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| **DEADLINE FOR APPLICATIONS:**  **FRIDAY 31st MARCH 2023** |

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| **For office use** | |
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**HOUSING WITH CARE FUNDING (HCF)**

**FUNDING APPLICATION 2023/24**

**OBJECTIVE 3 – MINOR PROJECTS**

**This application form is to be used for small scale / minor capital work schemes who are seeking funding from the Welsh Government’s Housing with Care Objective 3 Fund with expected costs below £100,000 threshold. Successful applications will be determined by delegated members of the Cwm Taf Morgannwg Regional Partnership Board for projects up to £100,000.**

**Before completing this application form, it is advisable to read Welsh Government’s Housing with Care Fund Guidance for 2022/23, to ensure your application meets the HCF 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: |  |
| Designation: |  |
| Email: |  |
| Telephone: |  |
| 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 including people with dementia |  | People with learning disabilities, neuro-diverse and neurodevelopment conditions |  |
| Children and young people with complex needs |  | Unpaid Carers |  |
| People with emotional health and well-being needs |  |  |  |

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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 reconfigure floorspace, add extensions, knock down walls, paint and decoration, purchase equipment, quantity 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 listed above, 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, increase digital care etc.* |
| ***Please detail how the scheme meets the Housing for Care Fund criteria? (200 words)***  ***(please read HCF criteria prior to completion of form)*** |
| *Eg enhances accommodation facilities supporting older people to remain independent at home, provides improved intermediate care facilities or access to equipment, supports children’s complex needs within a residential care facility, supports people with learning difficulties independence by providing digital aids.* |
| ***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:*** | |
| Repairs, refurbishments and improvements to existing housing with care or intermediate care  Settings |  |
| Equipment and adaptions to existing homes which are not supported by other WG adaption grants (such as provision of storage space for equipment and mobility vehicles or wheelchairs), including supplementing the costs of Disabled Facilities Grants (DFG) over the £36,000 statutory maximum |  |
| Other smaller scale projects in support of HCF objectives e.g. community or third sector led |  |
| Digital aids, monitoring and assistive technologies |  |

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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**  (Year 1)  (to 31st March 24) | **Cost**  (Year 2)  (if applicable) | Expected date of Completion (by 31st March 2024) or if past Apr 2024 | Additional Comments |
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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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| Level % of HCF being funding requested |  |  |  |

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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 | | |
| Do you have permission to invest capital funding into the building/made alterations? | Yes/No  (Name of Organisation/Person approving/Designation) | | |

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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