**Active Rushcliffe Health Partnership ‘Healthy Futures Fund’ 2019/20 - Application Form**

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| 1. **Applicant Details** | | | | | | | | |
| ***Name of Main Contact:*** | | | | | ***Job title / Position:*** | | | |
| ***Address:*** | | | | | ***Main Tel:*** |  | | |
| ***Mobile:*** |  | | |
| ***E-mail Address:*** | | | | | | | | |
| ***How did you hear about the Healthy Futures Fund?*** | | | | | | | | |
| 1. **Organisation** | | | | | | | | |
| ***Name of Organisation:***  *Please note applications are limited to one project per organisation* | | | | | | | | |
| ***Address (if different from above):***  ***Telephone:*** | | | | | | | | |
| ***Please give a brief summary of your organisation (when it was established, its aims & objectives and the geographical area you work in)*** (max 200 words) | | | | | | | | |
| ***What type of organisation is it (e.g. charity, community group, public sector, etc.?)*** | | | | | | | | |
| 1. **Project** | | | | | | | | |
| ***Title of Project:*** |  | | | | | | | |
| ***Proposed Start Date:*** |  | | | ***Proposed Project Finish:*** | | |  | |
| ***Name of Project Co-ordinator (if different from above):***  **Main telephone/mobile number:**  **Email address:** | | | | | | | | |
| **3a. Project Proposal**  *Please select the relevant priority your proposal contributes to (with an x). You may choose more than one.* | | | | | | | | |
| 1. Increase year on year participation in physical activity and sport with a focus on the inactive | | |  | | 1. Contribute to a reduction in substance misuse (alcohol & drugs) | | |  |
| 1. Contribute to a reduction in the prevalence of obesity with a focus on improving the food environment | | |  | | 1. Contribute to the improvement of mental wellbeing (a focus on reducing social isolation and dementia friendly initiatives) | | |  |
| 1. Contribute to a reduction in the number of people who smoke and who are exposed to smoke | | |  | | 1. Drive improvements in the wider determinants of health, tackling inequalities and enabling healthier environments. | | |  |
| **3b. Aims of Project** | | | | | | | | |
| ***What are the overall aims of your project?*** *(max 200 words)* | | | | | | | | |
| **3c. Objectives of Project** (max 200 words each section) | | | | | | | | |
| ***What specific things will you do to help achieve these aims?*** | |  | | | | | | |
| ***How do you know that there is a need and how will your project make a difference to the health of the local community?*** | |  | | | | | | |
| ***How will you demonstrate that your project has made a difference?*** | |  | | | | | | |

**Monitoring and Evaluation will be required to evidence whether the project has achieved its objectives.**

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| **4a. Population targeted** (max 100 words in each section) | | |
| ***Which geographical area or locality within the Borough of Rushcliffe will benefit from this project?*** |  | |
| ***Are you targeting any particular groups of people (for example by age, disability or other issues)? If so please state the groups concerned.*** |  | |
| **4b. Evaluation/Monitoring of Outcomes** (max 100 words in each section) | | |
| ***How will you measure the success and benefits of the proposed project (e.g. numbers involved, impact on service users, skills developed, etc.)? - see 3c. above*** | |  |
| ***How will you demonstrate the successes and benefits (e.g. photos, questionnaires, quotations, case studies, etc.)?*** | |  |
| The Healthy Futures Funding is a one-off payment. It is your responsibility to ensure another funding stream has been identified should you wish to continue the project past the April 2020 end date.  ***How will the project ensure sustainability once the Healthy Futures Fund has been spent?*** | |  |
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| **5. Costing of Project:** | | |
| ***Please include the following:***   * ***Full, detailed project budget with breakdown of costs (including any costs involved producing material for the Final Report/Evaluation, if necessary).*** | | |
| * ***Total Amount requested for this bid*** | |  |
| * ***Please list any funders for this project and whether money has been agreed*** | |  |
| **Declaration - by signing or ticking the box (if you are completing the form in electronically) below you are confirming that all the information given on this form is correct to the best of your knowledge:** | | |
| 1. **Signature** | | **Date** |
|  | |  |

**Applications will be accepted from 5 June 2019**

Please return to completed applications to Alex Julian, Health Development Officer via email: [ajulian@rushcliffe.gov.uk](mailto:ajulian@rushcliffe.gov.uk)

**All applications that have been received will be acknowledged by email or telephone within 10 working days.**