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**Delivery Strand Application Guidance**

*Helping communities in Greenwich to live healthier lives.*

This document sets out the application questions with guidance information for the Delivery strand of the Greenwich Healthier Communities Fund to help applicants understand how to apply for funding. Application questions are written in **black** and guidance information is written in **purple.**

**This is guidance, NOT the application form. To apply for funding, you must complete the application form through our online portal. Click** [here](https://www.surveymonkey.com/r/QFYDX8T) **to apply.**

Please read this application guidance before completing the application form. Your application may be rejected if you do not provide all the information required for us to make an assessment. **Please note there are a lot of questions asked in the application to help the fund understand your work properly and how it supports work to tackle health inequalities in the Borough. Support is available for you to help with completion if you need it.**

Organisations can only have **one** active grant on the Delivery strand at a time. Organisations may have live grants on other strands of the fund, however we will prioritise groups that we are not currently funding unless there is a strong reason to.

You can find all the important dates and information about applications, awards, workshops and payments in the programme prospectus. Click [here](https://drive.google.com/drive/folders/1Smaz6Ua58w5kGT8AfJVF6L_A-w3QM1CH?usp=drive_link) to read.

**Before completing your application form, please make sure you are able to meet the following requirements, if successful:**

* Your group/organisation must have an organisational bank account with at least two signatories or be in a partnership arrangement whereby the lead partner has an organisational bank account with at least two signatories.
* You will be responsible for all financial and legal aspects of your project. By the time of project delivery, all successful applicants must have relevant insurance, policies, risk assessments, and an up-to-date, implemented Safeguarding Policy. You may be asked for copies of the relevant documentation at the funding agreement stage.

If you have any questions or need support filling out this form, please contact Groundwork London via phone on 07525 703 358 or 020 7239 1286, or email at**GreenwichHealthierCommunities@groundwork.org.uk**.

Some questions in the application form have a maximum word limit. While you are not required to use the full word limit, we expect the length of your answers to be proportional to the amount of funding you are requesting.

You can save your application form and return to it later. Make sure you save your application regularly by clicking *'Save & Finish Later'.* This will take you back to the home page and email you a copy of the form. You will need to click on the application form link in the email to open your form again.

Please note, if you do not work on your application form for 90 minutes, you will automatically be logged out of the online system. Any work that you have not saved by then will be lost.

**You must use Microsoft Edge, Internet Explorer, Google Chrome or Mozilla Firefox, as other web browsers do not fully support the application portal.**

**Section 1 – About you**

1. **Group/Organisation Name**

**Please give the name of the group/organisation leading the project or if you are a new partnership work together to come up with something that best describes you as a group.**

**Please note: Partnerships or collaborative applications are eligible. In such cases, the lead applicant must be an eligible constituted group/organisation, though delivery partners can include non-constituted groups and individuals.**

1. **Main contact**
* First name:
* Last name:
* Address and Post code:
* Contact telephone number:
* E-mail:
* Where did you find out about the Greenwich Healthier Communities Fund?

**This should be the person who is responsible for this application form and answering any questions that we may have about your project.**

**Your given address must be your organisation's registered office address.**

1. **Secondary Contact**
	* First name:
	* Last name:
	* Contact telephone number:
	* E-mail

**This person must be different from the main contact for example, it could be a colleague, trustee or partner.**

1. **Type of Group**
	1. **Please select the option that best fits your group.**
		* Educational Establishment
		* Religious Organisation
		* Registered Charity
		* Company Limited by Guarantee
		* Community Interest Company (CIC)
		* Social Enterprise
		* Constituted Community Organisation
		* Friends of Group
		* Tenants and Residents Association

**If more than one is applicable, please choose the option that your organisation identifies most closely with.**

**If your organisation type is not listed here but you think you are still eligible to apply for the Delivery Strand, please get in touch with us to discuss this.**

**Please note that Companies limited by shares Local Authorities and NHS Trusts, or organisations controlled by any of those organisations, are not eligible to apply.**

**If this is a partnership or collaborative application, select the organisation type for the lead applicant completing this form.**

* 1. **If you are a Company / Charity, what is your Company/Charity Registration Number?**
1. **Do you have an Organisation / Group bank account? [Yes/No]**

**Please note that your group / organisation / lead organisation must have an organisational bank account with at least two signatories to be eligible for funding through this programme**

1. **Tell us about your group / organization**
	1. **Summarise the aims and objectives of your group / organisation. [200 words max]**
	2. **What services do you provide and who do they aim to support (i.e. certain populations, identities or communities) [300 words]**

**We are particularly interested in working with groups/organisations that support those that are disproportionally affected by health inequalities in Greenwich.**

* 1. **Is your group/organisation equity-led? [Yes/No]**

**By equity-led we mean that your group/organisation is run by and for the communities you aim to support (i.e. staff, senior management and trustees).**

* 1. **Please explain your answer [200 words max.]**
1. **Has your group / organisation received funding from the Royal Borough of Greenwich before? [Yes/No]**

**If yes, please explain how much funding you received, what it was for, and when you received this funding.**

**Section 2 - About Your Project**

1. **What is the name of your project / activity?**

**This should be a very brief description of what you are looking for funding for, such as “Expansion of healthy eating Charlton project”**

1. **In which Ward(s) do you intend to deliver this project? [Tick box]**

**Please select all Wards that appl**

1. **What is the funding request for? [750 words max.]**

**Provide a detailed description of what your project idea is and what you will use the funding for.**

**Tell us if this is a new project or a continuation / development of existing work. If it is a continuation of an existing project, please be clear as to how this funding will enable you to develop this work further.**

**Tell us who your project aims to help, this may be a certain group, demographic or community in a certain location.**

**Tell us where you plan to deliver each activity, include the full address if possible. If you are delivering activity in multiple locations, include them all. If you do not have a project location confirmed yet, tell us why and give us an idea of where you are thinking of delivering.**

1. **We encourage collaborative bids and partnership working. If you are working in collaboration or partnership with other groups / organisations, please tell us what their roles and responsibilities are within the project. [500 words max.]**

**Please note there should be one lead organisation that is our main point of contact who will need to report back to the Fund on the progress of the project as a whole, including the work of all delivery partners.**

1. **The Fund is looking to support work that aligns with the Greenwich Health and Wellbeing Strategy, which sets out the mental and physical health and wellbeing priorities for the next five years. You can read the strategy** [**here.**](https://www.royalgreenwich.gov.uk/downloads/file/6311/health_and_wellbeing_strategy_2023_to_2028)
	1. **Please select the priority from the list below (set out on page 17 of the Greenwich Health and Wellbeing Strategy) that your work most closely aligns with. [Tick box]**
* Start well
* Be well
* Feel well
* Stay well
* Age well
	1. **Please explain how your work aligns with the priority selected above. [300 words max.]**

**If you think your work aligns with more than one of the priorities, please tell us which one/s and explain how.**

1. **How will your request enable you to prevent and/or respond to health inequalities in Greenwich? [750 words max.]**

**You should think about key health and wellbeing issues facing your project’s target communities in Greenwich. Tell us how your project will prevent / respond to these issues to improve people’s lives.**

**You should provide evidence to explain why this service is needed by the people you aim to support.**

**You may wish to consider:**

**Local Data:** statistics specific to your community, ward, or Greenwich.

**Community Surveys:** feedback from local residents that demonstrate the demand for your project.

**External Support:** from local healthcare professionals, public health experts, or community leaders who recognise the importance of your project.

**Research Evidence:** studies or articles providing evidence-based support for the significance of your project.

**Community Engagement:** evidence gathered from community members who are actively involved in shaping and contributing to your project.

**Future Impact:** Provide projections on how your project will contribute to reducing health inequality in the future.

1. **Estimated Impact**
	1. **How many people in Greenwich will be directly impacted by your funding request? [Number]**

**Explain how this number was calculated.**

**For example: *“10 = We have 10 volunteers that need first aid training.”***

* 1. **How many people in Greenwich will be indirectly impacted by your funding request (if applicable)? [Number]**

**Explain how this number was calculated.**

**For example: “*100 = We have 10 volunteers that need first aid training. Once they are trained, we will be able to run 10 more sessions a week. Each session has approximately 10 people per session = 10 volunteers x 10 beneficiaries = 100”***

1. **Set out the main risks to your project and how you plan to reduce the chances of them affecting your work. Please include no more than four risks. [300 words max]**
2. **What will the legacy of this funding be for your organisation and its ability to prevent / respond to health inequalities in Greenwich? [500 words max.]**

**You should consider the long-term development and sustainability of your organisation as well as the short-term impact of your activities.**

**If successful, how do you hope to continue your project after this funding?**

**If successful, how will you continue to support work to address health inequalities in the borough?**

1. **Please outline any permissions / policies / permits you may need to deliver this project and whether they are secured, requested or not-requested.**

**Please note you will need to provide proof of permissions before any grant monies are paid, if you are successful. This may also include landowner permission.**

**Section 3: Delivery Timeline**

1. **When will you deliver key activities of your grant proposal?**

**You must provide a project plan, setting out the key activities and tasks for your project and when they will take place. Use the comments box to provide any additional detail you think might be helpful.**

**Please refer to the** [prospectus](https://drive.google.com/drive/folders/1Smaz6Ua58w5kGT8AfJVF6L_A-w3QM1CH?usp=drive_link) **for the delivery deadlines for each round.**

**Please provide as much detail as you can. Make sure you think about all aspects of your project, i.e. planning, marketing, recruitment, delivery, monitoring etc.**

**If you have already created a timeline in a separate document, feel free to upload this to your application.**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Date** | **Comments** |
| **E.g. Book venue** | **15/08/2024** | **Book venue for first 10-week course** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 4 - Finance**

1. **How much funding are you requesting from the Delivery strand of the Greenwich Healthier Communities Fund?**
2. **When do you plan to complete your spending by?**

**This can be approximate at this stage. Please refer to the** [prospectus](https://drive.google.com/drive/folders/1Smaz6Ua58w5kGT8AfJVF6L_A-w3QM1CH?usp=drive_link) **for the delivery deadlines for each round.**

1. **How do you intend to spend your grant?**

**Please ensure that in your description you breakdown how you have calculated any item costs, e.g. cost per hour for staff time.**

**If you have already created a budget in a separate document, feel free to upload this to your application.**

|  |  |
| --- | --- |
| **Item description** | **Item cost (£)** |
| **E.g. Facilitator for 5 sessions @ £125 per session** | **625** |
|  |  |
|  |  |

1. **Do you have any match funding or in-kind support for this request?**

**Match funding** is where some funding for your project is provided by another source.

**In-kind support** is goods or services provided for free or at a reduced or discounted cost, or volunteer time

**Whilst you don’t need to have any match funding or in-kind support for your project, it would be helpful to know if any is in place. Please set out any match funding you have, including the amount, the source of funding, what it will be used for and whether or not it is secured.**

**Please set out any in-kind support you have, including the value (in £), the source of the in-kind support, what the in-kind support is, estimated number of hours if relevant and whether or not it is secured.**

**Where giving a value to volunteer time, please use the London Living Wage to calculate this, unless another higher rate is more suitable. As of February 2024, this is £13.15.**

1. **Grants will be paid 50% on award, with 25% being paid once mid-project reporting is received and the final 25% in arrears on completion of all final reporting and monitoring requirements On exception, we can facilitate alternative payment schedules if required.**

**If this is necessary for your project/activity, please set out your desired payment schedule below and provide robust reasoning as to why it is necessary.**

**This will need to be reviewed and approved by the decision-making panel.**

**Section 5 – Supporting documents**

1. **Please upload any supporting documentation to support your application.**

**It is not required to upload any additional documents, but please do so if they will support your application.**

**Documents must be uploaded in an electronic format, such as MS Word file, MS Excel file, MS PowerPoint file, PDF, jpeg.**

**You may also wish to consider:**

* **Related documentation:** details on proposed organisational enhancements
* **Community Engagement:** evidence of community engagement and support
* **Partnership Agreements:** agreements or letters of support from key partners involved
* **Evaluation Plan:** your plan for evaluating the impact of your project activities
* **Community Needs Assessment:** evidence that identifies healthinequalities and priority areas for intervention in Greenwich
* **Success Stories and Testimonials:** Share success stories, case studies, or testimonials that illustrate the impact of previous initiatives
* **Policies/Permissions:** evidence you have the necessary permissions to deliver your project e.g. volunteering policies, food safety policies, if applicable to your project.

**Please note:** You will be responsible for all financial and legal aspects of your project. By the time of project delivery, all successful applicants must have relevant insurance, risk assessments, and an up-to-date Safeguarding Policy, if you are working with Children, Young People and Vulnerable Adults. You may be asked for copies of the relevant documentation at the funding agreement stage.

**Once you have completed your application form through the portal please click the “REVIEW” button, where you will be able to review your application in full. Once you are satisfied that it is complete, click “SUBMIT” at the bottom of the next page to submit your application.**