****

**Healthy Neighbourhoods**

**Funding support for organisations that support healthy communities**

**Application form for funding up to £10,000**

**Please read the guidance notes before you complete this form**. **An incorrect or incomplete form will mean that your application is delayed or even rejected**

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

**Contact details**

|  |  |
| --- | --- |
| **Name of organisation** |  |
| **Main contact person** |  |
| **Full address including postcode** |  |
| **Email address** |  |
| **Telephone number** |  |

|  |  |
| --- | --- |
| **When was your group established?** |  |
| **How many people are involved in running the group?** | **Committee/Board** |  | **Volunteers** |  |
| **Paid Staff** |  | **Members** |  |
|  |  |  |  |  |
| **Is your group part of a larger organisation? If yes, please provide brief details.** |
| **Your group must have a set of rules or a constitution - please supply a copy signed by the chair of the board of trustees / management committee.**(If you don’t have the above, please contact CVS for support & guidance) |
| **Your group must have procedures to cover equal opportunities and child and vulnerable adult safeguarding - Please enclose a copy signed by the chair of the board of trustees / management committee.** (If you don’t have the above, please contact CVS for support & guidance). |
| **Please provide a copy of your latest annual report / last three months of accounts / simple financial statement signed by the chair of the board of trustees / management committee.**(If you don’t have the above, please contact CVS for support & guidance).  |

|  |
| --- |
| **Group Bank/Building Society -** **Name:****Address:****Postcode:****Account Name:****Sort Code:****Account Number:** |
| **If your group does not have a bank account, please explain what alternative banking arrangements you make.** |  |

1) Proposed title of project:

|  |
| --- |
|  |

2) Please indicate which pot you are applying to:

|  |  |
| --- | --- |
| **Pot** | **Tick one or both** |
| **Addressing Barriers**  |  |
| **Peoples’ Voice**  |  |

3) Please summarise your proposal explaining how it contributes to at least one of the priorities, i.e. how it will address barriers to good health or give people a voice (max 350 words)

|  |
| --- |
|  |

4) Please give a start and end date for the project.

|  |
| --- |
|  |

5) In which of the West Lancashire neighbourhood area will your project cover? Please indicate all that are applicable:

|  |  |
| --- | --- |
| **Area** | **Tick one or more** |
| Skelmersdale and Upholland |  |
| Ormskirk and Aughton |  |
| Burscough, Parbold and the Northern Parishes |  |
| All of West Lancashire |  |

6) Which of the priority groups will you deliver this project to (max 100 words per group)?

|  |  |
| --- | --- |
| **Priority group** | **Please tick one or more group** |
|  People on a low income (deprivation) |  |
| Ethnic minorities |  |
| LGBT+ (sexual orientation) |  |
| Refugees and asylum seekers (Immigration status) |  |
| Women (gender) |  |
| Disabled people includes mental health |  |
| Care leavers |  |

7) Approximately how many individuals will benefit from the project/activity?

|  |  |
| --- | --- |
| **Priority group** | **Number benefitting** |
|  People on a low income (deprivation) |  |
| Ethnic minorities |  |
| LGBT+ (sexual orientation) |  |
| Refugees and asylum seekers (Immigration status) |  |
| Women (gender) |  |
| Disabled people includes mental health |  |
| Care leavers |  |

8) What **difference** will your project make (include specific outputs) to these groups? Please remember that this is not about how much or how many but about **what will change** (max 300 words).

|  |
| --- |
|  |

9) What **evidence** do you have to show that this project is needed? (max 300 words)

|  |
| --- |
|  |

10) How will you **evaluate/measure** the impact of your project? (max 350 words)

|  |
| --- |
|  |

|  |
| --- |
| **If you are only applying to the** **Addressing Barriers pot, please complete questions 11 and 12.****If you are only applying to the Peoples’ Voice pot, go straight to question 13.** **Complete all questions if you are applying to both pots.** |

**Addressing Barriers**

11) Please describe how your project will help address the barriers to good health people from these priority groups face. Please give examples (max 200 words per barrier).

|  |  |
| --- | --- |
| **Barrier** | **How these will be addressed** |
| Deprivation  |  |
| Ethnicity |  |
| Sexual orientation |  |
| Immigration status |  |
| Gender |  |
| Disability including mental health issues |  |
| Leaving care |  |

12) The funding is aimed at improving health and wellbeing of residents in West Lancashire. How will your project help address the areas below? Just complete the ones your project will focus on (max 200 words per section)

|  |  |
| --- | --- |
| **Area of work** | **How will your project address these?** |
| Work with residents to improve their access to transportation, good quality housing and healthcare |  |
| Work with residents to improve their life chances by accessing learning & training and employment |  |
| Support residents to receive all of the income support they are entitled to |  |
| Support residents to address factors that put their health at risk e.g. smoking, alcohol misuse, drug misuse, low physical activity |  |
| Support residents whose health is affected by others putting them at risk e.g. domestic abuse, sexual abuse |  |
| Support families to help them to provide a healthy environment for pregnant women and children under five |  |

**Peoples’ Voice:**

13) Describe how your project will help people in your community to be heard (max 350 words).

|  |
| --- |
|  |

14) Budget

|  |
| --- |
| Please provide an itemised indicative budget (add extra lines if necessary): |
| **BUDGET ITEM** | **COST** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| What is the total cost of your project (including match funding)? |  |
| How much money are you requesting from this fund? |  |
| If the total cost of the project is more than this grant request, please state where the rest of the funding is coming from. |  |

## 15) Any additional Information you wish to provide? (max 250 words)

|  |
| --- |
|  |

# 16) Declaration

|  |
| --- |
| **I confirm that the information contained in this form is accurate** |
| Name in block capitals |  |
| Signature |  |
| Position  |  |
| Date |  |

# APPLICATION CHECKLIST

|  |  |  |
| --- | --- | --- |
| Have you included the following with your application? | Yes | No |
| A fully completed application form |  |  |
| Your group’s rules or constitution |  |  |
| A copy of your group’s safeguarding policies |  |  |
| All other relevant documents |  |  |

# If you have ticked the ‘No’ column please explain why:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Applications to be submitted no later than **5pm on 18 January 2023** to vicky@wlcvs.org. Tel: 07598552949. |