#

**WISHH Community Partnership Projects**

**Application Form –2021 - 22 Funding**

|  |  |
| --- | --- |
| **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*
 |  |

|  |  |  |
| --- | --- | --- |
| **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 |

|  |  |
| --- | --- |
| **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.** |

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

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