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

**Application form for funding over £5000 and up to £10,000**

**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.

**Eligibility Checklist**

|  |  |  |
| --- | --- | --- |
|  | **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 over £5,000 up to a maximum of £10,000? |  |  |
| 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) |  |  |
| 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 organisation** |  |
| **Main contact person** |  |
| **Full address including postcode**  **NB: must be in West Lancs** |  |
| **Email address** |  |
| **Telephone number** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **When was your group established?** |  | | | |
| **How many people are involved in running your organisation?** | **Committee/Board** |  | **Volunteers** |  |
| **Paid Staff** |  | **Members** |  |
| **Are you 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:

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2. Please detail your project, explaining how it contributes to at least one of the priorities, detailing 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 neighbourhood area 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 evidence do you have to show that this project is needed? (max 300 words)

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6. What difference will your project make (include specific outputs) to the local community i.e what will change as a result of your project? Please refer to the priorities of the funding scheme (max 300 words)

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7. 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)

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| --- | --- |
| **Area of work** | **How will your project address these?** |
| 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 |  |

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

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9. Please provide a description of your target group(s). How many individuals will benefit directly from this project/activity? (max 200 words)

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10. Budget

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| --- | --- |
| Please provide an itemised indicative budget (add extra lines if necessary): | |
| **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 |  |

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

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# 12. Declaration

|  |  |
| --- | --- |
| **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. |