Expression of Interest Form

|  |  |
| --- | --- |
| Provider Name: |  |
| **Contact Details** |  |
| *Telephone:* |  |
| *Email:* |  |
| *Address:* |  |

**What co-production work have you carried out with your service users?** *(If applicable)*

*(Maximum 250 words)*

**Using the criteria attached, please provide a brief outline of the proposed reconditioning project and outcomes you expect to see**

|  |
| --- |
| *(Maximum 500 words)* |

**Please provide details on how your proposed project will be community focused and inclusive to your service users**

|  |
| --- |
| *(Maximum of 250 words)* |

**Please provide details on the community partners you plan to work with?** (If applicable)

*(Maximum 250 words)*

**Please provide details on the number of service users that will benefit from the proposed project**

|  |
| --- |
|  |

**Please provide details on how much funding is being requested and a breakdown of how the spend will be allocated (funds must be spend within a 12-month period)**

|  |
| --- |
| *(Maximum of 250 words or table format)* |

Please attached a completed risk assessment for your proposed activity

**Please tick to confirm your agreement to participate in the community inclusion awareness webinar in 2022** (details will be sent later in the year)

|  |
| --- |
|  |

**Please tick to confirm your agreement to participate in the 12-month post evaluation webinar on the 28th March 2023**

|  |
| --- |
|  |

**Please return your completed form to** abestall@somerset.gov.uk **by the 28th January 2022**