Q3 (Apr - Jun 2020)

Q4 (Jul - Sep 2020)

Q5 (Oct - Dec 2020)

Q6 (Jan - Mar 2021)

Q7 (Apr - Jun 2021)

Q8 (Jul - Sep 2021)

Total

32. Please tell us how many of the above unique beneficiaries (CYP) will achieve the following outcomes over the project duration.

Health - Increased emotional and social capabilities

Achieve/Resilience - Improved confidence to access support, services, networks and in self-advocacy

Health - Improved physical health, general wellbeing and reduced obesity

Safe - Improved relationships with family, friends and community

Resilience/safe - Reduced violence and/or risk-taking behaviour

Achieve – Improved communication, leadership, problem solving and goal setting

Health - Improved mental health and wellbeing

Achieve - Increased education employment and training

33. What is the main activity/service you will offer CYP?

Activity/Service name

Number of sessions over year one

Number of sessions over year two

Session duration (eg. 2 hours)

Number of unique beneficiaries engaged (total years 1 and 2)

34. Please tell us a little about the activity/service and when you plan to run this throughout the year? (150 words max.)

35. What is another activity/service you will offer CYP? Leave blank if there are none.

Activity/Service name

Number of sessions over year one

Number of sessions over year two

Session duration (eg. 2 hours)

Number of unique beneficiaries engaged (years 1 and 2)

36. Please tell us a little about the activity/service and when you plan to run this throughout the year? (150 words max.)

37. Please outline any target demographics of your activities/services including age, gender, ethnicity and any targeted needs if applicable. (250 words max.)



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8. Partners (1)

38. Is there another partner in your consortium/partnership?

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9. Partner 1 - More about the individual partners delivery and outcomes

Please use this section to tell us about the partner and their work within the overarching project.

39. Partner Details

Organisation
name

Organisation
address

Responsible
Person name

Responsible
Person contact
number

Responsible
Person contact
email

40. Please tell us about your delivery plans and activity/service offerings within the overarching project and how these link to outcomes for CYP. (250 words max.)

41. How many unique beneficiaries will you work with over the duration (Q1 to Q8)?

42. How many CYP attendances will you fulfil over the duration (Q1 to Q8)?

43. Please indicate when you will work with these unique beneficiaries. Please note that the total should equal the total in the above question.

Q1 (Oct - Dec 2019)

Q2 (Jan - Mar 2020)

Q3 (Apr - Jun 2020)

Q4 (Jul - Sep 2020)

Q5 (Oct - Dec 2020)

Q6 (Jan - Mar 2021)

Q7 (Apr - Jun 2021)

Q8 (Jul - Sep 2021)

Total

44. Please indicate when you will fulfil these attendances. Please note that the total should equal the total in the above question.

Q1 (Oct - Dec 2019)

Q2 (Jan - Mar 2020)

Q3 (Apr - Jun 2020)

Q4 (Jul - Sep 2020)

Q5 (Oct - Dec 2020)

Q6 (Jan - Mar 2021)

Q7 (Apr - Jun 2021)

Q8 (Jul - Sep 2021)

Total

45. Please tell us how many of the above unique beneficiaries (CYP) will achieve the following outcomes over the project duration.

Health - Increased emotional and social capabilities

Achieve/Resilience - Improved confidence to access support, services, networks and in self-advocacy

Health - Improved physical health, general wellbeing and reduced obesity

Safe - Improved relationships with family, friends and community

Resilience/safe - Reduced violence and/or risk-taking behaviour

Achieve – Improved communication, leadership, problem solving and goal setting

Health - Improved mental health and wellbeing

Achieve - Increased education employment and training

46. What is the main activity/service you will offer CYP?

Activity/Service
name

Number of
sessions over
year one

Number of
sessions over
year two

Session duration
(eg. 2 hours)

Number of unique
beneficiaries
engaged (total
years 1 and 2)

47. Please tell us a little about the activity/service and when you plan to run this throughout the year? (150 words max.)

48. What is another activity/service you will offer CYP? Leave blank if there are none.

Activity/Service
name

Number of
sessions over
year one

Number of
sessions over
year two

Session duration
(eg. 2 hours)

Number of unique
beneficiaries
engaged (years 1
and 2)

49. Please tell us a little about the activity/service and when you plan to run this throughout the year? (150 words max.)

50. Please outline any target demographics of your activities/services including age, gender, ethnicity and any targeted needs if applicable. (250 words max.)

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26. Finance

Please enter the total figures for your consortium/partnership's overarching project. This should match your finance template. You can download a copy of the [Finance Template here](#).

155. Revenue Costs

Salaries of project workers, including on-costs

Salaries of management staff, including on-costs

Recruitment of staff who will work on the project

Expenses of project staff and volunteers

Training of staff and volunteers

Monitoring and evaluation of the project

Marketing and publicity for the project

Other

156. Please break down and explain the above costs

157. Capital costs

Necessary physical improvement works including refurbishment

Equipment necessary for delivery of the project

Transport that is necessary for delivering the project

Other

158. Please break down and explain the above costs

159. Overheads costs

Salaries of HR, finance, IT or other supporting the project

Salaries of senior management overseeing the project

Meetings of the management committee

Rent, utilities, maintenance and insurances

Staff training, professional development and up-skilling

Other

160. Please break down and explain the above costs

161. Total over 2 years

162. Please upload your completed Finance Template

Choose File

No file chosen

163. Would you like to make any other comments related to your projects finances?

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27. Safeguarding and Child Protection Requirements

164. Please confirm that all partners hold (or are working towards) and can provide the following on offer of grant:

| | Status |
|---|----------------------|
| Safeguarding and Child Protection Procedures | <input type="text"/> |
| Equal Opportunities & Diversity Policy and Procedures | <input type="text"/> |
| Staff Disciplinary and Grievance Procedures | <input type="text"/> |
| Accidents and Serious Incidents procedure | <input type="text"/> |
| Conflict of Interest Policy and Procedures | <input type="text"/> |
| Data Protection & Information sharing protocol | <input type="text"/> |
| Staff code of conduct | <input type="text"/> |
| Service user code of conduct | <input type="text"/> |
| Complaints policy | <input type="text"/> |
| Section 11 Checklist | <input type="text"/> |

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28. Declaration

165. Have you obtained permission from all partners to complete and submit this funding application on behalf of the consortium/partnership?

166. Please check the boxes below to confirm that:

- You have been authorised by the governing body of your organisation (the board or committee that runs your organisation) to submit this application and to accept the Terms and Conditions on their behalf.
- The information provided in your application is accurate and complete and you will notify us of any changes.
- You understand and agree that we will not increase the grant if you spend more than the agreed budget.
- You understand and agree that we have no liability for any costs or consequences incurred by you or third parties that arise directly or indirectly from the project, nor from non-payment or withdrawal of the grant, save to the extent required by law.
- You agree to provide us promptly with any information and reports we require about the project and its impact, both during and after the end of the project.
- You can provide a copy of your governing documents and most recent accounts on grant offer.

167. Details of person completing this form:

Name

Organisation

Name

Job Title/Position
in organisation

Contact Number

Email

168. Please feel free to offer any feedback on the grant application form (not scored):

169. Are you now ready to submit your application?

**YOUNG
LAMBETH
COOP**



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29. Submit application

Once you select "Submit EIPS Application" you will no longer be able to log in and change responses.