

Rushcliffe Healthy Lives, Healthy Futures Fund 2016 - Application Form

| 1. Applicant Details | |
|--|------------------------------|
| Name of Main Contact: | Job title / Position: |
| Address: | Main Tel: |
| | Mobile: |
| E-mail Address: | |
| How did you hear about the Rushcliffe Healthy Lives, Healthy Futures Fund? | |
| 2. Organisation | |
| Name of Organisation: | |
| <i>Please note applications are limited to one project per organisation</i> | |
| 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) (maximum 200 words) | |
| What type of organisation is it (e.g. charity, community group, public sector, etc.?) | |
| 3. Project | |
| Title of Project: | |

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|--|--|---|--|
| Proposed Start Date: | | Proposed Project Finish: | |
| Name of Project Co-ordinator (if different from above): | | | |
| Main telephone/mobile number: | | | |
| Email address: | | | |
| 3a. Project Proposal | | | |
| <i>Please select the relevant theme your proposal contributes to (with an x). You may choose more than one. The headings refer to Appendix 1.</i> | | | |
| 1. Supporting people to stop smoking and /or preventing the uptake of smoking | | 4. Improving the health of communities of poorest health (either by Rushcliffe locality, ethnicity or disability) | |
| 2. Promoting healthy eating, encouraging positive behaviour change with diet and lifestyle, promoting self-care of long term conditions such as diabetes | | 5. Offering community-based physical activity opportunities in the most deprived areas of Rushcliffe | |
| 3. Reducing isolation and loneliness of Rushcliffe residents and promoting independence | | 6. Raising awareness of substance misuse (alcohol – increasing risk drinkers) | |
| 7. Improving mental health and wellbeing. Community approaches to improving mental health and reducing stigma | | | |
| 3b. Aims of Project | | | |
| What are the overall aims of your project? (maximum 200 words) | | | |
| | | | |
| 3c. Objectives of Project (maximum 200 words each section) | | | |
| What specific things will you do to help achieve these aims? | | | |
| How do you know that there is a need? | | | |
| 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 the success of these objectives, showing whether the project has reached the people targeted, encouraged lifestyle changes and that the project has provided good value for money.

| 4a. Population targeted | |
|---|--|
| <i>Which geographical area or locality within the Borough of Rushcliffe will benefit from this project?</i> | |
| <i>Are you targeting any particular groups of people (for example by age, disability or other issues)? If so please state the groups concerned.</i> | |
| 4b. Evaluation/Monitoring of Outcomes (maximum 100 words in each section) | |
| <i>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</i> | |
| <i>How will you demonstrate the successes and benefits (e.g. photos, questionnaires, quotations, case studies, etc.).</i> | |
| <p>Rushcliffe Healthy Lives, 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 2017 end date of Rushcliffe Healthy Lives, Healthy Futures Funding.</p> <p><i>How will the project continue once the Rushcliffe Healthy Lives, Healthy Futures Fund has been spent?</i></p> | |

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).*

- | | |
|--|--|
| <ul style="list-style-type: none"> • <i>Total Amount requested for this bid</i> | |
|--|--|

- | | |
|---|--|
| <ul style="list-style-type: none"> • <i>Please list any funders for this project and whether money has been agreed</i> | |
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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:

| 4. Signature | Date |
|--------------|------|
| | |

Applications will be accepted from 1 April 2016

Please return to: jkemp@rushcliffe.gov.uk or by post to:

John Kemp
Health Development Officer
Community Development
Rushcliffe Borough Council
Civic Centre
Pavilion Road
West Bridgford
Nottingham
NG2 5FE

All applications that have been received will be acknowledged by email, telephone or letter. If you do not receive confirmation of receipt, then your submission has not been received and you will need to resubmit.