



The City & County of Swansea

EFP1 PRE-SUBMISSION - Notification of Funding Bid to External Funding Panel

Ref:

THE EFP1 APPLIES TO HARD COPY AND ELECTRONIC SUBMISSIONS

1. Scheme background and details - this is to inform the External Funding Panel of the intention to apply for a new grant proposal –

a. Awarding Body	Welsh Government
b. Name and purpose of Scheme/Programme (attach proposal brief in cabinet style report)	ENABLE CAPITAL GRANT
c. Grant value in Total £	£280,349
d. Grant period / timescale for delivery	Financial year commencing April 2016 for 12 months
e. CCS acting as Lead Body or Joint Sponsor? Name other Partners.	CCS and Care and Repair
f. Detail links to existing schemes at Local, Regional or National level	DFG and ICF
g. Detail direct links to Council Policy, including, where appropriate, target areas	Social Services and Wellbeing Act (Wales) 2014.
h. List key target and proposed performance measures	<ul style="list-style-type: none"> • reduce unnecessary hospital delays • reduce where possible the incidence of falls in older people • undertake works in the homes of older people which will support them to remain safely in their environment
i. For EUROPEAN schemes confirm that the scheme has been developed in conjunction with the European Unit – Yes /No (<i>delete</i>)	N/A
j. Does this grant require a continuation of funding by the Council after the grant period has expired? <i>This includes current or additional staff costs.</i>	No

k. Does the application require match-funding? Yes/No if it does where is this coming from?	No
l. Will the project entail the employment of additional staff and on what basis?	No
M. Have you completed an EIA (Equality Impact Assessment) Screening Form (please attach)?	No
N. Is a full EIA report required?	No

2. Please complete the following financial information:

	Current financial year £	Year 2 £	Year 3 £	Year 4 £	Year 5 £	Total £	Ongoing £
Total project cost:	280,349						
Capital	280,349						
Revenue							
Grant applied for:	280,349						
Capital							
Revenue							
Match Funding Internal	0						
Match Funding External	0						

3. Please complete the following:

a. Does the funding meet the Council's priorities?	Yes Promoting independence in frail older people
b. What are the expected outcomes and are they clear and achievable? (link to 1h)	<ul style="list-style-type: none"> • Less people will be admitted to hospital and / or care homes unnecessarily • Less falls in older people attributable to poor housing conditions • Increase in the numbers of older people who are able to remain at home as a result of general safety works being undertaken
c. Is there an exit plan? (link to 1j/l)	All works will be completed by the end of the grant period.

d. How is Value for Money being obtained? (procurement/ third party arrangements etc.)	CP20 to be completed Direction from WG to work with Care and Repair
e. What is the governance / management structure for the scheme? – What board/management team will it be reported to?	Social Service Management Team
f. What are the major risks and how will they be managed?	Slippage caused to the late allocation and subsequent drawing down of the capital. Monthly update/progress meetings with contractor

4. Authorisation

	Name / Signature	Date
Responsible Officer:		
(Group)/Accountant:		
External Funding Panel		
Endorsed /Not Endorsed		