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**ICB Population Health Investment Fund 2024-25**

**Small Grants Application form for funding from £1,000 to £5,000**

**We want to fund projects that:**

* 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 provide a healthy environment for pregnant women and children under five
* 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

**Priority to be given to projects which:**

* Improves people’s health and wellbeing
* Addresses needs identified in the Skelmersdale Priority Wards work (see Appendix A)
* Supports community involvement and champions lived experience
* Demonstrates a commitment to equal opportunities through activity
* Promotes physical activity for health and wellbeing
* Reduces social isolation or increases social interaction.

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

**An incorrect or incomplete form will mean that your application is delayed or even rejected.**

If you have any questions regarding this funding, please contact Vicky Attwood - [**vicky@wlcvs.org**](mailto:vicky@wlcvs.org) Tel: 01695 733737.

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** |  |

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| **When was your group established?** |  | | | |
| **How many people are involved in running your organisation?** | **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). | | | | |

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| **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:

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2. Please tell us about your project – what, where, who and how it will impact on health (max 350 words):

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3. Please give a start and end date for the project:

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4. In which of the West Lancashire areas will your project cover? Please indicate all that are applicable:

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

5. What **difference** will your project make (include specific outputs and outcomes) to the local community? Please refer to the priorities of the funding scheme and explain how it addresses one or more of these i.e. **what will change as a result of the project?** (max 300 words).

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

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

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8. Budget

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| Please provide an itemised indicative budget (add extra lines if necessary) and, where appropriate, show us how you have calculated the amounts shown, e.g. Staff costs - 1 worker for 6 months at £200 per month, Room hire 1 day per week @ £25 for 26 weeks etc. | |
| **BUDGET ITEM** | **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? |  |
| If the total cost of the project is more than this grant request, please state where the rest of the funding is coming from. |  |

## 9. Any additional information you wish to provide? (max 250 words)

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# 10. Declaration

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

# APPLICATION CHECKLIST

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| 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:

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| Applications to be submitted no later than **5pm on 12th April 2024.**  to [vicky@wlcvs.org](mailto:vicky@wlcvs.org). Tel: 07598552949. |