**Harlow’s Public Health Community Grant Application Form**

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| **1. Organisation: *Please provide details about your organisation and what it does*** |
| **Your name:**  **Position in organisation:**  **Organisation name and address:**  **Telephone and email address:**  **Website:**  **Social Media:**  **What does your organisation do?** *(maximum of 100 words)* |
| **2. Your Project** |
| **Project name:**  **Proposed start date**  **Proposed end date:**  **Who will benefit from your project?**  **How many people do you expect your project to reach?**  What will you deliver and for how long (e.g. 1 session per week for 10 weeks)?  Why is your project needed (provide evidence of and data you have to support need).  **Where will your project/activity take place?  You will be required to evidence how many Harlow residents have benefitted from your project/activity.**  **What priority of the Health and Wellbeing Strategy does your project meet? Please select below: (DROP DOWN OF PRIORITIES AND ALLOW FOR MORE THAN ONE TO BE SELECTED – THESE HAVE BEEN UPDATED BELOW).**   * reducing health inequalities in Harlow by addressing the wider determinants of health * promoting healthy weight and encouraging active lifestyles across the life course * improving mental health and wellbeing * tackling addiction and reducing harm from substance use and gambling * supporting long-term independence and connection across Harlow’s community |
| **3. Showing impact of your project** |
| **How will you measure the outputs and outcomes of your project?**  **Is it the intention that this project becomes sustainable? If yes, how will it become sustainable?** |
| **4. Training approaches and Organisational Policies** |
| **In the event of your application being successful, the following policies/statements are required to be in place:**  Risk Assessments  Safeguarding/protection of vulnerable adults & children at risk (where applicable)  Public liability insurance  Please provide a copy of these documents in the application form under the ‘documents’ tab.  **Please also confirm which of the following policies/statements you have in place.**  Compliance with the General Data Protection Guidance  in protecting individual’s personal data Yes  No    Equality and Diversity Yes  No  Event Licenses (if applicable) Yes  No    Health and Safety policies Yes  No |
| **5. Project Budget costs:** |
| |  |  | | --- | --- | | **Cost of Project**  Please provide detailed breakdown. | Equipment/materials:  Staff salary:  Venue costs:  Insurance:  Marketing:  Evaluation:  Other costs (please state):  Overall Cost: | | **Amount of funding requested** | £ | | **Partnership funding already confirmed and from where?** | £ | | **Partnership funding to be confirmed and expected date of confirmation?** | £ | |  |  | |
| **05. Grant funding from Public Bodies** |
| I confirm the answers given in this Public Health Community Grant application and the information submitted are a true and accurate record of the project I am proposing. I understand that 80% of the funding will be awarded on completion of signed agreement and the remaining 20% awarded on completion of project evaluation, and keeping in regular contact with the Lead Officer. I understand the project must be delivered within the timescale set out in my application (and within the financial year in which I apply) and I will have to return any grant funds if the project is not delivered or the organisation receiving the funding stops operating.  *Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Handwritten or electronic signatures can be used.* |
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