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**WISHH Community Partnership Projects**

**Application Form –2021 - 22 Funding**

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| --- | --- |
| **Name of organisation** |  |
| **Contact name / Position** |  |
| **Contact telephone number** |  |
| **Contact e-mail address** |  |
| **Contact postal address and Post Code** |  |
| **Please provide details about your organisation**   * Charity Number * Company Number * Mission & Vision * Key Services |  |
| **If your application is successful, who should we make payment to?\***   * *Method and name* |  |

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| **Please select which priority your project helps to address?** | **Priority** | | **Tick** | |
| Preventing Loneliness and Isolation | |  | |
| Transforming WISHH into a Friendly Community   * Dementia * Autism * Learning Disabilities | |  | |
| Increasing Activity to improve wellbeing and lifestyles | |  | |
| **What is your idea?**  *In a few paragraphs please briefly describe what your idea is and why you think it will work?*  *(State:*   * *Audience: age, cultural group* * *Neighbourhood/estate* * *Where the project will be delivered* * *The Timescales: Start and Finish dates* * *The needs of the audience* * *What you will do with the money/delivery plans)* * *Aims and Objectives of the project* * *Inputs and Outputs* * *Key indicators*   *What does your communication plan look like?* | |  | | |
| **If implemented what difference/impact will it make?** *In a few sentences please say what the potential impact could be: e.g. reduce A&E attendance, improve peoples’ experience , care and support closer to home etc. How will this project support the health and wellbeing needs, priorities and aspirations of local people living within the WISHH CP.* | |  | | |
| **How many people do you expect to reach through your project and how will you reach them?**  *(Please provide a realistic estimate and state your assumptions. How will you publicise the project?)* | |  | | |
|  | | **Grant Amount (maximum £5,000)** | |  |
| **Grant Amount Requested** | |  | |  |
|  | |  |
| **How will the money be spent?**  In a few sentences please provide a breakdown of costs (rough estimates will be fine at this stage)*(You may want to contribute your own organisation’s resources to support this project. Include any additional contributions, including kind support, staffing, travel, venues, equipment etc.).* | |  | | |
| **Rough idea of timescales**  *Please indicate timescale in months* | | To work up into a viable project | | |
| To implement into a service/process/pathway change | | |

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| **How are you going to report back about how your project went, and the outcomes achieved?**  *(Be as creative as you like, providing that the outcomes are clearly stated - why not use photos, video, include a report from the local media, write a report etc.)*  *Qualitative and Quantitative data* |  |
| **The deadline for returning applications is Friday 24th September 2021 at 5pm.** | |

|  |  |  |  |
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| **Signed** |  | **Date** |  |

Completed Application Forms should be e-mailed to: [**ayeesha.qureshi@bradford.nhs.uk**](mailto:ayeesha.qureshi@bradford.nhs.uk) **by Friday 24th September 2021 at 5pm**