

SAFER CITY PARTNERSHIP – POCA FUNDING BID 2019-2020

Sponsoring SCP Organisation/ Department	
Contact Name(s) and Positions	
Contacts Job Titles	
Contact Details e-mail tel. no.	

Name and purpose of activity	
Amount of funding sought. (please attach detailed breakdown where appropriate).	
Outline the objectives of this activity; success criteria; and how this work contributes to the SCP outcomes for 2019-22.	
Detail resources that will be provided from partners supporting this bid. E.g. Matched funding or other input. (further details can be attached).	
Timescale funding required for?	
What are the proposals criteria for success; measurable	

outcomes/outputs? Officer(s) responsible for monitoring the spend	
Budget code/Account details for funds to be transferred.	

Please note recipients will be required to provide quarterly reports on the progress of their funded activity to the SCP. They will also provide a full report, detailing lessons learnt, upon its conclusion.

SAFER CITY PARTNERSHIP TEAM USE ONLY

Date received: _____ Checked by: _____

Approved: ☐ Yes ☐ No

Approval arrangement: _____

Approved by (CoL) 1: _____

Approved by (CoLP) 2: _____