This funding application must be agreed at an Early Help Partnership Plus meeting by all professionals present. The case should clearly identify that the family meet at least two of the Strengthening Families criteria.

Application for funds should be for less than £300.

The case must be on ECINS and consent, a whole family assessment and whole family action plan completed. These must clearly identify the need for the funding and what outcomes and measures are expected to be achieved through the funding.

|  |  |
| --- | --- |
| Family Name |  |
| ECINS case number |  |
| Name of Lead Professional |  |
| Date of Early Help Partnership Plus meeting |  |
| Professionals Present at the meeting |  |

|  |  |
| --- | --- |
| Amount of funding required | £ |
| Please explain why the funding is required and what the expected outcomes are from using the funding. Please outline other areas of possible resources or support that have been explored. (The action should be recorded on the whole family action plan with the outcomes and measures identified.) |  |
| Exit strategy (What is going to happen when the funding/activity ceases?) |  |

|  |  |
| --- | --- |
| Service/Items that the funding is requested for: |  |
| Name of provider |  |
| Detailed Costings for service |  |
| Cost per session |  |
| No. of sessions |  |
| No of weeks service is required |  |

Early Help Partnership Plus meetings can make an application for funds up to £300. All requests will be considered on their individual merits.

Lead Professionals will be informed of the decision via ECINS within 5 working days of submission.

The Application should be loaded onto the case on a report named Funding Applications and access given to all partners. A task should then be sent to Shropshire Strengthening Families titled Funding Application requesting us to review. A date for completion set 1 week after submission.

|  |  |
| --- | --- |
| All other ways of fulfilling the identified need have been explored by the Early Help Partnership Plus Meeting, including community or voluntary services and we agree that the needs of this family would be best met through the service/items identified.  There is a whole family assessment and plan on ECINS and consent to share has been signed. | |
| Lead Professional Signature |  |
| Lead Professional Name |  |
| Date |  |

**Money can only be released through the submission of an invoice or through an internal**

**transfer request.**

|  |  |  |  |
| --- | --- | --- | --- |
| ECINS ID | Date request reviewed | Name | Name |
|  |  |  |  |
| Accepted |  | Denied |  |
| Amount |  | Reasons | |
| Signed | | Signed | |

|  |  |
| --- | --- |
| Invoice received - date |  |
| Invoice Number |  |
| Invoice Detail |  |
| SAMIS reference |  |
| Date entered on SAMIS |  |