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# **Sheffield City Council**

# **Application Form for Inclusion on the**

# **Money Management List (MML)**

# **(Part of the Recognised Provider List)**

This Application Form is for inclusion on the Sheffield City Council’s Money Management List (MML). The MML is located within the Adults section of the Sheffield Directory [www.sheffielddirectory.org.uk](http://www.sheffielddirectory.org.uk). The MML allows adults in Sheffield who are looking for budget/financial support to manage their direct payments to choose from a list of providers that adhere to a clear quality framework. In order to gain Money Management status and the quality mark, providers must meet minimum quality standards.

***Please note: The Council will only pay direct payment money for new direct payment clients to providers on the MML. Individuals will still be able to choose a direct payment support organisation that is not on the MML but the Council will pay their direct payment to them (the individual) personally and they will need to make their own arrangements to transfer funds to the support organisation.***

## Who should apply?

Providers that offer budget/financial support for individuals in receipt of a direct payment.

If you are successful, you will be asked to sign up to the conditions to confirm that you will continue to deliver financial support for direct payments within specific quality standards, follow appropriate policies and procedures and comply with the Council’s monitoring requirements.

## How to apply?

* Please read the guidance carefully before completing the application
* Answer every question fully, even if you have previously applied to be included on the MML.
* Don’t forget to include all the required supporting documentation
* If you need more information or if you have questions about completing your application, please email rpl@sheffield.gov.uk, quoting “MML” in the subject heading

Please return your completed form to: rpl@sheffield.gov.uk

Applications can be submitted at any time during the year and will be allocated for assessment to the next available evaluation period.

* Applications received from 1 December to 31 May will be evaluated between June and August and we will let you know the outcome by 1 September
* Applications received from 1 June to 30 November will be evaluated between December and February and we will let you know the outcome by 1 March

***The inclusion on the Money Management List is not intended to be and shall not constitute a recommendation or award for services by Sheffield City Council.***

|  |
| --- |
| Office Use OnlyRPL Ref: Date Received: |

## Section A - GENERAL INFORMATION

A.1 Full legal name, address and website of the organisation applying to be included on the MML:

Company name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Town / City: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

Website: Click or tap here to enter text.

A.2 Name, position, telephone number and email address of the main contact for this organisation:

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

A.3 Current legal status of the organisation and any registration numbers if applicable:

Type of organisation: Click or tap here to enter text.

Company number: Click or tap here to enter text.

Charity number: Click or tap here to enter text.

Other: Click or tap here to enter text.

A.4 If you are a National organisation not based in Sheffield, please provide the address that you are operating from in Sheffield.

Registered Sheffield operating address: Click or tap here to enter text.

Postcode: Click or tap here to enter text.

A.5 Size of your organisation; if you are a National organisation, please complete for your Sheffield office if you have one.

Number of staff employed: Click or tap here to enter text.

A.6 If you are not based in Sheffield and don’t have an operating address here, please provide the post codes of the clients who you are providing services for in Sheffield.

Postcodes: Click or tap here to enter text.

A.7 Number of Direct Payment Clients

Number of DP clients: Click or tap here to enter text.

A8 Who do you provide services for? You may need to put a cross in more than 1 box

All adults [ ]

Single gender (women only or men only) [ ]

Older people [ ]

People from BME communities [ ]

People with learning disabilities [ ]

People with physical and/or sensory impairments [ ]

People with mental health issues [ ]

Carers [ ]

Children [ ]

A.9 Please provide a paragraph of no more than 100 words on the Direct Payment Support / Management Services you provide. If successful we will use this information to include in your entry onto the Sheffield Directory; if the service is already listed on the Directory you may leave this blank.

Click or tap here to enter text.

## Section B – Financial Information

Your organisation will be excluded from the MML process you have any of convictions relating to bribery, corruption, fraud, and money laundering

**B1 Within the past five years, has your organisation (or any member of your proposed consortium, if applicable), Directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences?**

**Please indicate your answer by marking the relevant box.**

1. Conspiracy within the meaning of section 1 or 1A of the Criminal Law Act 1977 or article 9 or 9A of the Criminal Attempts and Conspiracy (Northern Ireland) Order 1983 where that conspiracy relates to participation in a criminal organisation as defined in Article 2 of Council Framework Decision 2008/841/JHA on the fight against organised crime;

**Yes** [ ]  **No** [ ]

1. Corruption within the meaning of section 1(2) of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906;

**Yes** [ ]  **No** [ ]

1. The common law offence of bribery;

**Yes** [ ]  **No** [ ]

1. Bribery within the meaning of sections 1, 2 or 6 of the Bribery Act 2010; or section 113 of the Representation of the People Act 1983;

**Yes** [ ]  **No** [ ]

1. Any of the following offences, where the offence relates to fraud affecting the European Communities’ financial interests as defined by Article 1 of the Convention on the protection of the financial interests of the European Communities:

1. The offence of cheating the Revenue; **Yes** [ ]  **No** [ ]
2. the offence of conspiracy to defraud; **Yes** [ ]  **No** [ ]
3. Fraud or theft within the meaning of the Theft Act 1968, the Theft Act (Northern Ireland) 1969, the Theft Act 1978 or the Theft (Northern Ireland) Order 1978;

**Yes** [ ]  **No** [ ]

1. Fraudulent trading within the meaning of section 458 of the Companies Act 1985, article 451 of the Companies (Northern Ireland) Order 1986 or section 993 of the Companies Act 2006; **Yes** [ ]  **No** [ ]
2. Fraudulent evasion within the meaning of section 170 of the Customs and Excise Management Act 1979 or section 72 of the Value Added Tax Act 1994;

**Yes** [ ]  **No** [ ]

1. An offence in connection with taxation in the European Union within the meaning of section 71 of the Criminal Justice Act 1993;

**Yes** [ ]  **No** [ ]

1. Destroying, defacing, or concealing of documents or procuring the execution of a valuable security within the meaning of section 20 of the Theft Act 1968 or section 19 of the Theft Act (Northern Ireland) 1969;

**Yes** [ ]  **No** [ ]

1. Fraud within the meaning of section 2, 3 or 4 of the Fraud Act 2006;

**Yes** [ ]  **No** [ ]

1. The possession of articles for use in frauds within the meaning of section 6 of the Fraud Act 2006, or the making, adapting, supplying or offering to supply articles for use in frauds within the meaning of section 7 of that Act;

**Yes** [ ]  **No** [ ]

1. Any offence under sections 44 to 46 of the Serious Crime Act 2007 which relates to an offence covered by subparagraph (f)

 **Yes** [ ]  **No** [ ]

* + 1. Money laundering within the meaning of sections 340(11) and 415 of the Proceeds of Crime Act 2002;

**Yes** [ ]  **No** [ ]

1. Your Organisation is bankrupt or the subject of insolvency or winding up proceedings, where your assets are being administered by a liquidator or by the court which business activities are suspended

**Yes** [ ]  **No** [ ]

**B2. Please provide one of the following to demonstrate your financial standing;**

Please indicate which has been provided with an ‘X’ in the relevant box.

1. A copy of the audited accounts for the most recent two years

**Yes** [ ]  **No** [ ]

1. A statement of the turnover, profit & loss account, current liabilities and assets, and cash flow for the most recent year of trading for this organisation

**Yes** [ ]  **No** [ ]

1. A statement of the cash flow forecast for the current year and a bank letter outlining the current cash and credit position

**Yes** [ ]  **No** [ ]

1. Alternative means of demonstrating financial status if any of the above are not available (e.g. Forecast of turnover for the current year and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status).

**Yes** [ ]  **No** [ ]

**B3. Are you part of a wider group (e.g. a subsidiary of a holding/parent company)?**

**Yes** [ ]  **No** [ ]

If yes, please provide the name below:

Name of Organisation: Click or tap here to enter text.

Relationship to the Supplier: Click or tap here to enter text.

**If yes**, please provide Ultimate / parent company accounts if available.

**Yes** [ ]  **No** [ ]

**If yes**, would the Ultimate / parent willing to provide a guarantee if necessary?

**Yes** [ ]  **No** [ ]

**If no**, would you be able to obtain a guarantee elsewhere (e.g. from a bank?)

**Yes** [ ]  **No** [ ]

## Section C – TECHNICAL INFORMATION

C.1 Please provide details of DBS checks, Qualifications and Experience of owners, managers, supervisors, and staff within your organisation for delivering this type of service.

**Owners**

DBS check in place: **Yes** [ ]  **No** [ ]

Qualifications / number of year’ experience: Click or tap here to enter text.

**Managers/supervisors**

DBS check in place: **Yes** [ ]  **No** [ ]

Qualifications / number of year’ experience: Click or tap here to enter text.

**Staff**

DBS check in place: **Yes** [ ]  **No** [ ]

Qualifications / number of year’ experience: Click or tap here to enter text.

C.2 Please provide details of the insurances held by your organisation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Type of Insurance | Level of Cover £ | Insurance Company Name & Address | Policy Numbers | Renewal Dates |
| Public Liability (minimum £2m) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Employers’ Liability (minimum £10m) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

C.3 Please confirm if you have the following policies & procedures in place and provide as part of your application your Health & Safety, Recruitment & Selection and Safeguarding Adults Policies. **We have not asked for copies of all your policies as part of your application but if you are successful, we may ask you to submit these as part of the monitoring process.**

**Policy/Procedure In Date? Review date?**

Health & Safety Yes [ ]  No [ ]  Click or tap to enter a date.

Recruitment & Selection Yes [ ]  No [ ]  Click or tap to enter a date.

Safeguarding Adults/Children Yes [ ]  No [ ]  Click or tap to enter a date.

Staff Code of Conduct Yes [ ]  No [ ]  Click or tap to enter a date.

Business Continuity / Emergency Plan Yes [ ]  No [ ]  Click or tap to enter a date.

Confidentiality / Data Protection Yes [ ]  No [ ]  Click or tap to enter a date.

Complaints Yes [ ]  No [ ]  Click or tap to enter a date.

Service Terms and Conditions / Agreement Yes [ ]  No [ ]  Click or tap to enter a date.

Disciplinary Yes [ ]  No [ ]  Click or tap to enter a date.

Grievance/ Whistle blowing Yes [ ]  No [ ]  Click or tap to enter a date.

Finance/ Payroll Procedures Yes [ ]  No [ ]  Click or tap to enter a date.

Equality, Diversity and Inclusion Yes [ ]  No [ ]  Click or tap to enter a date.

Accessible Information Standards Yes [ ]  No [ ]  Click or tap to enter a date.

## Section D – Processes:

 Each question will be scored individually out of 5 using the Scoring Matrix included in the guidance.

Please answer each question in 12-point font and up to a maximum of half a page of A4. You may want to consider using bullet points to present your information concisely.

**D1. How do you ensure that bank accounts and accounting arrangements for individual customers are completely separate from company accounts? Please provide details of your financial practices in delivering this service.**

* How do these arrangements keep your customers’ monies secure?
* What data security measures are in place?
* What approvals are in place for transactions and transfers?
* What information do you provide to your customers to show their financial position (income and expenditure) and how their monies are managed and spent?
* How do you ensure that your reporting to the Council is accurate and up to date?

Click or tap here to enter text.

**D2. Please explain what accountancy practices and processes your organisation have in place**

* How do you ensure that all expenditure is in line with the Care & Support Plan?
* If there are any discrepancies what processes are in place with the service/activity providers?
* What processes are in place for recording / returning unspent money on individual’s accounts?

Click or tap here to enter text.

**D3. Please explain what systems are in place to collect client contributions**

* How do you communicate to clients that they are required to pay a contribution?
* How do you ensure the correct amount of client contributions is being received?
* What financial methods are used to collect / monitor client contributions?

Click or tap here to enter text.

**D4. Please explain how your money management service is equipped to deal with growth or rapid expansion of business.**

* What contingency plans or business model do you have in place to cope effectively with rapid growth and maintain a reliable, quality service for all customers?

Click or tap here to enter text.

## Section E – QUALITY

This section asks you to tell us how your organisation meets the requirements of customers and how you make sure your staff are appropriately skilled. Each question will be scored individually out of 5 using the Scoring Matrix included in the guidance.

Please answer each question in 12-point font and up to a maximum of half a page of A4. You may want to consider using bullet points to present your information concisely.

**E1.**

1. **Do you have an externally verified quality management standard? If yes, give details of the standard(s) achieved and expiry date(s)**

Click or tap here to enter text.

1. **What systems do you have in place for internal quality assurance and monitoring the quality of your service?**
* How are your quality standards set?
* How do you manage and review your services to maintain quality?

Click or tap here to enter text.

1. **What actions are taken by the organisation if financial support does not meet your quality standard?**

Click or tap here to enter text.

**E2. When you are preparing to deliver the service how do you communicate with your customers?**

* How would you communicate to the customer about the budget/financial support?
* What is included in the customer agreement?
* How do you make sure that the agreement is clearly understood?
* How do you communicate according to customer needs?

Click or tap here to enter text.

**E3.**

**a)** **How do you ensure your customers’ needs are met / what feedback do you look and ask for from them?**

* How do you obtain feedback?
* What do you do with the information?
* Do you have any customer involvement in shaping your services?
* Do you contact customers on a regular basis to verify if they are receiving the care / activities as agreed in the Care & Support Plan i.e. quality, attendance etc.
* How do you know what your customers feel about the budget/financial support they are receiving?

Click or tap here to enter text.

**b) Please provide a case study or example as evidence to support the above. You may submit this as a separate document if you prefer.**

Click or tap here to enter text.

**E4**

1. **How do you ensure your staff understand the standards required to deliver a quality service?**
	* Are staff inducted / given your code of conduct when they start?
	* Do staff receive regular support (1:1 / Appraisals etc.)?

Click or tap here to enter text.

1. **How do you make sure staff understand and apply the code of conduct you have for your service?**
	* How do you make sure that staff understand what is important to the customer?
	* How do staff members understand the need to respect customers?

Click or tap here to enter text.

**E5 How do you make sure that the owners, managers, supervisors, and staff have the appropriate qualifications, skills, and experience to carry out their specific role?**

* What system do you have in place to check competencies?
* Do you have a training plan and how do you put this into practice?
* How do you check that you are meeting customer needs?

Click or tap here to enter text.

**E6 Tell us how you put your organisational policies into practice when delivering services to your customers**

* How do you ensure that policies are accessible to staff and customers?
* How are customers informed about your policies e.g. safeguarding, complaints etc.?
* How are any issues recorded?

Click or tap here to enter text.

**E7**

1. **What would happen if you could not deliver the agreed services for any reason?**
* What records do you keep of these situations?
* How do you communicate with customers?

Click or tap here to enter text.

1. **Do you have a Business Continuity / Emergency Plan and how do you implement it?**
* Does it include details of what to do in cases of adverse weather / illness etc.?

Click or tap here to enter text.

**E8 Please tell us how you comply with the Equality Act 2010 and meet the needs of staff and customers who are covered by ‘protected characteristics’ (age, disability, gender reassignment, pregnancy and maternity, race, sex, religion or belief, and sexual orientation). Please give specific examples of how you put this into practice.**

Click or tap here to enter text.

## Section F – DECLARATION

Before returning this application form, please ensure that you have:

1. Answered all the questions
2. Included all supporting documents and the required Policies & Procedures
	1. Health & Safety
	2. Recruitment & Selection
	3. Safeguarding Adults
	4. Case Study or Example for question E.3.b
3. Read the supporting MML guidance
4. Understood the terms and conditions of the MML
5. Signed the Declaration below

**When you have completed the application, please read, and sign the section below:**

I/We certify that the information supplied is accurate to the best of my/our knowledge and I/we understand that false information could result in my/our exclusion from further consideration.

I/We hereby apply for inclusion on the Money Management List (MML) as part of the Recognised Provider List and am/are prepared to answer any questions or supply any additional information as requested.

I/We understand that being awarded MML status is not intended to be and shall not constitute a recommendation or award for services by Sheffield City Council.

Signed: Click or tap here to enter text.

For and on behalf of: Click or tap here to enter text.

Date: Click or tap to enter a date.

The undertaking should be signed by the applicant, a partner, director, or authorised representative in his/her own name and on behalf of the organisation.