**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
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| **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 AssessmentsSafeguarding/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 Guidancein 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:** |
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| **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?** | £ |
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| **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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