

**Funding Opportunity** –

Brief Solution Focused Bereavement Support

As part of the on-going response to the COVID-19 pandemic, Essex County Council is inviting local community and voluntary sector organisations to submit applications to support people to deal with grief and bereavement.

**Grants for Brief Solution Focused Bereavement support**

The total grant funding available is £400,00 with £100,000 available per quadrant to deliver support.

Quadrants are as follows:

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| **Mid Essex**  Braintree  Chelmsford  Maldon | **North-East Essex**  Colchester  Tendring | **South Essex**  Brentwood  Basildon  Rochford  Castle Point | **West Essex**  Uttlesford  Harlow  Epping Forest |

Grants of £100,000 per quadrant are being made available to the voluntary and community sector to support children, young people and adults who are struggling to deal with grief and bereavement using brief solution focused bereavement support.

Successful applicants will demonstrate that they can support people and deliver the service face to face, in person or on-line, or as part of a wider group in line with the persons requirements. The successful applicants will deliver the following outcomes:

* People will experience improved mental health
* People will be less isolated and lonely
* People will know how, when, and where to access on-going support
* People will have the opportunity to develop increased personal resilience whilst adjusting to their loss

A grants application will be adopted to allocate the grants through an open and transparent process and that requires a written application to the fund. A scoring criterion will determine the awards that will be reviewed by an Essex County Council panel.

If you have a project able to deliver the requirements for this grant process, please complete the application form below and submit to [candfcommissioning@essex.gov.uk](mailto:candfcommissioning@essex.gov.uk). Deadline for submission: **Friday 26th February 2022.**

**Grants for Brief Solution Focused Bereavement Support Application Form**

**Guidance Note to Bidders**

This funding is for local voluntary and community sector providers to deliver brief solution focused bereavement support within the Essex local authority area. The support outlined must be specific and distinct to other ongoing support the applicant is running, and funding should not be used to duplicate or ‘top up’ other funding streams. Please be sure that you meet these criteria before proceeding with the application.

Please indicate in the box below which quadrant you are applying to deliver support in. You may apply to deliver support in more than one quadrant via a single application. Please be aware if you do apply for more than one quadrant and there is a difference in the offer in individual quadrants that you explain this within the application process. If you bid for and are successful in your application, separate grant agreements will be drawn up to cover each quadrant. (Page 13 Quadrant delivery area)

We welcome bids from organisations working together, but please note we will issue the grant to one provider only.

Bids will be scored according to the scoring methodology at the end of this document, with questions weighted as indicated. However, commissioners will also be seeking to ensure that there is a good spread of support across the Essex Local Authority area, maximising coverage of districts.

Please answer the following questions in full and sign the declaration.

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| Section 1 | Potential provider information | |
| Question number | Question | Response |
| 1.1(a) | Full name of the potential provider submitting the information (This needs to be the registered company’s name or trading name.) | Click here to enter text. |
| 1.1(b) – (i) | Registered office address (if applicable) | Click here to enter text. |
| 1.1(b) – (ii) | Registered website address (if applicable) | Click here to enter text. |
| 1.1(c) | Trading status   1. public limited company 2. limited company 3. limited liability partnership 4. other partnership 5. sole trader 6. third sector 7. other (please specify your trading status) | Choose an item. |
|  |  | Click here to enter text. |
| 1.1(d) | Date of registration in country of origin | Click here to enter text. |
| 1.1(e) | Company registration number (if applicable) | Click here to enter text. |
| 1.1(f) | Charity registration number (if applicable) |  |
| 1.1(g) | Head office DUNS number (if applicable) |  |
| 1.1(h) | Registered VAT number | Click here to enter text. |
| 1.1(i) - (i) | If applicable, is your organisation registered with the appropriate professional or trade register(s) in the member state where it is established? | N/A |
| 1.1(i) - (ii) | If you responded yes to 1.1(i) - (i), please provide the relevant details, including the registration number(s). | N/A |
| 1.1(j) - (i) | Is it a legal requirement in the state where you are established for you to possess a particular authorisation, or be a member of a particular organisation in order to provide the services specified in this process? | Choose an item. |
| 1.1(j) - (ii) | If you responded yes to 1.1(j) - (i), please provide additional details of what is required and confirmation that you have complied with this. | Click here to enter text. |
| 1.1(k) | Trading name(s) that will be used if successful in this process | Click here to enter text. |
| 1.1(l) | Relevant classifications (state whether you fall within one of these, and if so which one)   1. Voluntary Community Social Enterprise (VCSE) 2. Sheltered Workshop 3. Public service mutual | Click here to enter text. |
| 1.1(m) | Are you a Small, Medium or Micro Enterprise (SME)[[1]](#footnote-1)? | Choose an item. |

Please note: A criminal record check for relevant convictions may be undertaken for the preferred providers and the persons of significant in control of them.

**Contact details and declaration**

I declare that to the best of my knowledge the answers submitted, and information contained in this document are correct and accurate.

I declare that, upon request and without delay I will provide the certificates or documentary evidence referred to in this document.

I understand that the information will be used in the selection process to assess my organisation’s suitability to be invited to participate further in this process.

I understand that the authority may reject this submission in its entirety if there is a failure to answer all the relevant questions fully, or if false/misleading information or content is provided in any section.

I am aware of the consequences of serious misrepresentation.

|  |  |  |
| --- | --- | --- |
|  | Contact details and declaration | |
| Question number | Question | Response |
| 1.3(a) | Contact name | Click here to enter text. |
| 1.3(b) | Name of organisation | Click here to enter text. |
| 1.3(c) | Role in organisation | Click here to enter text. |
| 1.3(d) | Phone number | Click here to enter text. |
| 1.3(e) | E-mail address | Click here to enter text. |
| 1.3(f) | Postal address | Click here to enter text. |
| 1.3(g) | Signature (electronic is acceptable) | Click here to enter text. |
| 1.3(h) | Date | Click here to enter text. |

Providers who self-certify that they meet the requirements to these additional questions will be required to provide evidence of this if they are successful of being awarded the funding.

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| **2.1** | **Insurance** |
| **Evaluation criteria for this section:**  If you cannot answer ‘Yes’ or ‘Commit to obtain, prior to the commencement of the contract’, your response will not be accepted.  **Scoring methodology for this section:**  Pass/Fail, where ‘Yes’ or ‘Commit to obtain prior to the commencement of the contract’ = Pass and ‘No’ = Fail | |
| a. | Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:  YES  Employer’s (Compulsory) Liability Insurance = £5 million  Public Liability Insurance = £5 million   \*It is a legal requirement that all companies hold Employer’s (Compulsory) Liability Insurance of £5 million as a minimum.  **Please note this requirement is not applicable to Sole Traders.** |

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| **2.2** | | **Licensing and Registration** | | |
| Within this section the Provider is to detail if their organisation is registered with the appropriate trade or professional register(s) with the member state or country they are established. Details of these can be found in Annex XI of the Public Contracts Regulations. | | | | |
| **a.** | | **Registration with a professional body**  If applicable, is your business registered with the appropriate trade or professional register(s) in the EU member state where it is established (as set out in Annex XI of directive 2014/24/EU) under the conditions laid down by that member state? | | Choose an item. |
| **b.** | | Please provide the registration number | | Click here to enter text. |
| **c.** | | Is it a legal requirement in the state where you are established for you to be licenced or a member of a relevant organisation in order to provide the requirement in this process? | | Choose an item. |
| **d.** | | Please provide additional details of what is required and confirmation that you have complied with this. | | |
| **3** | **Safeguarding** | | | | |
| The Authority reserves the right to check all responses below given can be validated and may be unable to make placements with any provider on the Framework who cannot evidence compliance with the requirements below. | | | | | |
| **a.** | **Safeguarding Responsibility**  Please confirm that you have a named manager within your organisation, who has a demonstrable knowledge of safeguarding policy and who is responsible for safeguarding at the highest level?  The following (additional criteria) are applicable to that named manager:   * The responsibility is included in the named manager’s job description * The name manager can show they have undertaken and maintain relevant training from a recognised body, and experience to fulfil the role * The organisation can demonstrate that it supports this person in the role via training or other means * There is a regular senior management discussion relating to safeguarding which has positively impacted upon organisational development and service delivery * These discussions are recorded, and evidence can be shown that actions are logged and carried out in a timely way * Where applicable, elected representatives/board members are regularly made aware of safeguarding issues and risks affecting the organisation and that they demonstrate a commitment to safeguarding and can hold the organisation to account regarding safeguarding responsibilities.   **Evaluation criteria for this question:** This question will be evaluated on a Pass/Fail basis.  **Scoring methodology for this question:**  ‘Yes’ – we confirm that we have a named safeguarding manager and that where applicable the additional criteria are incorporated into that role and your organisation = Pass  ‘Yes’ – will be in place by contract award = Pass  ‘No’ – we do not have a named safeguarding manager and the additional criteria are not incorporated into this or any other role or your organisation = Fail | |  | | |
| **b.** | **Safeguarding Manager**  Please provide the name and contact details of the named safeguarding manager  **Evaluation criteria for this question:** Information only  **Scoring methodology for this question:** Information only | |  | | |
| **c.** | **Safeguarding Policy**  Please confirm you have a current safeguarding policy. The policy must confirm that you have the following in place as a minimum standard:   * A strategic and/or corporate plan that references safeguarding vulnerable adults/children/ * Adequately apportioned resources to meet safeguarding responsibilities; * Clear lines of accountability for staff through the organisation to named safeguarding person/s; * Systems in place to embed safeguarding across all commissioned/contracted services; * The organisation has a safeguarding adults/child policy and procedure in place that provides clear guidance on how to recognise and respond to abuse and is easily accessible and regularly updated; * Details of when to report to social care/police and timelines involved; * Guidance for staff, who work with your people or vulnerable adults with a disability (where applicable); * Policies for transporting young people or vulnerable adults where required; * Specifically, for care of young people (residential/fostering), guidance for staff/carers regarding the management of the risk of sexual exploitation, young people missing from care, and how to manage bullying behaviour including social networking sites; * E-safety policies and procedures are in place for adults/young people/children and staff; * There is a complaints policy and procedure in place; * ‘Whistle Blowing’ procedures for staff to raise safeguarding concerns against colleagues or managers are clearly understood and correctly followed where required; * There is a procedure in place for managing abuse of vulnerable adults/child protection allegations made against staff. Including situations where the actions of an individual in their personal life may indicate that their behaviour could be a risk of harm to children they work with e.g. perpetrators of domestic violence, neglect or abuse of their own children; * For those aged 16 and over the organisation can demonstrate that consideration of the Mental Capacity Act (MCA) is an integral part of relevant decision making and safeguarding processes; * For those aged 18 and over the organisation can demonstrate that consideration of Deprivation of Liberty Safeguards (DoLS) is an integral part of relevant decision making and the safeguarding process.   **Evaluation criteria for this question:** The question will be evaluated on a Pass/Fail basis  **Scoring methodology for this question:**  ‘Yes’ – You have a safeguarding policy in place which includes all the areas listed above = Pass  ‘Yes’ – will be in place by contract award = Pass  ‘No’ – you have no safeguarding policy in place = Fail | | Choose an item. | | |
| **d.** | **Safeguarding Policy Review**  Please confirm the date your safeguarding policy was last reviewed and provide evidence to show this it has been checked by an appropriately trained individual in line with local and national developments. These individuals may include Independent Safeguarding Consultants and Health and Care Professions Council (HCPC) registered Social Workers, although they are not exclusive.  **Evaluation criteria for this question:** The question will be evaluated on a Pass/Fail basis.  **Scoring methodology for this question:** This is a Pass/Fail question, where ‘Yes’ – Date provided and evidence that it was checked by an appropriately trained individual relevant to the contract within the last two years = Pass and ‘No’ – Policy has not been reviewed in the last two years as a minimum or you do not have a safeguarding policy = Fail | | Click here to enter text. | | |
| **e.** | **Safe Recruitment Policy**  Please confirm that you have a current safe recruitment policy **(Note: This question is not applicable to sole traders)** which includes:   * Evidence that the policy is up to date and covers how to recruit safely for staff who have contact with children/vulnerable adults and which follows ECC/LSCB/LSAB recruitment standards; * Human Resources and recruiting staff follow safe recruitment practices that demonstrate appropriate checks are carried out before staff are employed and induction and appraisal systems are in place; * Policies on when Disclosure and Barring Service checks are necessary; * Adherence to the Disclosure and Barring Service Referral process; * Requirement for job applications and interviews to be completed and recorded (face to face interviews). Verification of identify and qualifications, which can be evidenced by audit activity; * Professional and character references are obtained (requirement for 2 references); * Previous employment history is checked. Any anomalies or discrepancies are taken up; * Induction and supervision procedures are in place. The organisation has procedures to manage and record positive disclosures on DBS (CRB) checks; * The organisation has procedures in place state when cases should be referred to the DBS; * The organisations audits/quality assures its recruitment practice; * The organisation can demonstrate that agencies commissioned to provide services have safer recruitment in place; * Safer recruitment standards are embedded in those contracts, and adherence to these standards is checked as part of the contract management process.   **Evaluation criteria for this question:** This question will be evaluated on a Pass/Fail basis.  **Scoring methodology for this question:**  ‘Yes’ – You have a Safer Recruitment policy in place which includes all the areas listed above = Pass  ‘Yes’ – Will be in place by contract commencement = Pass  ‘Not applicable as Sole Trader’ = Pass where the organisation is a sole trader.  ‘No’ – You do not have a Safer Recruitment policy in place = Fail | | Choose an item. | | |
| **f.** | **Safeguarding Training, Learning and Staff Support**  Please confirm that you have a safeguarding training programme in place and that training is accessed by all those who have a role in recruitment of staff who will have contact with children/families/vulnerable adults. In addition, please confirm that training is systematically evaluated and reviewed, and impact outcomes used to improve future training programmes.  Your policy should include:   * Safeguarding is mandatory and covered effectively within inductions for all those in your organisation who will have contact with children/families/vulnerable adults. It should cover familiarisation with safeguarding responsibilities and how to recognise and respond to possible abuse or neglect; * The induction includes the awareness of the complaints and “whistle blowing” procedures; * All those within your organisation who have contact with children/families/vulnerable adults have completed their safeguarding induction within the appropriate timescale; * The organisation ensures that all safeguarding training is suitable quality assured; * Learning from Serious Case Reviews (SCRs), Domestic Homicide Reviews (DHRs) and other safeguarding reviews and audits are disseminated and acted upon effectively; * The organisation responds to and learns from national and local developments and guidance relating to safeguarding children/vulnerable adults   For employers:   * Training includes temporary/agency staff; * There is effective supervision and support for staff engaged in safeguarding children/families/vulnerable adults work; * Safeguarding learning and development opportunities are provided to all staff at a level appropriate to their role;   **Evaluation criteria for this question:** This question will be evaluated on a Pass/Fail basis.  **Scoring methodology for this question:**  ‘Yes’ – You have a policy in place which deals with areas listed above = Pass  ‘Yes’ – Will be in place by contract award = Pass  ‘No’ – You do not have a policy in place = Fail | | Choose an item. | | |

**Distribution of Grant Funding within the Community**

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| **1** | Can you please state if you have already received COVID-19 funding to deliver/assist with any services?  **If yes, please state area/funder/commissioner and service and level/amount of funding**  *This will be taken into consideration during the evaluation, so funding is allocated equitably and according to need* |  |
| **2** | Please tick which quadrant(s) you are applying for and how much (total) funding are you requesting?  Breakdown of spending allocation  *For Information only* | |  |  |  |  | | --- | --- | --- | --- | | **Quadrants** | | | | | **Mid** | **North East** | **South** |  | |  |  |  |  |   £ |
| **3** | Project Title  *For Information only* |  |
| **4** | Anticipated start and completion date  *For Information only* |  |
| **5** | Which group or groups is this targeted at and how many people are you proposing to reach? (*please indicate all that apply with approximate numbers, please remember we are looking for a* ***minimum*** *300 people per quadrant)*  *For Information only* | |  |  | | --- | --- | | Number of Children |  | | Numbers of Adults |  | | Number of Both |  | |
| **6** | If you were not awarded the full amount, could you deliver a scaled down version of your proposal?  *For Information only* |  |
| **7** | If you are partnering with other organisations to place a bid, can you please tell us who the other providers are?  *For Information Only* |  |
| **8** | Please provide a detailed description of the support you wish to deliver using the funding  Particularly, please tell us how the support will contribute towards any of the following:   * People will be able to access bereavement support in a timely way. * People will be able to access support and prevent crisis. * People will receive the support in face to face in person or on-line. * People will experience improved mental health * People will be less isolated and lonely * People will know how, when, and where to access bereavement support * People will have the opportunity to develop increased personal resilience whilst adjusting to their loss   Max. 750words  *Weighting – 40%*  **Key references:** Clear evidence of how the support contributes to the themes, identifies suitable and relevant methods and approaches that are evidenced to work to deliver early intervention and sustainable outcomes for individuals |  |
| **9** | In what ways do you think this project will meet the needs of the local community  Max 200 words  *Weighting – 20%*  **Key references**: understanding of the local community, understanding of the needs of the target group(s) within the community, demonstrates ability to reach and support target group(s), citing clear rationale and evidence |  |
| **10** | How many people will this funding support?  ***Please break down the anticipated demographics that this will support.***  Weighting – 10% |  |
| **11** | How will you know that the interventions and/or resources you/they access will make a difference?   * People will experience improved mental health * People will be less isolated and lonely * People will know how, when, and where to access bereavement support * People will have the opportunity to develop increased personal resilience whist adjusting to their loss   **Key references;** Referrals, assessments, outcomes tool; monitoring and reviewing support with individuals using the service; data recording and analysis; processes and tools used for follow-up with those using the service  Max 750 words  *Weighting – 30%* |  |
| **12** | Please provide details of how you will exit at the end of the funding opportunity  Max 500 words |  |

**Quadrant Delivery Area**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate which Quadrant(s) your grant funding would be delivered in: | | | | |
| **Quadrants** | **Mid Essex**  Braintree  Chelmsford  Maldon | **North-East Essex**  Colchester  Tendring | **South Essex**  Brentwood  Basildon  Rochford  Castle Point | **West Essex**  Uttlesford  Harlow  Epping Forest |
| **Please tick which quadrant you are applying for** |  |  |  |  |

**Scoring Methodology**

This section confirms the Scoring Methodology that will be used for the scored questions above

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| **0 = Wholly Unsatisfactory** | No response or the whole response is irrelevant to all of the question and evaluation criteria. |
| **1 = Unsatisfactory** | The response only covers a minor element of the question and evaluation criteria and lacks relevant evidence regarding competence, capacity and ability to successfully fulfil the requirements of the question. |
| **2 = Partially Acceptable** | The response covers more than one element of the question and evaluation criteria but lacks relevant evidence regarding competence, capacity and ability to successfully fulfil the requirements of the question. |
| **3 = Acceptable** | The response addresses most of the question and evaluation criteria but some areas contain limited relevant evidence regarding competence, capacity and ability to successfully fulfil the requirements of the question |
| **4 = Very good** | The response fully addresses the question and evaluation criteria and provides relevant evidence regarding competence, capacity and ability to successfully fulfil the requirements of the question. |
| **5 = Outstanding** | The response fully addresses the question and evaluation criteria and provides relevant evidence regarding competence, capacity and ability to successfully fulfil the requirements of the question and goes beyond expectations to offer an outstanding level of performance or an additional benefit which exceeds specified requirements. |

1. See EU definition of SME: http://ec.europa.eu/enterprise/policies/sme/facts-figures-analysis/sme-definition/ [↑](#footnote-ref-1)