

# Framework for Funding the Voluntary Sector

## Good Practice Guidance



Produced by: **Compact Implementation Group**

Developed: **September 2007**

Last Update: **June 2009**

Review Date: **June 2011**

Dokumenty dostępne są również w języku polskim i w innych formatach (rozmiar/ kształt) na żądanie. Kontakt: NHS Tayside, wydział ds. łączności (centrala NHS) 01382 424138.

Listiny jsou na požádání dostupné taky v jiných jazycích a formátech. Kontaktujte oddělení komunikací NHS Tayside (Communications Department) na čísle 01382 424138.

此文件設有其他語文譯本及版式,請聯絡國家保健服務聯絡部

(NHS)Tayside Communication Departments 索取, 電話:01382 424138

درخواست کرنے پر دستاویزات دوسری زبانوں اور فارمیٹس میں بھی فراہم کئے جاسکتے ہیں۔ ٹے سائڈ کمیونیکیشن ڈپارٹمنٹ سے فون نمبر 01382 424138 پر رابطہ کریں۔

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Documents can be made available in other languages and formats on request. Contact NHS Tayside Communications Department on 01382 424138.

# FRAMEWORK FOR FUNDING THE VOLUNTARY SECTOR

## Good Practice Guidance

### 1. Introduction

“A Compact for Health” – a Partnership Agreement between NHS Tayside and the Voluntary Sector – was launched in May 2004. As part of implementation of this Compact, agreement was reached on reviewing and further developing a framework outlining how the NHS provides funds and resources to the Voluntary Sector in Tayside. The voluntary sector asked for more information about application procedures, criteria, timescales and about how disinvestments/reinvestment of resources allocated by the NHS might be approached.

The NHS, as a body accountable for public funds, needs to ensure that resources provided to the voluntary sector achieve best value and that the funds are aligned with the strategic priorities of NHS Tayside and its partner agencies. Many voluntary organisations and groups can provide services that cut across the responsibilities of both the NHS and Local Authorities and it may often be appropriate for them to receive funding from both sectors.

The NHS can support activities relating to health improvement. The following are useful links to support the funding of the voluntary sector:

- Angus Association of Voluntary Organisations - [www.aavo.org.uk](http://www.aavo.org.uk)
- Angus Council External Funding Section - [http://www.angus.gov.uk/services/view\\_service\\_detail.cfm?serviceid=1050](http://www.angus.gov.uk/services/view_service_detail.cfm?serviceid=1050)
- Angus Funding Website - <http://www.angus4community.com>
- Dundee Voluntary Action - [www.d-v-a.org.uk](http://www.d-v-a.org.uk)
- Dundee Partnership - <http://www.dundeepartnership.co.uk/>
- Dundee City Council - <http://www.dundee.gov.uk/funding/factfile.htm>
- Perth & Kinross Association of Voluntary Service - [www.pkavs.org.uk](http://www.pkavs.org.uk)
- Perth & Kinross Council One Stop Shop - <http://www.pkgrantsdirect.com>
- Big Lottery Fund – [www.biglotteryfund.org.uk](http://www.biglotteryfund.org.uk)

This document is intended as a good practice guide on funding from NHS Tayside to the voluntary sector. The Local Authorities in Tayside will have similar good practice procedures on funding the voluntary sector.

NHS funding for the voluntary sector will reflect a partnership approach recognising the important links between NHS Tayside, the Community Health Partnerships (CHPs) and Community Planning in Angus, Dundee and Perth & Kinross. It will also take into account the added value that volunteers and volunteering contributes towards improving the health and wellbeing of our local population.

As part of the application process, we would encourage the voluntary sector to discuss any ideas or proposals with us at an early stage.

## 2. Who can Apply to the NHS for Funding?

Local Voluntary Organisations and Community Groups providing local services that:

- Are complementary to Health Services
- Lead to Health Improvement
- Tackle Health Inequalities
- Meet Objectives in the NHS Tayside Local Delivery Plan and Single Outcome Agreement
- Meet joint Objectives in Community Plans and Community Care Plans

*The above Plans should be available on the NHS Tayside and relevant Local Authority websites; if not contact person(s) named at Appendix 4.*

## 3. What funding or support might be available?

Applications for funding would normally range up to £30,000. However, NHS funds within the Board's Voluntary Organisation Budget are cash limited, which means that the budget holds a set amount of funds in any one financial year. The funds are usually fully committed in each financial year. New applications for funds from this budget therefore need to be assessed carefully and prioritised.

If the Board awards an amount of funding and it is less than that applied for, the organisation will be asked to re-examine the scale of its original application/ proposal and produce a revised budget estimate. In the case of an application for core funding, the project would require to review its planned overall expenditure and proposed developments.

The following funds and "in kind" support may be provided:

- **Recurring Funds** – Funds that can continue on a recurring basis, subject to annual review
- **Non-Recurring Funds** – "One off" funds that can be made available in any one financial year for e.g. a specific piece of work or a piece of equipment. The amount of funding available varies each year and the funds are exhausted in each financial year.
- **"In Kind" Support** – this support can be made available by way of accommodation, training, possible secondment of staff/provision of assistance and/or advice by NHS staff on work the voluntary sector is undertaking. This should be acknowledged in the organisation's accounts.

*If an organisation is unclear about the level of funding or type of support that might be available, contact can be made with personnel at appendix 4. The organisation should not start an activity or project on the assumption that NHS funds will become available – there must be prior approval.*

See also "Types of Grant" at Appendix 1

#### 4. How do you apply for Funding?

Information about how the voluntary sector can apply for funds will be included under the “Voluntary Sector” on the NHS Tayside website  
[http://www.nhstayside.scot.nhs.uk/getting\\_involved/index.shtml](http://www.nhstayside.scot.nhs.uk/getting_involved/index.shtml)

Applications/proposals for grants should normally be submitted prior to or by 1 October of the year preceding the financial year (commencing 1 April) for which funds are sought. This will enable the NHS and its partners to gauge demand and assess priorities before final decisions are taken about allocations for funds. Through this process organisations can apply for funding for a 3-year period.

Apply by:

- Completing an NHS “Application for Financial Support” Form:  
[http://www.nhstayside.scot.nhs.uk/getting\\_involved/Application%20for%20financial%20support.pdf](http://www.nhstayside.scot.nhs.uk/getting_involved/Application%20for%20financial%20support.pdf)
- Submitting a proposal through the relevant Joint Planning Process
- Applying for funds through the Local Authority “One Stop” Shop or External Funding Team

#### 5. Criteria for Funding and Conditions – See Appendix 2

The criteria relates to essential and desirable requirements. Voluntary organisations must meet the essential criteria set out in Appendix 2.

The criteria also relate to activities that the NHS grants/funds will not support.

Once a decision to fund has been taken, the conditions pertaining to the funding will be set out in an award letter or in a formal contract or service level agreement/specification (this could be an NHS agreement/specification – or a joint agreement/specification with the relevant local authority).

If the organisation/group has more savings (e.g. reserves) than the amount of money applied for, the organisation will need to explain what it plans to do with this money. If the organisation/group has not set aside this money for a specific purpose, it is unlikely that a grant would be approved.

It is acknowledged that charity accounting (SORP 2005) and good practice requires an organisation to have a proper reserves policy. However, if the organisation or group has more money than that applied for, the organisation/group will have to explain the reasons for this.

## 6. How are funding decisions reached?

Funding decisions will normally be reached through partnership working and/or by senior officers with responsibility for budget decisions. This means that we will speak with other health staff, including Community Health Partnerships, and Local Authority staff in relation to requests for funding.

It is expected that the process will allow decisions to be reached and reported back to the voluntary sector **within 3 months. However, if multi-agency input is required and/or the organisation is applying for funds for a new service or complex piece of work, decisions may take longer than 3 months.**

**The NHS is likely to subject commissioned services costing more than £10,000 to a tendering process.**

If an organisation does not spend funds allocated in a previous year, this would be taken into consideration in respect of any future funding decision (see 8 – Process for Payments)

**Voluntary Sector Budget** – the Board approves funding annually from its general allocation for the Voluntary Sector. The budget is held by Tayside NHS Board/Community Health Partnership (CHP) officers.

- Process
  - Assessment of application/proposal.
  - Assessment by officers in NHS Board/CHP/other NHS Services.
  - Decisions under £1,000 through Board/CHP NHS officers, including voluntary sector input.
  - Decisions over £1,000 through a multi-agency group, involving voluntary sector input.

**Mainstream Resource Transfer Budget** – these are the NHS funds that are given to the Local Authority to support and enable people to stay in the community, some of whom might otherwise be in hospital, e.g. community care services

- Process
  - Assessment of application/proposal
  - Assessment by relevant multi-agency joint planning group
  - Report, including support for proposal submitted to joint Senior Officer Group for final decision on allocation of funding (if funds available)
  - Decision referred back to proposer

**Funding allocated by the Scottish Executive Health Department (SEHD) for specific purposes** – examples are Blood Borne Viruses, Drugs and Alcohol Treatment Services, Coronary Heart Disease and Stroke.

- Process
  - Assessment by NHS Services
  - Referral to appropriate committee/senior officer

## 7. Disinvestment/Reinvestment

The NHS receives funding from the public purse (government) and it is important to ensure that these NHS resources continue to fund activities and services which meet the needs of the Tayside population, policy demands and the changing environment. Funds contributed to voluntary organisations/groups will therefore require to be reviewed periodically to ensure that they still meet the local needs. The following example relates to the process for voluntary organisations funded through the Board's voluntary organisation budget

- NHS funding to voluntary organisations will be reviewed by a multi-agency working group which includes voluntary sector representation
- Discussions will be held with relevant voluntary organisations about disinvestments
- A period of 1 year advance notice of disinvestments of NHS funds to a voluntary organisation would be provided, unless otherwise determined or agreed

## 8. Process for Payments

The process for payments to the voluntary sector can vary in terms of:

- Claims/Invoices to NHS – submitted to NHS officers for authorisation and payment
- NHS Contracts or Service Level Agreements/Specifications
- or Joint Service Level Agreements/Specifications with Local Authority(ies)
  - Report to relevant Committee – for approval and payment of funds
  - The relevant documents will set out the agreed funding and periods of payment

**NB NHS funding** to the voluntary sector may be paid through the Local Authority

### **Unspent Grants**

Proper budgeting should ensure that organisations receive only sufficient funds to meet expenditure to be incurred during the period for which payment has been made. If for some reason (e.g. staff resignation) funds are not spent for the purposes awarded during the financial year to which they relate, the funds will be liable to be surrendered at the end of the financial year or taken into account on deciding the level of any further grant payments. Any unspent grant must be notified as soon as it comes to light to the person who authorised the NHS Tayside funds.

## 9. Monitoring

The NHS is accountable for public funds and it is therefore important that relevant monitoring information is provided to evaluate the outcome of the funds expended.

The outcome should set out not only the benefits to clients, but also the benefits achieved by the volunteers working within the organisation and the impact on the wider community

- **NHS Board** – Voluntary organisations will be required to submit annual reports and audited/independently examined annual income and expenditure accounts, as well as relevant statistics and evidence of outcomes achieved
- **Local Authority** – Named officers will monitor activities included in Joint Service Level Agreements/Service Specifications
- **Joint Monitoring with Local Authority/Authorities** – For some services NHS officers and Local Authority officers jointly monitor activities of voluntary organisation/group at agreed times

**If no or insufficient monitoring information is received by NHS Tayside, payment of funds may be delayed or funding may be withdrawn and/or no further funds will be paid or contributed to the organisation. This may potentially jeopardise future funding applications.**

## 10. Evaluation

- Evaluation Reports to be submitted to NHS officers and/or Local Authority officers
- NHS and Local Authority/Authorities may request an external evaluation of an organisation or piece of work they have funded – this would be costed in original application or negotiated with the requesting bodies

## **TYPES OF GRANT**

### **Core Grant**

A core grant can assist with the central administrative costs of a voluntary organisation. The organisation must be able to show that it has clearly defined objectives. Core funding will be managed on a 3-year basis, with annual review. Renewal of grant is not automatic and will be stopped if the voluntary organisation stops meeting the agreed outcomes or where there is evidence of financial mismanagement.

A core grant will normally provide no more than half of either the voluntary organisation's total or administrative expenditure. If an organisation applies for a grant in excess of 50% of its total or administrative expenditure, additional information about its policy management and financial control will be required.

The Health Board will expect the organisation to explore other sources of funding and to demonstrate that it has done so.

An existing core grant may be renewed but this is not automatic. A renewal application will be subject to the same assessment as for a new application; and also to a review of the organisation's performance and achievements during the preceding grant period in relation to activities supported by the grant. Any renewal awards may not automatically include an uplift for inflation.

### **Project Grant**

A project must be clearly defined by a voluntary organisation/group to further the Health Board's policy objectives by testing an innovatory idea or by helping to develop a particular pattern of service.

A project grant is usually given for pump-priming purposes to meet exceptionally high initial costs over a limited period. A grant may normally be limited to a maximum of half of the overall costs of the project. The sources of funding for the balance of the costs of a project must be clearly indicated before a grant is approved, or agreement reached on full cost recovery.

Arrangements for monitoring, evaluation and dissemination of knowledge and lessons learned from the project have to be agreed before a grant is approved.

A grant for a local project may be approved for any period up to 3 years, plus 1 further year for assessment and dissemination. It is unlikely that any extension to these periods would be authorised.

Should the project be deemed a success, other funding sources would be sought to mainstream the activity.

### **Commissioned Services**

Some services will be commissioned from the voluntary sector. The NHS might purchase a specific piece of work or service over a set period of time. The NHS might also jointly commission a service through the respective local authority(ies) and the service would be subject to specification through a (joint) service level agreement. Funding for these services would cover the costs agreed and approved by the funders and voluntary organisation. It should be noted that services costing more than £10,000 would likely be subjected to a tendering process.

**Capital Grant**

Capital grants can be made available in very exceptional circumstances. Bids for capital grants will be assessed against the following criteria: the expenditure

- must meet the definition of capital expenditure
- should contribute towards the Board's objectives
- should benefit the Board's residents

While there is no specified limit, extremely high bids would be unlikely to succeed in terms of the Board's overall capital resource limit (CRL). The voluntary organisation would have to clearly demonstrate the health benefit of their proposal.

A capital grant would cover land and buildings including renovation and upgrading costs but may be limited to the added value in order to count against the Board's CRL. Capital grants can also be made in respect of moveable assets e.g. furniture, furnishings and items of equipment. Any capital grant is subject to the Board's Corporate Governance Procedures and may take some time before approval or otherwise can be delivered.

A voluntary organisation would also need to provide details of any revenue consequences that may arise as a result of the capital expenditure and confirm that the funding is in place to address this. In order to safeguard the assets the Board may impose additional constraints in giving its approval.

Capital grants for small moveable assets (below £5,000 in total) such as office equipment may be considered as part of a core or project application.

Advice should be sought at an early stage in respect of capital grants as the interpretation of the criteria can be complex. (See Appendix 4)

## CRITERIA FOR NHS FUNDS

- **NHS Priorities:**
  - Reducing health inequalities i.e. Equally Well
  - Improving Health
  - Shifting the Balance of Care
    - Supporting the management of Long Term Conditions to enable people to stay in their own homes
    - Promoting self-care and self-management
  - Recognising carers as key partners in Care
  - Promoting health & wellbeing
  
- **Essential Criteria**
  - Not for Profit Organisation/Not for Profit Distribution
  - Constitution/Memorandum & Articles of Association
  - Clear Objectives
  - Financial systems and controls in place
  - Financial projections
  - Income & Expenditure Accounts (for previous 2 years – unless a new organisation/group)
  - Annual Reports (unless a new organisation)
  - Supporting Evidence of Need
  - Activities complementary to health services and further the NHS strategic objectives – leading to or promoting health improvement and/or tackling health inequalities
  
- **Desirable Criteria:**
  - If a recognised Charity – Charity number should be submitted
  - If a company – company number should be submitted
  - Meet requirements of Code of Guidance on funding external bodies and following the Public Pound/Best Value<sup>1</sup>
  - Business Plan
  - Action Plan
  
- **Communication – Evidence of Links to include:**
  - Service Users
  - Other statutory and voluntary organisations in the field of activity
  - Councils for Voluntary Services
  - Families and Carers
  - Local community/public
  - Networks/Forums related to health services

## CONDITIONS IN AWARD LETTER

This is not an exhaustive list and particular conditions would be discussed with the voluntary organisation/group:

- The amount up to which funds have been approved and the year(s) in which they will be paid
- The precise purpose of the funding

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<sup>1</sup> *Best Value in Public Services Guidance to Accountable Officers, Scottish Executive, 2006*

- Independently examined/audited income and expenditure accounts to be provided for the year in which the funds were provided
- Project grants will require updated projections for each forthcoming year to be submitted timeously
- Project reports, evaluations and/or Annual Reports will be required at the end of each year's activity reporting on outcomes in relation to the funds awarded
- Funds are recoverable if not used for the purpose for which given

**NHS GRANTS FROM THE BOARD'S VOLUNTARY SECTOR BUDGET WILL NOT SUPPORT ACTIVITIES RELATING TO THE FOLLOWING:**

- Individuals
- Party Political campaigns
- Companies or organisations that aim to profit for distribution
- Any goods or services that are bought or ordered prior to application and receipt of award letter
- Research (defined as a fact-finding activity, which involves the structured collection of information to answer a specific question or hypotheses and where the origins and thus the limitations of the data are clearly identified) – although funding from another NHS source might be available

<b>CHECKLIST FOR VOLUNTARY ORGANISATIONS (VO)/GROUPS</b>		
	<b>Yes</b>	<b>No</b>
<u>Name of Voluntary Organisation</u>		
1. Has the application/proposal been fully completed and signed?		
2. Has the charity number and registration date been included on the application/proposal? (If awaiting registration, include when it is expected)		
3. Are the objectives clearly defined?		
4. Does a copy of the Constitution/Memorandum and Articles need to be sent?		
5. Is the proposed funding to meet core costs, a project or service?		
6. Has the period of funding been clearly set out?		
7. Is the purpose of the proposed funds clearly defined in the application and consistent with the strategic objectives of the NHS? The strategic objectives may be found in the NHS Tayside Local Delivery Plan and Single Outcome Agreement.		
8. Does the application/proposal include supporting evidence of need?		
9. Are there expected outcomes – are these listed?		
10. Has a Business Plan and/or Action Plan been included with the application/proposal?		
11. Will the proposal duplicate any work already undertaken by another VO? If yes, state what distinguishes this proposal from the other work.		
12. Has evidence of links with other organisations & groups been included?		
13. Has a detailed budget projection showing income and expenditure for the first grant year been provided and does it provide adequate information?		
14. Have other measures to seek or improve funding from other statutory sources and charitable giving been included?		
15. Are independently examined/audited accounts for the most recent year been included with the application (2 years for new applications)?		
16. Has the application/proposal been approved for signature by the Board of Management/Management Committee of the VO?		
17. Has monitoring and evaluation of activities been considered by the organisation/group?		

<b>CHECKLIST FOR NHS</b>	<b>Yes</b>	<b>No</b>
1. Name of Voluntary Organisation clearly stated?		
2. Has the application/proposal been fully completed and signed by a responsible officer?		
3. Has the organisation/group included relevant enclosures, e.g. constitution/memorandum and articles, etc.		
4. Does the organisation/group have charitable recognition? If so, is the registration included (or for recent applications, expected)?		
5. Is the VO/group eligible for funding/grant?		
6. Is the amount requested and period of proposed funding clear?		
7. Are the objectives clearly defined in the application?		
8. Is the proposal to meet core costs, a project or service?		
9. Is the purpose of the proposed funds clearly defined in the application and consistent with the strategic objectives of the NHS? (The strategic objectives may be found in the NHS Tayside Local Delivery Plan and Single Outcome Agreement.)		
10. Does the application/proposal include supporting evidence of need?		
11. Have the expected outcomes been included?		
12. Will the proposed funds duplicate any similar work already provided to another VO. If yes, is it clear what distinguishes this proposal from the other work?		
13. Have the costs attributable to each of the main functions of the organisation, as reflected in its aims & objectives, been established?		
14. Has a detailed budget projection of income and expenditure for the first year been provided and does it provide adequate information?		
15. Are other sources of funding being sought, or measures to enhance current funds? E.g. other statutory sources and charitable giving?		
16. Are independently examined or audited accounts for the 2 most recent years (unless the VO is less than 2 years old) included with the application and does the financial status of the organisation appear satisfactory?		
17. Is the percentage of administrative or gross expenditure of the proposed grant clear?		
18. Will the work continue after the grant has been completed? If not, is there an exit strategy in place?		
19. Are there plans in place for monitoring/evaluating the project/service?		
20. Are there any other points to be considered or action taken?		

**VOLUNTARY ORGANISATION FUNDING – CONTACT PERSONNEL**

<b>Area</b>	<b>Designation</b>	<b>Address</b>	<b>Name, Email and Telephone Number</b>
Angus:	Corporate Services Manager	Angus Community Health Partnership, St. Margaret's House Orchardbank Business Park Forfar DD8 3DY	Hilde Barrie <a href="mailto:hilde.barrie@nhs.net">hilde.barrie@nhs.net</a> 01307 474158
Dundee:	Planning & Development Manager	Dundee Community Health Partnership Kings Cross Clelington Road Dundee DD3 8EA	Allison Fannin <a href="mailto:allison.fannin@nhs.net">allison.fannin@nhs.net</a> 01382 424141
Perth & Kinross:	Head of Planning & Performance	Perth Community Health Partnership Perth Royal Infirmary Perth PH1 1NX	Evelyn Gardiner <a href="mailto:evelyn.gardiner@nhs.net">evelyn.gardiner@nhs.net</a> 01738 473453
Tayside:	Voluntary Sector Manager	Directorate of Public Health Tayside NHS Board Kings Cross Clelington Road Dundee DD3 8EA	Linda Taylor <a href="mailto:linda.taylor9@nhs.net">linda.taylor9@nhs.net</a> 01382 424071

**GENERIC EXAMPLE OF FUNDER'S MONITORING FORM**

Reference Number/Dept	
Name of Organisation	
Name of Contact Person	
Name of Lead Worker/Monitoring Officer	
Funding Amount Approved	
Date Funding Approved	
Date(s) of Payment(s), e.g. annual, quarterly, grant, non-recurring	
Has an SLA been signed off: (If not please detail reason)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Period covered by this Report	
Detail frequency of Monitoring Visits or Contacts made with Organisation during period of this Report?	

<b>1. Details of Service Provided:</b>	
- Tayside-wide/Local/National ( <i>please circle</i> )	
- Geographical area(s) covered: _____	
- Specific client group(s) covered (if applicable): _____	
- Brief description of service provided through the agreed funding:	
<b>Outline of Progress</b>	
Expected Start Date	Actual Start Date
Expected Completion Date	Actual Completion Date
Reasons for difference in date (if any)	

<b>2. Predicted number of service users</b> who will be using the Service?	
Actual number of service users using the project at present	

<b>3. How many of these users are referred directly by:</b>	Health	
	Local Authority	
	Self	
	Other Agencies	

**4. Progress**  
Please give a brief summary of the project and details of how funds were spent. If the funds were not used for the purpose set out in the application, please tell us why.

Were there any major changes to the project? If so, did you tell us about these and receive approval from us for these changes?

**5. Does your project link with other council services/health partners:** *(please tick)*

(If yes give details)  Yes  No

**6. Have any of the following changed since receiving funding approval?**

Constitution/Legal Status	YES		NO	
Bank account details	YES		NO	

**7. What specific outcomes were agreed?**  
(These might be included in the Service Level Agreement - detail and indicate whether or not they have been achieved)

**8. Does the organisation receive any other source of funding?**  
*(e.g. from the NHS, BLF, Local Trusts, Local Authorities)*



**14. Publicity**

If asked to, how have you publicised the funder's contribution to this project? Have you sent us evidence of any publicity materials?

**15. Environmental Impact**

Tell us how your project will reduce its resources like paper and energy or improve the environment, think about long term economic future and encourage people and communities to work together

**16. Evaluation**

What process is used to evaluate

**17. Exit Strategy (if appropriate)**

What plans are in place for the project once funding ends? Will it continue, be funded from elsewhere or will you reapply for funding from this source?

**18. General Areas for Comments/Concern**

Are there any significant issues you would like to mention in this report (for example planned developments or budget issues

*Signature of Project Contact:* \_\_\_\_\_

*Signature of Monitoring Officer:* \_\_\_\_\_

*Date:* \_\_\_\_\_

## GLOSSARY

<b>Capital Resource Limit (CRL)</b>	The amount of funds that can be spent on land/building/moveable assets in any one year.
<b>Core Funding:</b>	Funds that an organisation requires to function, e.g. overheads, rent, rates, heating, lighting
<b>Joint Planning:</b>	Planning of service provision which involves 2 or more partners/agencies, e.g. <ul style="list-style-type: none"> <li>• NHS and Local Authority;</li> <li>• NHS and Voluntary Sector</li> <li>• NHS, Local Authority and Voluntary Sector</li> </ul>
<b>Multi-agency Planning</b>	Planning of service provision which involves 2 or more partners/agencies, e.g. <ul style="list-style-type: none"> <li>• NHS, Local Authority, and Voluntary Sector;</li> <li>• public, voluntary and private agencies</li> </ul>
<b>Non-Recurring funds</b>	Will not continue in future financial years
<b>Pump-priming funds</b>	Short term start up funds
<b>Recurring funds</b>	Continuing, regular funding
<b>Service Level Agreement (SLA)</b>	Formal contract of agreement on the service to be provided and signed by parties to the agreement
<b>Service Specification</b>	Includes the details of the service(s) to be provided
<b>Single Outcome Agreement (SOA)</b>	A Single Outcome Agreement sets out the Community Planning Partnership's strategic priorities for their local area and outcomes to be delivered by the partners, either individually or jointly, while showing how those outcomes should contribute to the Scottish Governments relevant National Outcomes