**1. Organisational Details**

**Name of Organisation:**

**Contact Address:**

**Organisational Type:**

**Charity or Company No:**

**Contact Details:**

|  |  |  |
| --- | --- | --- |
|  | **Main Contact** | **Alt. Contact** |
| **Name** |  |  |
| **Position** |  |  |
| **Telephone** |  |  |
| **Mobile** |  |  |
| **Fax** |  |  |
| **Email** |  |  |

**Please indicate which services and which areas you are submitting a proposal for in the table below;**

|  |  |
| --- | --- |
|  | **Lot 1- £44,908.00** |
| **Liverpool City Region** | **Provision of Therapeutic Support and Counselling Sessions**  |

**2. Selection Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **ESSENTIAL criteria MUST be met** | **Please give details in this column or send evidence required with application** |
| **1. Organisational details** |  |  |  |
| Do you have an Annual Report? | Yes No[ ]  [ ]  | **Essential** | Enter Date of most recent:       |
| Can you provide evidence of audited or inspected accounts? | Yes No[ ]  [ ]  |  **Essential** | Evidence will be requested prior to contract award |
| Do you hold Other Quality Standards e.g. IIP, Matrix, PQASSO, ISO 9001 | Yes No[ ]  [ ]  |  |  **Give details:**  |
| Insurance | Public [ ] Employers [ ] Professional indemnity [ ]  | **Essential** | Evidence will be requested prior to contract award |
| **2. Policies & Procedures** |
| Health & Safety / Risk Assessment Policies and Procedures relating to service users | Yes No[ ]  [ ]  | **Essential** | Evidence will be requested prior to contract award |
| Recruitment Policy and appropriately qualified staff | Yes No[ ]  [ ]  | **Essential** | **Provide completed Staffing List with application form****(See Section 4)** |
| Process for safeguarding service users and dealing with bullying and harassment | Yes No[ ]  [ ]  | **Essential** | Evidence will be requested prior to contract award |
| Process for inviting and dealing with Complaints and Feedback | Yes No[ ]  [ ]  | **Essential** | Evidence will be requested prior to contract award |
| An Equal Opportunities Policy and Action Plan | Yes No[ ]  [ ]  | **Essential** | Evidence will be requested prior to contract award |
| An Environmental sustainability Policy and Action Plan | Yes No[ ]  [ ]  | **Desireable** | Evidence will be requested prior to contract award |

**3. Proposal**

Please Describe:

a) What are your organisation’s vision and values and how do they complement those of the Talent Match programme? **(Max 500 words) Score: 5**

b) Activity Summary: please provide a brief description of the proposed activity programme. This should include the aims and objectives of the activity, and the main delivery mechanisms. Please include in this section the various activities that you can provide. **(Max 1000 words) Score: 10**

c) Provide detail of any measurable outputs and results that your provision could offer. Describe how your proposed activity will meet them and how you will evidence outputs and results. basis **(Max 700 words) Score: 10**

d) How does your project proposal demonstrate a commitment to equal opportunities, social inclusion, and cohesion? **(Max 500 words) Score: 5**

f) Outline the key risks that may impact on the key measurable outputs and results outlined in 2c and planned solutions. **(Max 700 words) Score: 10**

g) Explain why your organisation has the necessary skills and expertise to deliver this project? **(Max 500 words) Score: 10**

h) How are the services you propose innovative? How will they add value to the Talent Match Programme? **(Max 500 words) Score: 10**

i) How do you Quality assure and improve your service delivery?

* *How you identify and cater for individual needs?*
* *How is your organisation’s quality assurance process used to improve future delivery?*

**(max 500 words) Score: 10**

**4. Staffing**

**Please give details of all staff who will work on this programme.**

Please use this form to describe the qualifications and experience of staff who will work on your project. Please include all staff who will contribute and not just those that will be directly funded through Talent Match.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:**  | **Date of appointment:** | **DBS No.** | **Current Post and role in relation to your Talent Match Plus project** | **Employment experience relating to this role:** | **Hours per wk working on Talent Match Plus project** |
|       |       |       |       |       |       |
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**5. Project Costs**

Provide a detailed explanation of the overall project costs per annum. All costs must be **inclusive** of applicable VAT.

**Expenditure**

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| --- |
|  |
|  |
|  |

Salaries including NI

*(Please specify number of staff)*

Pensions

Staff travel

**Indirect costs**

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| --- |
|       |
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Overheads including insurance

Management costs

**Direct costs**

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| --- |
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|  |
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Activity costs

Resources and equipment

Accreditation costs

|  |
| --- |
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|  |

**Total Project costs**

**Total cost to deliver the identified outputs and result:**  **£**

Please provide **three** references: two from a recent commissioner/funder and one form a beneficiary of your services

**6. Referees**

**1. Beneficiary**

Name:

Contact Details:

**2. Commissioner/ Funder**

Name:

Contact Details:

**3. Commissioner/ Funder**

Name:

Contact Details:

**Declaration**

|  |
| --- |
| **I confirm that, to the best of my knowledge, the information contained in this proposal is correct.** **I confirm that all partner organisations have been consulted and have agreed roles, responsibilities & financial costs of the activity.****I understand that, if successful, delivery of the activities described in this application will form part of our contractual obligations.****I declare that all the information given in this application is for work which is not also funded from other sources**.**I confirm that the activities proposed are not funded by other funding streams.**  |

**Signature:**

**Name:**

**Position:**

**Date:**

**Please Note: -**

**All applications must be submitted no later than 10:00 a.m. on Monday 6th May 2024 All applications received will be opened after that time therefore it is important that the envelope/email containing the application documents is clearly marked “Talent Match Tender Document” and addressed to: -**

**The Programme Manager, Talent Match, Merseyside Youth Association, 65-67 Hanover Street, Liverpool L1 3DY or Colettet@mya.org.uk**

**Any applications that don’t meet this requirement or are received after this deadline will be rejected.**