



<b>CHARITY NO:</b>	<b>COMPANY LTD BY GUARANTEE REG. NO:</b>
Please give date of registration:	Please give date of registration:

**ORGANISATIONAL MANAGEMENT**

If there have been any recent changes to your Constitution, Memorandum and Articles of Association and Rules please enclose copy and highlight the changes.

**DETAILS OF YOUR HONORARY OFFICERS**

<b>CHAIR:</b>	<b>DATE ELECTED:</b>
<b>Address:</b>	<b>Term of office</b> <b>Borough of residence:</b>
<b>Signature of CHAIR</b>	<b>E-MAIL ADDRESS</b> <b>Telephone No.</b>

<b>TREASURER:</b>	<b>DATE ELECTED:</b>
<b>Address:</b>	<b>Term of office</b> <b>Borough of residence:</b>
<b>Signature of Treasurer</b>	<b>E-MAIL ADDRESS</b> <b>Telephone No.</b>

<b>SECRETARY:</b>	<b>DATE ELECTED:</b>
<b>Address:</b>	<b>Term of office</b> <b>Borough of residence:</b>
<b>Signature of Secretary</b>	<b>E-MAIL ADDRESS</b> <b>Telephone No.</b>

**OTHER MANAGEMENT COMMITTEE MEMBERS**

<b>NAME</b>	<b>Borough of Residence</b>

Is a skills audit undertaken on your Management Committee members? YES/NO

If yes, when was the date of the last audit?

How many registered members do you have?

Date of your last Annual General Meeting?

How many people attended?

When is your next AGM likely to be held?

What is the required Quorum for your AGM?

Are there any members of your Management Committee who have voting rights who are Councillors or Employees of Haringey Council?

**YES/NO**

If **yes** please give details and in the case of Haringey employee's their established post:

**PLEASE ENCLOSE YOUR CURRENT ANNUAL REPORT**

**What formal quality standard(s) is used by your Organisation?**

E.G.: Council's QAM's, PQASSO, CLS Quality Mark. If you do not have formal quality standards in place please explain below the method you use to ensure quality in your organisation.

## Organisational policies

Tell us which of the following policies your organisation has in place or plans to put in place during the funding period. Please supply copies of your policies.

<b>Policy</b>	<b>Yes</b>	<b>No</b>	<b>Planned</b>
<b>Equal opportunities policy</b>			
<b>Complaints policy and procedures</b>			
<b>User involvement (inclusion) policy</b>			
<b>Protection policy/procedure for vulnerable people, such as, young/older people, people with mental health conditions (only answer if working with those groups) This includes CRB checks</b>			
<b>The Council recommends that it is good practice that CRB checks are carried out every 3 years for individuals. How often does your organisation update it's CRB checks?</b>			
<b>Does your organisation carry out Enhanced CRB checks</b>			

**MANAGEMENT OF STAFF & VOLUNTEERS**

<b>Do <u>all</u> staff have in place</b>	
i)Job Contract	YES/NO
ii)Job Description	YES/NO
iii)Work Plans/Appraisals	YES/NO

<b>Are <u>all</u> staff/workers on a PAYE system?</b>	YES/NO
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If <b>NO</b> to any of the previous please explain why.
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<b>Does the Organisation use volunteers on a regular basis?</b>	YES/NO
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If <b>YES</b> how many volunteers are used in a year?
From where do you recruit volunteers?
What is the average amount of hours each volunteer works for your Organisation per week?
What services are the volunteers providing?
How are they managed and supervised?
Do you have a Volunteering Policy? <span style="float: right;">YES/NO</span> If NO why not?

**PREMISES**

**If the circumstances of your premises have changed since last year please give details:**

**Please list other organisations who occupy space in your building and what they use it for:**

**If your building is Council owned do you have a Charge Policy for renting out space?**

**If Yes please enclose a copy.**

**Who is responsible for repairs to the building?**

External

Internal

<b>Do you have Insurance for:-</b>	<b><u>State Company &amp; Policy Number</u></b>
Premises	.....
Contents	.....
Public liability	.....
Professional Indemnity	.....
Employment	.....
Business Interruption	.....

**Do your premises provide good access for people with disabilities/elderly people/people with young children? YES/NO**

*If NO please explain how your Organisation will be addressing this issue in light of the Disability Discrimination Act access to premises (DDA)*

**Does your building conform to the Health & Safety requirements? YES/NO**

*If NO please explain*

(Information on Health and Safety can be obtained from the HSE's Info Line telephone service on 0845 345 0055)

**Have you undertaken Health & Safety risk assessments with staff and on your premises and how often are they reviewed? YES/NO**

Date of last assessment..... Review Period.....

If **NO** when do you intend to carry out these assessments?

**Have your premises been inspected recently by the Fire Brigade, Council or other statutory authorities? YES/NO**

Date of last visit .....Who by.....

**DO YOU HAVE ANY SPECIFIC AREAS OF BUILDINGS CONCERN NEEDING TO BE FOLLOWED UP? IF SO PLEASE EXPLAIN** e.g. Premise, Funding, Systems, Resources, Staffing.

ITEM/AREA OF CONCERN	ACTION NEEDED	ACTION TAKEN (if any)



**Management committee training**

**Given in 08/09:**

**Needed in 09/10:**

<b><u>Staff/ Volunteer training</u></b>	
<b><u>Given in 08/09:</u></b>	<b><u>Needed in 09/10:</u></b>

**PART 2 – Previous Year - 2008/09**

**Please complete the table below giving a brief summary of the partnerships/consultation you have been involved with over the last year**

E.G.: Joint Service Planning Teams (JSPT), HSP Theme Boards and Forums, Community Legal Services Partnership (CLSP) Haringey Association of Voluntary and Community Organisation (HAVCO), COMPACT.

<b>Partnerships/Consultation</b>	<b>Number of meetings attended or consultations</b>	<b>Contribution made to partnerships/ consultations</b>

Please enclose a copy of the Finance Report presented at your last Management Meeting and a copy of the minutes of the meeting.

What percentage of your grant from Haringey contributes to the 'Core Costs' (Central Costs) of your organisation?

Have any services been withdrawn in the last 12 months (E.G. time expired funding)

**SERVICE DELIVERY: PLANNING, EVALUATION AND QUALITY ASSURANCE**

Please complete the table below giving brief summary of the services you have provided over the last year

<b>Project Name and Description</b>	<b>Source and Amount of Funding including expiry date of funding</b>	<b>Outputs (e.g. Number of beneficiaries)</b>	<b>Outcome (impact on the lives of your beneficiaries)</b>	<b>How does your service support Haringey's Community Strategy?</b>

PLEASE ADD TO THE TABLE OR COMPLETE THIS TABLE ON A SEPARATE SHEET IF NECESSARY

**Explain the methods which were used to evaluate the previous information.**

**On a separate sheet(s) please provide the following statistical information on the current client/service user group:**

- **Total number of service users**
- **Gender**
- **Age**
- **Race/Ethnicity**
- **Disability**
- **Religion/Faith**
- **Sexual Orientation**

**Client/service user borough base - At least 75% users must live in Haringey.  
(Please provide post codes of users who live/work in Haringey)**

**If this information is not available please explain why.**

**Have there been any other external evaluations of your services in the last 18 months? E.G. Commissioners, External Funders** YES/NO

*If YES please explain or if you are happy to do so enclose the evaluation*

### **PART 3 – Forthcoming Year 2009/10**

#### **PLEASE ENCLOSE YOUR CURRENT BUSINESS PLAN**

**Does your Organisation produce an annual work programme linked to your Business Plan with output and outcome targets to be met?**

YES/NO

*If YES please attach a copy  
If NO please explain why not*

**If not already included in your Business Plan please include a 2 year Indicative Funding Schedule for 2009/10 and 2010/11**

#### **FINANCIAL MANAGEMENT**

- Please attach a copy of your budget projection for 2009/10 (either use the attached example 1 form or submit your own breakdown)
- Please include a breakdown of staff, showing the split between staff funded by CVST Core Grant programme and those funded through other funding sources, to include the end date of the funding if known. (either use the attached example 2 form or submit your own breakdown)
- In the case of the CVST core grant, full/part funding of posts please indicate where there are vacant posts and when you expect these posts to be filled.

**Example 1= Estimated Income and Expenditure Account for 2009/10**

<u><b>INCOME</b></u> <b>Grant LBH</b> <b>Other Grants/contracts (please detail on separate sheet)</b> <b>Subscriptions/Donations</b> <b>Other Income</b>	<b>LBH</b>	<b>OTHER FUNDING SOURCES</b>	<b>TOTAL</b>
<u><b>TOTAL INCOME</b></u>			
<u><b>EXPENDITURE</b></u> <u><b>Staff Costs</b></u> <b>Salaries (per section B)</b> <b>Volunteer Expenses</b> <b>Training</b> <b>Other (please specify)</b> <u><b>Fixed Costs</b></u> <b>Rent</b> <b>Rates</b> <b>Heating/Light</b> <b>Insurance</b> <u><b>Non-Fixed Costs</b></u> <b>Equipment &amp; Materials</b> <b>Vehicle expenses</b> <b>Telephone</b> <b>Stationery &amp; Postage</b> <b>Publicity &amp; Printing</b> <b>Professional Fees (e.g. Audit)</b> <b>Others (please specify)</b>			
<b>TOTAL EXPENDITURE SURPLUS/DEFICIT</b>			

**Example 2**

**SALARIES ESTIMATE for staff during 2009/10 with funding contribution by Haringey Grant Aid.**

<u>JOB TITLE</u>	<u>GENDER</u>	<u>ETHNICITY</u>	<u>REG'S DIS</u>	<u>HOURS</u>	<u>SCALE</u> If Applicable	<u>Sp Pt</u> If Applicable	<u>SALARY</u>	<u>EMPLOYERS</u> <u>N.I.</u>	<u>TOTAL</u>



**STAFF PAID FROM OTHER FUNDING SOURCES.**

<u>Job Title</u>	<u>Gender</u>	<u>Ethnicity</u>	<u>Reg Disabled</u>	<u>Hours</u>	<u>Scale If Applicable</u>	<u>Sp Pt If Applicable</u>	<u>Salary</u>	<u>Employer's NI</u>	<u>TOTAL</u>	<u>On Haringey Payroll</u>	<u>Name of Funder</u>

**'Community cohesion' is defined as a community that has many cross-links where people from different races, ages and backgrounds feel free and happy to mix together in housing, in education and in leisure facilities. Please demonstrate how you will ensure that your service is inclusive, meets the needs of the community and is working towards community cohesion.**

**IF YOU HAVE ANY OTHER COMMENTS YOU WISH TO MAKE PLEASE DO SO IN THE SPACE PROVIDED BELOW**

**NAME & POSITION OF PERSON AUTHORISED TO SIGN ON BEHALF OF THE ORGANISATION (i.e. CHAIR)**

SIGNATURE: .....

DATE: .....

**PLEASE RETURN THE COMPLETED FORM BY FRIDAY 18<sup>th</sup> September 2009  
TO:**

**NAME:** Marion Delaney  
Corporate Voluntary Sector Team  
Level 3, Alexandra House  
10 Station Road  
Wood Green N22 7TR

**Telephone 020 8489 6905**

**Fax 020 8489 2622**

**E mail** marion.delaney@haringey.gov.uk

**PLEASE REMEMBER TO ENCLOSE:**

- YOUR UPDATED BUSINESS PLAN
- 2 YEAR INDICATIVE FUNDING SCHEDULE FOR 2009/10 AND 2010/11
- ANNUAL REPORT
- USER STATISTIC INFORMATION
- BUDGET PROJECTION 2009/10
- FINANCE REPORT PRESENTED TO LAST MANAGEMENT COMMITTEE MEETING AND MINUTES OF MANAGEMENT MEETING.
- ANY UPDATED ORGANISATIONAL POLICIES