BLMK NHS Charities Group: Community Partnership Grants

# Expression of Interest Form

* Please make sure to answer all questions
* Applications that go over the word limit will not be considered.
* Please only use Arial 12pt font
* Please submit complete application to: BLMKNHSCharities@ldh.nhs.uk

**Deadline for submissions: 1pm 15th January 2021**

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| Section 1: Organisation information (if this a partnered application, please only detail the lead applicants information) | |
| **1.1 Organisation name** |  |
| **1.2 What is the legal status of your organisation and registration number?** |  |
| **1.3 Registered address** |  |
| **1.4 Primary contact name** |  |
| **1.5 Primary contact job title** |  |
| **1.6 Primary contact email address and telephone number** |  |
| **1.7 if you are applying as a partnership, please list the partners** |  |

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| Section 2: Project Summary |
| **2.1 Project Title (25 words)** |
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| **2.2 Which funding priority does the work you’re proposing relate to?** Tick all that are applicable |
| **Supporting Discharge into the Community**  **Supporting Health Inequalities via Digital Access**  **Preventing Admission to NHS Facilities, for example by early intervention partnerships** |
| **2.3 Where will your project be delivered?** Must be within Bedfordshire, Luton and/or Milton Keynes.Be as specific as possible |
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| **2.4 How long will your project last** (please take into consideration that funded projects must be able to start delivery in 2021/22 financial year and will need to have completed activities and have been evaluated within 2 years of funding) |
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| **2.5 How much funding are you requesting from BLMK NHS Charities Group?** |
| **£** |
| **2.6 Project summary (650 words)**  Summary outlining what your project aims to achieve, what will be delivered, and what difference the project will make to its intended beneficiaries.  Please detail how your project will work in partnership with the NHS |
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| **Section 3. Project details** | |
| **3.1 COVID-19 (350 words)**  **Provide a summary of how your project is responding to COVID-19.** | |
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| **3.2 Beneficiaries (200 words)**  Details of who will benefit from your proposed project, and how they have been impacted by COVID-19. How many people will benefit from your proposed project? What signposting or referral pathways will you put in place to reach the right people? | |
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| **3.3 Will your project have an impact on the BAME community within BLMK? Please answer Yes or No** |  |
| **3.4 If yes to the above, please detail how your project will impact the BAME population? (150 words)** | |
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| **3.5 Partnerships (200 words)**  If you are working in partnership with other organisations, please list the organisations involved in delivering this project, including company/charity number.  Who will oversee the delivery of the project? What expertise or experience will they bring? | |
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| **3.6 How are you making sure your project is sustainable?** For example, are you engaging volunteers with long term support and training, do you have income generation ideas? | |
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| **Section 4. Financial Information** | |
| **4.1 Lead Organisation’s 2019/20 annual income** |  |
| **4.2 How much funding are you requesting from BLMK NHS Charities?**  The minimum amount we will fund is £20,000. | |
| **£** | |
| **4.3 Of the funding request, what % of this represents project funding (most projects will be 100%)** | |
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| **4.4. Details of project breakdown (for shortlisted candidates, we may request further details)** | |
| |  |  | | --- | --- | |  | **Cost** | | **Project activities** |  | | **Equipment** |  | | **Project Management/staff costs** |  | | **Monitoring and Evaluation** |  | | **Sub-total** |  | | **VAT** |  | | **Total** |  | | |
| **4.5 Are you seeking or have you secured additional funding for this project from other sources? If so, please detail further (150 words)** | |
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| **Supporting Documents (lead organisation, please submit alongside application)** | **Attached Y/N** |
| **Constitution or set of governing rules** |  |
| **Latest bank statement (no more than 3 months old)** |  |
| **Equal opportunities, Safeguarding and Health & Safety policies** |  |
| **List of trustees (minimum 3 trustees)/committee members** |  |

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| **Declaration:**  **Confirmation that all information provided in this form is accurate and I have the appropriate and relevant authority to submit this application on behalf on the named organisation and any partners.**  **Signed: Date:**  **Print Name:** |