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**Strengthening and developing the West Lancs VCFSE role in the local Health Economy**

**Funding Application Form A**

West Lancs CVS is working to encourage a partnership approach with the local health commissioners, health and care service providers, our local authority and the Voluntary, Community, Faith & Social Enterprise (VCFSE) sector to strengthen and develop the West Lancs health economy.

This partnership working will recognise the essential role that the West Lancs VCFSE sector has to play in three developing criteria:

a. **strengthening communities**

b. **increasing community resilience**

c. **keeping people well**

You are invited to put forward your local partnership project applications for consideration for possible funding support from the West Lancashire CCG VCFSE investment for 2018.

Applications should be for projects which impact on one or more of the above criteria across one or more of the three West Lancashire health economy areas (see guidance) and best support VCFSE working towards primary, community and acute health priorities.

**Before completing this form please refer to the guidance.**

**Deadline**: please submit your application by **5pm on Wednesday 14 November 2018** to Vicky Attwood at the address given below or send by email to **enquiries@wlcvs.org**(type “**CCG Investment Funding Application Form A**” in subject line).

West Lancs CVS, Certacs House, 10-12 Westgate

Skelmersdale, Lancashire, WN8 8AZ.

Tel: 01695 733737.

Any questions about this funding opportunity should also be sent to vicky@wlcvs.org

This is stage one of the process. Applications which are successful will be invited to stage two – to give more details about the project.

**Eligibility Checklist**

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|  | **YES** | **NO** |
| Is the lead organisation’s head office **based** in West Lancs?(We cannot fund organisations based outside West Lancs) | [ ]  | [ ]  |
| Is your application for funding of over £500 up to a maximum of £25,000? | [ ]  | [ ]  |
| Are you applying on behalf of a formally constituted not-for-profit voluntary, community, faith or social enterprise (VCFSE) sector organisation(s)?(We cannot fund individuals, informal groups, councils, private, public or other statutory organisations/services) | [ ]  | [ ]  |
| Is your proposal for a NEW project, strategy, activity, event or training?(An application that is deemed purely to extend current delivery or activity will be rejected) | [ ]  | [ ]  |
| Will your project benefit the residents and/or communities of West Lancashire?(We cannot fund delivery of services or activity taking place outside West Lancashire) | [ ]  | [ ]  |
| Can you confirm that your project is NOT delivering something that should be provided by the statutory services? | [ ]  | [ ]  |
| Can you provide evidence that there is a need for your project in West Lancashire? | [ ]  | [ ]  |
| Can you confirm that your project is NOT providing medical treatment or clinical interventions that are unrecognised/unapproved by the National Health Service?(Please enquire if you require further clarification). | [ ]  | [ ]  |
| Can you confirm that your application is NOT requesting funds for general running/core/staff costs unless they are directly associated with the project?(We can fund general running/core costs providing they contribute directly to the proposed project).  | [ ]  | [ ]  |
| Can you confirm that your application is for a revenue project?(You can include small capital equipment to support delivery). | [ ]  | [ ]  |
| Can you confirm that your application is NOT requesting funds for anything which only benefits an individual? | [ ]  | [ ]  |
| Will your project run for a maximum of one year from the date you receive funding? | [ ]  | [ ]  |
| Can you confirm that your project will start within two months of this funding being formally approved and confirmed in writing, but NOT before approval? | [ ]  | [ ]  |
| Can you confirm that either: This is the first time you have received funding allocated by WLCVS; or that if you have previously received funding you successfully returned your ‘End of Project Evaluation and Report’? | [ ]  | [ ]  |

**You must be able to answer ‘YES’ to all of the above to apply for this funding.**

**Project/activity application**

Please complete all questions. Sections will expand as you complete your answers.

**Contact details**

|  |  |
| --- | --- |
| **Name of lead organisation** |  |
| **Main contact person** |  |
| **Full address including postcode****NB: must be in West Lancs** |  |
| **Email address** |  |
| **Telephone number** |  |
| **When was the organisation established?** |  |
| How many people are involved? | **Committee****/ Board** |  | **Volunteers** |  |
| **Paid Staff** |  | **Members** |  |

1. Proposed title of project:

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2. Please detail your proposal (max 350 words)

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3. In which of the West Lancashire health economy areas will your project operate? Please indicate all that are applicable:

* Skelmersdale / Upholland Yes / No
* Ormskirk / Aughton Yes / No
* Burscough, Parbold / Northern Parishes Yes / No
* All of West Lancashire Yes / No

4.  Please describe the evidence base that supports this application and how it relates to improving health and wellbeing in West Lancashire. (max 300 words)

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5. What actionwill youcarry out to ensure that you increase resident and patient participation through self-care/peer support across local neighbourhoods in West Lancashire? (max 350 words)

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6. Is this a completely new project or something that has been tested before? Please tell us about any similar projects that you have been involved in or are aware of. How does this proposal differ? (max 350 words)

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7. How do you plan to communicate the learning from this project? (max 350 words)

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8. What evaluation methods have you considered to capture the impact of your project? Have you used these tools before? (max 350 words)

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9. Please describe how you plan to sustain the project’s work when this funding finishes and give examples of when you have achieved sustainability before. (max 350 words)

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10. Please list the partners and any community resources to be involved and included in this project (max 250 words)

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11. Please provide a description of your target group(s). How many individuals will benefit from the project/activity? (max 350 words)

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12. Please describe any particular social issues associated with the area in which the project/activity will take place (max 350 words)

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13. Please describe how the project may work with, support or benefit either one or more of the following:

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| * Primary Care (GP practices) (max 150 words)
* Community Care (max 150 words)
* Mental Health Services (max 150 words)
* Acute Services (in-hospital services) (max 150 words)
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14. What difference will your project make to the following? Address one or more of the headings listed below:

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| * strengthening communities (max 150 words)
* increasing community resilience (max 150 words)
* keeping people well (max 150 words)
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15. Budget

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| Please provide an itemised indicative budget, including which partner each budget item will be attributed to. |
| **BUDGET ITEM** | **PARTNER** | **COST** |
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| What is the **total cost** of your project (including match funding)? | £ |
| How much money are you requesting from this fund? | £ |

16. Please detail the matched resources that you have identified to **specifically** support this proposal, including any match funding or in kind (e.g. volunteering benefit) (max 350 words)

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## 17. Any additional Information you wish to provide (max 250 words)

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# 18. Declaration

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| By submitting this application you are committing to VCFSE training and reporting to the West Lancs Health and Wellbeing Partnership.**I confirm that the information contained in this form is accurate** |
| Name in block capitals |  |
| Signature |  |
| Position  |  |
| Date |  |

Applications to be submitted no later than **5pm on Wednesday 14 November 2018** to enquiries@wlcvs.org (type “**CCG Investment Funding Application Form A**” in subject line).