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| **For office use** | |
| RCT/DCP/21-22/ | MT/DCP/21-22/ |
| BRI/DCP/21-22/ | VOL/DCP/21-22/ |

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| **DEADLINE FOR APPLICATIONS:**  **FRIDAY 23th APRIL 2021** |



**INTEGRATED CARE FUNDING (ICF) DISCRETIONARY CAPITAL PROGRAMME (DCP)**

**FUNDING APPLICATION SMALL SCHEMES – FY 21/22**

**(Costs below £100,000)**

**This application form is to be used to apply for funding for small scale capital work schemes, with expected costs below £100,000 threshold, seeking funding from the Welsh Government’s Integrated Care Fund (ICF) Discretionary Capital Programme (DCP) funding. Elements that can be bid for include, small scale capital works, refurbishment, re-configuration, equipment.**

**Before completing this application form, it is advisable to read Welsh Government’s Integrated Care Fund (Revenue, Capital & Dementia Guidance) April 2021, to ensure your application meets the ICF Funding objectives and criteria.** NB: We cannot fund any revenue costs from this funding stream.

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| **CAPITAL DEVELOPMENT PROGRAMME LEAD** | | | |
| Capital Development Lead/ Service Manager Name: |  | | |
| Email |  | | Tel No: |
| Designation: |  | | |
| Name of Organisation: |  | | |
| Overarching Organisation |  | | |
| Agency Sector |  | | |
| Agency Status |  | | |
| Local Authority Area: |  | |  |
|  | | | |
| Proposed Capital Project Name/Title: | |  | |
| Location of your Proposed Capital Scheme (if applicable) | |  | |

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| **PRIORITY AREA FOR INTEGRATION**  ***Which overarching objectives within the Cwm Taf Morgannwg Regional Plan does the Project meet? Tick boxes*** | | | |
| Older people with complex needs and long term conditions including dementia |  | People with Learning Disabilities |  |
| Children with Complex Needs due to disability or illness |  | Carers, including young carers |  |

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| **PROPOSED CAPITAL DEVELOPMENT SCHEME/PROJECT** |
| ***Please provide a brief description of your capital project/idea and the reasons for your proposals (maximum one x A4 page)*** |
| Capital Works to be undertaken:  *Eg: Please describe the capital works you wish to undertake and why this is important to your service/organisation. Explain if you are planning to knock down walls, reconfigure floorspace, increase floorplan, add extension, purchase equipment, volume? Etc.*  Service Description:  Describe and summarise the overall service you provide/your organisation and which clients your benefit.  **Reasons/Rationale for the capital project:**  *Explain why capital work is needed… give reasons and identified need, what benefit will the investment of capital funding into your building/equipment being for clients and service users, eg to expand the service, increase capacity and floorspace to benefit more clients, enhanced environment for sensory needs of clients with learning difficulties, autism, etc. hospital discharge support and enhancement to venues to aid recovery, purchasing of equipment will offer more digital and increased access to minimise social isolation etc.* |
| ***Please detail how the scheme meets the Integrated Care Fund criteria? (200 words) (please read ICF criteria prior to completion of form)*** |
| *Eg Supporting older people to remain independent at home, by encouraging social interaction, reducing social isolation that leads to ill health. Promotes health and wellbeing by…..*  *Supporting children, or people with learning difficulties by…..* |
| ***What will be the expected outcomes/benefits for the service user as a result of the capital investment? (200 words)*** |
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| **CAPITAL DEVELOPMENT TYPE/DESCRIPTION** | |
| ***Please tick the boxes most relevant to your capital works proposed scheme:*** | |
| Aids and Adaptations which are not supported by existing programmes and are in support of specific ICF objectives away from mainstream requirements |  |
| Equipment projects which support people to live independently in their own home and may reduce hospital admissions or speed up hospital discharge |  |
| Other small scale project in support of ICF objectives |  |
| Accommodation-led solutions to health and social care |  |
| Integrated facilities (such as a regional “hub” approach to an ICF led service provision) – includes remodelling and/or new provision |  |
| Capital projects which support new and innovative integration of health, social care and/or housing |  |
| Larger scale equipment projects to support integration and ICF objectives |  |
| Expenditure to evidence or explore the feasibility of larger capital investment |  |

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| **OUTLINE OF WORKS TO BE CARRIED OUT** | | | |
| ***Please complete the following table, detailing the works to be carried out and timescale for their completion*** | | | |
| Work | Cost | Expected date of Completion (by 31st Mar 2022) | Additional Comments |
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| **TOTAL** (Level DCP funding requested) |  | |  |

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| **PARTNERS/MATCH FUNDING** | | | |
| ***Please complete the following table detailing information on your partners and any match funding contributions, if applicable*** | | | |
| Sector | Partner | Financial Contribution | Date Payable |
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| **BUILDING OWNERSHIP STATUS** | | | |
| ***Please state what building ownership/leasing arrangements are in place for the building which you want to invest capital funding into.*** | | | |
| Building owned by (name of organisation) |  | | |
| Building leased by (name of organisation, if |  | | |
| Lease Period |  | Annual Rent/ Peppercorn rent? | State rent |
| Is there a Deed of Legal Charge in place? (restriction to sell within so many years after investment) | Please give details; timescales eg 5/10 years  State other investor/funder that has imposed the restriction | | |

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| **KEY RISKS** | |
| ***Please state any key risks identified and mitigation measures to reduce risks to the proposed scheme?*** | |
| **Key Risk** | **Mitigating Action** |
| Eg; legal ownership of buildings to be invested into, mortgages, permissions needed prior to investment etc? | |
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| **ADDITIONAL INFORMATION** |
| ***Please use this space to provide any other pertinent information*** |
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**Please submit your application form to the email addresses below.** Or ifyou have any queries whilst populating this form, please contact Nia McIntosh, Joint Regional Commissioning Officer, or telephone: 01443 570046.

Email: Nia.McIntosh@rctcbc.gov.uk