Community and Voluntary Sector

###### Making Life Better through COVID-19 Short term funding programme

**COMMUNITY NETWORKS IN THE NORTHERN AREA:**

**Guidelines for completion of APPLICATION FORM**

**2020 - 2021**

**Closing Date: Thursday 6th August 2020 at 12 noon**

**Late or incomplete applications will not be accepted**

**Queries should be directed to:**

[**denise@cwsan.org**](mailto:denise@cwsan.org)

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| Guidance on completing the application form | |
| Your responsibility | Please note: it is your responsibility to ensure that all information required is provided in your application form. Forms that are unsigned, incomplete and/or missing appropriate supporting documentation as outlined cannot be considered. Applicants are responsible for ensuring the application is submitted in a timely manner CWSAN assumes no legal liability or responsibility resulting from any information technology problems when submitting the application. Ensure your application has sufficient postage to allow it to be delivered on time. |
| Word limit | Please note: Where a word limit is in place, any words over and above the limit will not form part of the assessment process. |
| Front page | - Please tick which area you are applying for. Please note: If applying for more than one area a separate application form must be submitted for each area.- Information about your Organisation and contact details Please provide the name **in full** of the group/organisation applying for the funding (as it appears on your governing document e.g. your constitution, trust deed, memorandum and articles of association, etc) and include Ltd Company if appropriate. (Put any abbreviation used for your organisation in brackets after the full name)  Not-for-profit Community / Voluntary - Please confirm that you are a not-for-profit community/voluntary sector group / organisation. Community/voluntary organisations include:   * Registered or unregistered charities * Co-operatives * Friendly societies * Industrial and provident societies * Companies that are not-for-profit business * Not-for-profit unincorporated associations * Community Interest Companies limited by guarantee  Contact Person Please provide the name of the main contact person in the organisation. This should be the person who will be responsible for the management of the proposed project and who will be most familiar with it. Contact Details  * Please provide the contact details for the organisation. Ensure that the full postcode is included. * If your organisation is a limited company, please provide the registered name and full address of the registered office. * Please provide the contact telephone number, email address and alternative contact number. * Please provide the Website address for the group/organisation. * Please provide the Charity registration number, if applicable. |
| Question 1 | Title/Name of Proposed Project: Provide the name of the project to be funded.  Example: The village healthy living project. If there is no project name please give details about what you propose to spend the funding on i.e. the specific work area the funding will cover. |
| Question 2 | Summary of Proposed Project: Provide a summary **(max. 300 words)** of the project outlining how this links to the funding themes you are applying for including project aim and how you hope to achieve these. |
| Question 3 | Please provide background information on your group / organisation: Detail in no more than **200 words** the background information on your group/organisation including the main aims and activities, areas of focus, the general services the organisation provide, the groups who use your service and any relevant programmes you have previously completed. Specific details about the proposal for which you are seeking funding is requested in later questions on the application form. |
| Question 4a | **Please list the main area(s) targeted for this proposal / application** |
| Question 4b | **Please tick which Council Area you are targeting.** |
| Question 5 | **Is your target area specific to any of the ‘Top 20% most deprived Super Output Area’s (SOA)**  Please refer to the list of the top 20% most deprived Super Output areas (Table 1 below) in your area.  Please list all the Super Outputs areas ranked within the top 20% deprived area of the relevant Trust Area **specific** only to your target area. |
| Question 6 | **Who are your target group (s) and how will they be targeted?**  **Please also include details of how you will target the top 20% as listed above.**  Provide information on gender; sexual orientation; age; religion; ethnicity; employment status; disability; dependency etc. Provide information on how the project will be promoted and accessible to everyone, how clients will be identified, etc. Include details of how you will **specifically** target the top 20% area identified e.g. our organisation is based in the [Name of SOA] which is in the top 20% deprived areas or we will work with [Name of Group] who are in the [Name of SOA] |
| Question 7 | **Provide a summary of project objectives and how these link with the stated aims (question 2).**  Provide the project objectives(s) which are a brief statement of how the project aim will be met. Objectives should be ‘SMART’:   * Specific * Measurable * Achievable * Realistic * Time-bounded   (maximum **75 word** limit per objective)  **NOTE:** these objectives, and information from the activities listed in question **15** will be used to form the basis of performance indicators, and will be included in the contract and progress monitoring returns for successful projects. Therefore, it is important that you are confident that you can deliver on them). |
| Question 8 | **What are the primary issues this project is aiming to address?**  In no more than **100 words**, state the primary issues that the project is aiming to address e.g. drugs & alcohol; social isolation; homelessness; bereavement; mental health problems, health literacy, unemployment, inability to access services, etc. |
| Question 9 | **Explain how you have identified the need for this project.**  In no more than **250 words**, provide information on any evidence you have that this project is required, research you have carried out e.g. needs analysis, surveys, interviews – i.e. how you know that people in the local community want this project, how you have identified this need,how you have consulted with the people your project will benefit and other relevant stakeholders (e.g. interviewed local people, focus group, public meetings). Include the details of the number of people/stakeholders you have consulted with and the results of the consultations. Do you have local knowledge or research, such as reports provided by statutory bodies, District Councils, Northern Ireland Statistics and Research Agency etc.? |
| Question 10 | **Please tell us how your group will involve the local community in this project and identify any other organisation / partners involved (if any) and their role in this project:**  In no more than **200 words,** provide information on how your group will involve the local community, volunteers and other organisations in the project, their role and how deeply involved they are in the project. In particular, give further details if they are involved in the recruitment of participants, management or delivery of the project. |
| Question 11 | **Demonstrate how this project will contribute to models of good practice and evidence of effectiveness?(max 200 words)**  Good practice is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. Are you proposing a project or technique that has previously been used, evaluated and shown to work?  Is there evidence to support this e.g. NICE guidelines, results from previous project using approved psychometric tools, etc?  Groups who have run similar programmes previously will be expected to outline the outcomes, benefits and the evaluation of the project e.g. how successful the project was, further identified need, development of the project, results of the evaluation and how these have been built upon. |
| Question 12 | **Changes due to COVID-19**  Groups will be expected to outline what changes they have made, and may make in the future, to ensure they are in line with the Department’s pathway in relation to COVID-19. For example you might mention what measure you have taken to reduce / avoid transmission and how you are adhering to current regulations e.g. no face-to-face meetings, social distancing measures, avoiding sharing pens and other objects, providing hand sanitiser, using floor signage to help people maintain social distancing, etc. |
| Question 13 | **Has your organisation carried out a self-assessment or had an independent assessment against the PHA quality standards for services promoting mental and emotional wellbeing and suicide prevention?**  Please tick yes or no.  If no, then to go question 13.b. and tick the box to confirm that you will carry out a self-assessment against the PHA quality standards.  Please note the eligibility criteria on page 4 of the general guidance notes – Should your application be successful, as a minimum, your organisation should undertake a self-assessment against the core standards contained within the document (and additional sections if relevant to this project). The standards can be downloaded from [**http://bit.ly/MHstandards**](http://bit.ly/MHstandards) |
| Question 14 | **How will you monitor and evaluate the impact of the project? (max 200 words)** Reflecting on your aims and objectives (Questions 2 and 7) please detail how you will collect evidence that these are being achieved. In addition to activity data (e.g. pre/post information from participants, number of session attended by participants,  feedback forms, section 75 data etc.), applicants should consider using validated outcome monitoring tools that are relevant to their project, stated aims and objectives and client groupe.g. Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)General Health Questionnaire (GHQ12)  * Rosenberg Self-Esteem Scale etc.   **(Please note: Where a validated tool is CWSAN will endeavour to provide limited support to successful groups. You will be required to report back on outputs and outcomes using the validated outcomes monitoring tool which you identify.) A list of validated outcomes monitoring tools can be found on** [**http://www.healthallianceni.com**](http://www.healthallianceni.com/) |
| Question 15a | **Detail the actions that will be undertaken to achieve project Objectives. Provide outputs / numbers, proposed timescales and how each action will be measured (\*Note these will be regarded as performance indicators which will be included in any Letter of Offer, should your application be successful)**.   * A brief description of the activity including age profile, location and period. * The number of people attending. * The number and length of sessions. * The number of leaflets produced   An example of how the table in the application form should be completed is as follows: |
| |  |  |  |  | | --- | --- | --- | --- | | **Actions** | **Outputs / Numbers** | **Timescales** | **How will this be measured?** | | To provide 1 gardening course delivered by [John Smith] from [A.N. Other organisation] over 6 weeks by 1-hour per week. | 1 gardening course with 8 men | February 2021 | WEMWBS | | |
| Question 15b | **How many people will benefit from project?**  **If your programme contains Training/Awareness please provide information on:**  Who will provide the facilitation/training? (Provide the names of the relevant individuals/organisations).Please confirm that the trainer/tutors or facilitators have the relevant background/qualifications/knowledge and experience to deliver the training/facilitation. |
| Question 16 | **When do you expect project to start and end?**  **All Projects must be completed by 29th January 2021 (allowing for submission of all evaluation returns by 26th February 2021).** |
| Question 17 | Please provide a detailed breakdown of funding requested. It is important to break down the project costs by item/activity, if possible. It is also necessary to provide a rationale for the cost you attribute to these items, e.g. room hire – break down of rate per hour, number of hours, number of sessions or mileage – break down the allowance per mile and expected number of miles. How are these calculated? Please note Value Added Tax (VAT) should be included in costs if appropriate. If you are requesting staffing costs please state if they are additional. (Existing salary/staff costs will not be funded) |

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| **Example** | |
| |  |  |  |  | | --- | --- | --- | --- | | **Item / Activity / Requirement** | **Cost of each unit** | **Funding requested from Network** | **Other Funding sources including in-kind contributions** | | Gardening programme | Facilitator costs @ £30/ week for 6 week programme delivery - £180 | £180 | £100 In-kind from our reserves | | |
| Question 18 | **Equipment costs**  If you have requested any equipment costs, please outline what will happen these items of equipment once the project has been completed. E.g. how will you manage and control the use of this equipment to sustain and enhance activities and services to the community. |
| Question 19 | **Other funding** – Outline ‘current’ funding which your group /organisation is receiving from other Public Health Agency, HSC Board or HSC Trust sources including date, amount received and details of project.  **Please ensure you have justified within your application that this project is different to what is currently commissioned, meeting a new identified need and is based on good practice.** |
| Question 20 | **Sustainability**  This funding scheme provides non-recurring grant awards. Please indicate how you intend to continue to support the project activities, once funding has ended; **Or**  If your project is one off event please let us know how you see the project developing after this funding has ended. |
| Declaration | **REMEMBER TO SIGN THE APPLICATION!**  Please ensure two duly recognised officers / committee members in your organisation sign this application form. The signatories must be: (a) a contact person for the organisation who is familiar with the application (b) the person who will sign the contract/letter of offer agreement in the event that your application is successful i.e. the Chairperson, Chief Executive or most senior staff member. Please ensure that the signatories provide a telephone number and email address where they can be contacted. If you are planning to email us your application, please make sure that all signatures are scanned copies of real signatures. Typed names will not be accepted. **Failure to include two signatures on the application form will render your application invalid. Also ensure that the subject line of the email states that it is a short term funding application and the Network / area applied for.** |
| Supporting Documentation | Please ensure that you include all the supporting documentation that is required with your application**.** A checklist has been provided as part of the application form. **Failure to include the supporting documentation will render your application invalid.** |

**Completed Application Forms**

**Applicants are responsible for ensuring the application is submitted in a timely manner. CWSAN assumes no legal liability or responsibility resulting from any information technology problems when submitting the application.**

**Completed application forms and supporting documents will be accepted by email to** [denise@cwsan.org](mailto:denise@cwsan.org) **or by post to the address below:**

**Please note CWSAN Offices are currently closed due to Covid and hand delivered applications cannot be accepted.**

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| **CWSAN**  **Unit 2 80/82 Rainey Street**  **Magherafelt**  **Co Derry**  **BT45 5AJ** |
| **Closing date: Thursday 6th August 2020 @ 12 noon**  **Applications and all relevant supporting documentation must be received on or before this date/time.**  **Incomplete applications or applications received after this time will NOT be considered.**  **\* Please remember to keep a copy of this application for your own record.** |

**Table 1 - Northern Ireland Multiple Deprivation Measures Super Output Areas in Northern Area in the top 20% most deprived**

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| **Areas** | **Super Output Area** | **Please TICK** |
| **Antrim** | Farranshane |  |
| Ballycraigy |  |
| Steeple |  |
| **Ballymena** | Ballee |  |
| Moat |  |
| Ballykeel |  |
| Dunclug |  |
| Castle Demesne |  |
| Fair Green |  |
| Harryville |  |
| **Ballymoney** | Newhill |  |
| **Carrickfergus** | Northland |  |
| Sunnylands |  |
| Love Lane |  |
| Killycrot |  |
| Gortalee |  |
| **Coleraine** | Ballysally 1 |  |
| Central Coleraine |  |
| Cross Glebe |  |
| Churchland |  |
| Royal Portrush |  |
| **Cookstown** | Ardboe |  |
| Pomeroy |  |
| Dunnamore |  |
| Killymoon |  |
| Stewartstown |  |
| Killycolpy |  |
| **Larne** | Ballyloran |  |
| Antiville |  |
| Craigy Hill |  |
| Central Larne |  |
| **Magherafelt** | Glebe 2 Magherafelt |  |
| Maghera |  |
| **Moyle** | Armoy, Moss-side & Moyarget |  |
| Knocklayd |  |
| Ballylough & Bushmills |  |
| Glentaisie & Kinbane |  |
| **Newtownabbey** | Dunanney |  |
| Monkstown 1 |  |
| Valley 2 |  |
| Coole |  |
| Mossley 2 |  |
| Carnmoney 1 |  |
| Whitehouse |  |
| Ballyclare South 1 |  |
| Glengormley 2 |  |
| Cloughfern 2 |  |
| **Other Area** |  |  |

20% Most deprived SOA 25-30% Most deprived SOA

20-25% Most deprived SOA