

 To be filled in by ACHSCP staff

*Reference Number*

**\*\*\* Please note we are currently accepting applications for projects from the NORTH Locality ONLY**

**During this round we are only able to accept applications from projects based in the North Locality, which will benefit those living/working in the area \*\*\***

**Fund will close on 11th December 2024, 4pm and outcome communicated after this date.**

**For guidance on completing this application form please refer to “Guidance for applicants” available:**

* **Online –** [**Please click here**](https://www.aberdeencityhscp.scot/our-innovations/the-health-improvement-fund/)

**If you require additional application support:**

* **Email -** **HealthImprovement@aberdeencity.gov.uk**
* **Phone - 01224 045 735 (Chris Smillie) or 01224 069 421 (Suzi Thomson)**

**You can submit your application by:**

* **Email this document to** **HealthImprovement@aberdeencity.gov.uk**

**Please ensure all questions are answered (1-21), failure to do so will mean your application will not be considered.**

**CONTACT DETAILS**

Please give one main contact for your project. The main contact should be someone who can talk in detail about your project.

**Organisation Name:**

**Contact Name:**

**Job/Volunteer Title (if applicable):**

**Postal Address:**

**Email Address:**

**Telephone Number:**

**ELIGIBILITY QUESTIONS**

Prior to completing you application, please read the [guidance document](https://www.aberdeencityhscp.scot/our-innovations/the-health-improvement-fund/) to ensure your project meets the Health Improvement Fund principles.

**Q1. Projects must align to the strategic priorities of the Health and Social Care Partnership. Which of the following does your project support?** (Please select all that apply, your project must support at least one). You can view the strategic priorities [here](https://www.aberdeencityhscp.scot/globalassets/governance/achscp-strategic-plan-2022-2025-summary.pdf).

[ ]  Caring together.

[ ]  Keeping people safe at home.

[ ]  Preventing ill health.

[ ]  Achieve fulfilling healthy lives.

**Q2.** **Which best describes the organisation you are applying on the behalf of?**

[ ]  Voluntary or Community Organisation

[ ]  Registered Charity

[ ]  Constituted Group or Club

[ ]  Community Interest Groups (CIG)

[ ]  Social Enterprise

[ ]  Statutory Body e.g. NHS, Aberdeen City Council (including community councils)

[ ]  School

[ ]  Housing Association

[ ]  Individual aligned to an organisation or part of a constituted body

[ ]  Any other not for profit health and care providers

[ ]  Other

**Q3. If you are a statutory body applying to the fund, please tell us how you have identified this local need and how you will work with the local community to deliver your project.**

**Q4. Who are the main target group for your proposed project?**

Please be as specific as possible. For example – age, disability, religion or belief etc.

**Q5. In no more than 2 sentences, please briefly describe your project.**

For example, “A peer support group for Dads”, “Building a sensory garden in the local park”.

**YOUR PROJECT**

This is the section where you can tell us more information about the project.

**Q6. Project/Idea name.**

**Q7. In which locality will your project take place?**

[ ]  Citywide

[ ]  North:

Dyce, Danestone, Oldmachar, Balgownie & Donmouth, Denmore, Bucksburn, Heathryfold, Middlefield, Kingswells, Northfield, Cummings Park, Sheddocksley, Mastrick, Summerhill

[ ]  Central:

Tillydrone, Old Aberdeen, Seaton, Woodside, Hilton, Stockethill, Ashgrove, George Street, Froghall, Powis & Sunnybank, Midstocket, Rosemount, City Centre, Hanover, West End.

[ ]  South

Culter, Cults, Bieldside & Milltimber, Hazlehead, Braeside, Mannofield, Broomhill & Seafield, Garthdee, Ferryhill, Kincorth, Leggart & Nigg, Torry, Cove.

**In which geographical area will your project take place?** (Specifically in which neighbourhood. For example, Northfield, Bucksburn, Bridge of Don).

**Q8. Project Details.**

Please provide an overview of the proposed project and how this will be implemented.

**Q9. Please describe how your project demonstrates at least one of the following objectives.**

1. **Enrich communities** - Adding to a community’s ability to live well.
2. **Boost individual resilience** - Helping the most disadvantaged/vulnerable to improve their health and wellbeing.
3. **Strengthen community resilience** - Sustained ability of a community to use the available resources to respond to, withstand and recover from adverse situation (e.g. a community based initiative that seeks to improve people’s health).
4. **Collaborative decision making** - Exploring ideas and making plans with those affected by an issue (e.g. how your target audience have been involved in the creation of this project).

**Q10. Project Need.**

Please briefly explain how you know this project is needed.

Briefly explain if you have carried out a survey or any scoping work in relation to your target group.

**Q11. Benefits of the project.**

What benefits do you expect to see as a result of this project? (e.g. increased physical activity, improved mental health)

What evaluation will you undertake to know these benefits have occurred? (e.g. focus groups, surveys, word of mouth)

**Q12. How many people will benefit from this project?**

Please provide an approximate figure.

**Q13. Partnership Working.**

Partnership working is highly recommended, who else will you be working with? (e.g. names of other organisations, community groups or third sector support).

**Please also detail what their role will be within the project.**

**Q14. Volunteering.**

Please let us know approximetly how many volunteers will be involved in your project.

**Q15. Start date and duration of project.**

When do you expect the project to begin?

When do you expect the project to end?

**PROJECT COSTS**

**Q16. How much are you bidding for (up to £5,000)?**

**Q17. What will you spend your funding on? Please give a breakdown of the cost of your project.
Please be as specific and detailed as possible. For example, if you are requesting money for gardening equipment - 2 planters = £x, 2 shovels = £x.**

*Additional rows can be added if required.*

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| **Item** | **Cost** | **Details** |
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|  | **Total cost** |  |

**Q18.** **How do you plan to continue the work when the funding stops?**

**ADDITIONAL INFORMATION**

Just some final information. Your answer to these questions will not affect the outcome of your application.

**Q19. Have you applied for any other funding? If yes, where from and is it confirmed?**

**Q20.** **Please tell us how you heard about the Health Improvement Fund i.e., website, social media, support worker etc.**

**Q21. If your bid to the Health Improvement Fund is unsuccessful, do you give us permission to pass this application on to other funds which may be better suited e.g. Community Mental Health and Wellbeing Fund (ACVO).**

[ ]  Yes

[ ]  No

**PRIVACY STATEMENT**

**By submitting this form you are agreeing to the terms and conditions listed on the Health Improvement Fund Website (**<https://www.aberdeencityhscp.scot/our-innovations/the-health-improvement-fund/> **).  Any personal information will be held securely and processed in line with data protection legislation.  Project information (no personal details) will be included within the Health Improvement Fund Annual Report and may be used by colleagues/students for consolidation work. Further information on how your personal information is processed and how consent can be withdrawn can be found on the HIF website.**

**This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245**