

APPLICATION TO EAST LOTHIAN COMMUNITY HEALTH PARTNERSHIP - HEALTH IMPROVEMENT FUND 2011 – 2014

1. INFORMATION ABOUT YOUR ORGANISATION/GROUP

Note: the applicant must be an authorised representative of the organisation /group/service to benefit by the grant.

a) Name of Organisation / Group _____

Address for correspondence

Contact Name _____

Position _____

Telephone _____

Email _____

Postcode

Fax _____

b) How would you describe your organisation/group? Tick as many as apply

- Voluntary Organisation
- Statutory service
- Self Help Group
- Registered Charity Please give your charity number _____
- Other: (please state e.g. new group) _____

c) Does your organisation/group have the following?

A constitution/memorandum and articles Annual accounts

A constituted management committee A board of directors

A bank or building society account

How many people do you have on your Management Committee/ Board of Directors?

d) What is your organisation/group's overall purpose?

e) Organisational history

How long has your organisation/group existed?	_____ years _____ months
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How many staff does your organisation/group employ?	Full time paid staff? _____ Part-time paid staff? _____
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How many volunteers do you have?	_____
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What role(s) do the volunteers have?

2. IDENTIFIED LOCAL PRIORITY AREAS

All funded work will be expected to focus on aspects of promoting social capital and addressing inequalities – work targeted specifically to address well defined health inequalities across and within East Lothian such as those associated with:

- Socioeconomic deprivation
- Literacy
- Numeracy
- Gender
- Age
- Ethnicity and religious affiliation
- Disability status
- Sexual orientation
- Occupational social class

In addition it is expected that applications will specifically focus on at least one of the following priority areas:

- **Community food & health**, to improve availability of and access to healthy food choices
- **Early years** – work targeted and supporting the best possible start in life focused on those areas / communities labouring under the greatest disadvantage. Embed learning from ‘Support from the Start’.
- **Physical activity and/or wellbeing**
- Focussed public health interventions on reducing the **social gradient** of inequalities in any given topic or issue area.

Bid parameters

The HIF funds available to the CHP allow for a number of different types of bids to be considered. There will be three levels of awards subject to the overall amount available and the number and range of bids submitted. Bids are welcome of all sizes within the following categories.

1. Grants of up to £20,000 per annum for three years (up to three available)
2. Grants of up to £5,000 per annum for three years (up to five available)
3. Grants of up to £2,000 on a one off non-recurring basis (up to five available)

(See separate priorities paper for further background and details)

3. PROPOSAL OUTLINE/SUMMARY

Please provide an outline of your proposal and ensure you highlight how this project will focus on the priorities outlined above (maximum 500 words)

4. DESCRIBE HOW YOU WILL USE THIS GRANT

a) What are the intended outcomes of this piece of work? Please be explicit as to how these outcomes relate to the identified priority areas.

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b) How do you know there is a need for this piece of work and how have you involved local people or the client group in the planning process?

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c) What activities and resources will you use to achieve your outcomes?

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d) How will you monitor and evaluate your work to demonstrate progress towards outcomes, impact on inequalities and sustainability

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e) Which other agencies have you consulted or do you intend to work with?

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f) In what area/s of East Lothian will the work take place?

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6. PLEASE DETAIL HOW YOU PLAN TO SPEND THE GRANT			
ITEM / RESOURCE	AMOUNT		
	Year 1	Year 2	Year 3
Staffing costs			
Sessional workers			
Travelling expenses			
Sub Total			
Childcare/ crèche			
Room hire			
Administration			
Publications			
Publicity			
Equipment			
Volunteer training and expenses			
Other (please specify)			
Sub Total			
Total annual cost of project			
Total annual grant applied for			
Other contributions/sources of funding for this project, if any (Please provide details below)			

I understand that, should this group receive a grant quarterly monitoring, annual reports and a final evaluation report detailing expenditure and activities will be required.

I acknowledge that the grant will be reclaimed if it is not used for the purpose applied for within 12 months of receipt of the grant.

Signed on behalf of the group by:

Name: _____

Position: _____ Date: _____

Checklist - Please make sure you enclose the following (as appropriate)

Constitution

Audited Accounts

Completed Application forms should be returned to:

East Lothian Public Health Team

c/o Alison Allison

East Lothian Community Health Partnership

Edenhall Hospital, Pinkieburn, Musselburgh

East Lothian EH21 7TZ

0131 536 8106

Alison.Allison@nhslothian.scot.nhs.uk

Closing date for applications

Friday 17th September 2011