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Local Authority Spend Plan 2018-19 Version 1.0

Complete the pale green area only. Fill with ONE ZERO "0" if there is no entry

Spend Plan collection period			Local Authority Spend Plan 2018-19												Local Authority contribution		Other income		Total Units (exc LA cont)		Total (exc LA cont)	
			Service Type																			
Client Spend Category (The category to which the service is primarily focused)	Previous year Total units from spend plan	Previous year Total cost from spend plan	Fixed Site (Accommodation Based)				Floating (Community Based)				Local Authority contribution	Other income	Total Units (exc LA cont)	Total (exc LA cont)								
			Client Units	Less than 6 Months	Client Units	6 to 24 Months	Client Units	24 Months plus	Client Units	Less than 6 Months					Client Units	6 to 24 Months	Client Units	24 Months plus	£	£	Numbers	£
Women experiencing Domestic Abuse	30	224,995.00	5	102,960					25	122,135				5,000		30	225,095					
Men experiencing Domestic Abuse	0	0.00														0	0					
People with Learning Disabilities	0	0.00														0	0					
People with Mental health issues	50	300,600.00										50	300,600			50	300,600					
People with Substance Misuse Issues (Alcohol)	0	0.00														0	0					
People with Substance Misuse Issues (Drugs and Volatile substances)	0	0.00														0	0					
People with Criminal Offending History	1	6,670.00							1	6,670						1	6,670					
People with Refugee Status	0	0.00														0	0					
People with Physical and/or Sensory Disabilities	0	0.00														0	0					
People with Developmental Disorders (i.e. Autism)	0	0.00														0	0					
People with Chronic illnesses (including HIV, Aids)	0	0.00														0	0					
Young People who are Care Leavers	2	31,053.00										5	22,000			5	22,000					
Young People with Support Needs (16-24)	42	250,376.00	21	178,775					21	71,601					42	250,376						
Single parent Families with Support needs	0	0.00														0	0					
Families with Support Needs	2	27,000.00										2	27,000			2	27,000					
Single people with Support Needs not listed above (25-54)	0	0.00														0	0					
People over 55 years of age with Support needs (this category must be exclusive of alarm services)	27	49,203.00														27	49,203					
Generic Floating support to prevent homelessness (tenancy support services which cover a range of user needs but which must be exclusive of fixed site support)	221	1,097,704.64							56	323,087	150	620,325			40	173,080	246	1,116,492				
Alarm Services (including in sheltered/extra care)	1,952	51,973.16													1,802	42,942	1,802	42,942				
Expenditure which does not directly link to the spend plan categories above. (Explanation required in accompanying email)	0	0.00														0	0					
TOTALS	2,327	2,039,174.80	26	281,735	0	0	0	0	82	451,892	228	1,041,526	1,868	5,000	0	2,204	2,039,175					



Appendix 4

Does total match sum UNITS horizontal	Does total match sum £ horizontal	Per cent increase/decrease from previous year	>10 Per cent increase	<-10 Per cent decrease	10% threshold vs. previous year £	-10% threshold vs. previous year £	10% threshold vs. previous year Units	-10% threshold vs. previous year Units
✓	✓	0.2		✓	247,055	204,177	33	27
✓	✓	0.0		✓	0	0	0	0
✓	✓	0.0		✓	0	0	0	0
✓	✓	0.0		✓	330,660	273,273	55	45
✓	✓	0.0		✓	0	0	0	0
✓	✓	0.0		✓	0	0	0	0
✓	✓	0.0		✓	7,337	6,064	1	1
✓	✓	0.0		✓	0	0	0	0
✓	✓	0.0		✓	0	0	0	0
✓	✓	0.0		✓	0	0	0	0
✓	✓	-29.2	✓	✓	34,158	28,230	2	2
✓	✓	0.0		✓	275,414	227,615	46	36
✓	✓	0.0		✓	0	0	0	0
✓	✓	0.0		✓	29,700	24,545	2	2
✓	✓	0.0		✓	0	0	0	0
✓	✓	0.0		✓	0	0	0	0
✓	✓	-2.4		✓	54,123	44,730	30	25
✓	✓	1.7		✓	1,207,475	997,913	243	201
✓	✓	-17.4	✓	✓	67,170	47,248	2,147	1,775
✓	✓	0.0		✓	0	0	0	0
✓	✓	0.0		✓	2,243,092	1,853,795	2,560	2,115

10% threshold	-10% threshold	Count of Zero
2,243,092.50	1,853,795.45	0

Units vs. cost check (i.e. where there is a unit has a cost been allocated)	Units	Cost	Units	Cost	Units	Cost	Units	Cost	Units	Cost	Units	Cost	Units	Cost
Women experiencing Domestic Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Men experiencing Domestic Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
People with Learning Disabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
People with Mental health issues	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
People with Substance Misuse Issues (Alcohol)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
People with Substance Misuse Issues (Drugs and Volatile substances)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
People with Criminal Offending History	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
People with Refugee Status	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
People with Physical and/or Sensory Disabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
People with Developmental Disorders (i.e. Autism)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
People with Chronic illnesses (including HIV, Aids)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Young People who are Care Leavers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Young People with Support Needs (16-24)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Single parent Families with Support needs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Families with Support Needs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Single people with Support Needs not listed above (25-54)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
People over 55 years of age with Support needs (this category must be exclusive of alarm services)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Generic Floating support to prevent homelessness (tenancy support services which cover a range of user needs but which must be exclusive of fixed site support)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alarm Services (including in sheltered/extra care)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Expenditure which does not directly link to the spend plan categories above. (Explanation required in accompanying email)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Certificate of Chief Financial Officer or authorised representative

Summary declaration

I certify that, to the best of my knowledge and belief, the information provided on this form is correct and consistent with the estimates and calculations made by my authority to calculate the budget and expenditure of the Supporting People programme.

Name: (Print name)

Signature:

Date: (dd/mm/yyyy)

Certificate of Supporting People programme Co-ordinator

Summary declaration

I certify that, to the best of my knowledge and belief, the information provided on this form is correct and consistent with the estimates and calculations made by my authority to calculate the budget and expenditure of the Supporting People programme.

Name: (Print name)

Signature:

Date: (dd/mm/yyyy)

Certificate of Head of Finance, Supported Housing & Homelessness

Summary declaration

I certify that, to the best of my knowledge and belief, the information provided on this form has been checked against the criteria for the expenditure of the Supporting People programme.

Name: (Print name)

Signature:

Date: (dd/mm/yyyy)