Application Reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**City Health Care Partnership – Smokefree Liverpool**

**Small Grant Application Form**

**\*\*\*up to £5000\*\*\***

**Section 1 - About Your Organisation**

|  |  |  |
| --- | --- | --- |
| 1.1 | Name of your organisation |  |
| 1.2 | Name of main contact |  |
|  | Address |  |
| Postcode |  |
| Telephone Number |  |
| Email Address |  |
| *Please note this email address will be used to notify you of the outcome of your application* | |
| Website Address |  |

1.3 When did your organisation start? Month Year

1.4 What type of organisation are you? (Tick as appropriate).

A not-for-profit organisation, if yes, please give your company number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  A voluntary or community group.

Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.5 Please describe the overall aims and objectives of your organisation and the activities or service it provides.

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1.6 Detail of grant criteria

Smokefree Liverpool are welcoming 3rd sector organisations to bid for a grant to reduce the prevalence of smoking within the population groups that they serve.

We welcome organisations to share how they will fulfil the following:

1. Increase knowledge about the harms and damages of smoking amongst their community.
2. Engage their community, completing very brief advice interventions.
3. Increase the number of referrals sent into Smokefree Liverpool to receive stop smoking support.

Organisations must provide services to residents who live within the city of Liverpool, we are particularly looking for organisations who work with targeted populations within the city.

We are looking for organisations to explore innovative ways to engage communities and achieve the above outcomes. Please detail activity below.

Organisations will be required to report back on their activity quarterly and will be expected to send quarterly reports and attend quarterly project review meetings with Smokefree Liverpool to discuss outcomes achieved and future planned activity.

Payment will be made in 2 instalments, 50% prior to project start and 50% upon completion of project.

**Section 2 – About your grant application**

2.1 Is this grant for (please tick one):  New work  Existing work

2.2 Your project must start and finish within the dates provided below.

|  |  |  |  |
| --- | --- | --- | --- |
| Project Start  Date | Jan 2025 | Project Finish  Date | December 2025 |

Please answer the following questions ensuring your response is no more than **250 words per section**.

2.3 What are you planning to do?

|  |
| --- |
| *Which objectives does you plan aim to meet? How will you do this? How will you know you have been successful?* |

2.4 Who will benefit from this activity and in what ways? (please tell us about any particular target groups)

|  |
| --- |
|  |

2.5 What outcomes do you anticipate the project will bring?

|  |
| --- |
| *XX number of people will be more aware of the harms from smoking, xx number of people will be referred into the service, xx number of people will share the information with friends and family. What evidence will you be able to provide.* |

2.6 How will you ensure the project is quality assured and reporting requirements are completed?

|  |
| --- |
| *Who will be responsible for submitting reports to service? Who will complete the required training to deliver Smokefree messaging?* |

**Section 3 – Funding Required (Maximum £5000)**

3.1 What is the total project cost £ \_\_\_\_\_\_\_\_\_\_\_\_\_

3.2 How much money are you applying for: £ \_\_\_\_\_\_\_\_\_\_\_\_\_

3.3 What other monies have been secured? £ \_\_\_\_\_\_\_\_\_\_\_\_\_

3.5 **Budget breakdown summary**

Please provide a breakdown of costs under separate headings for example staff costs, equipment, publicity and activity costs. Please also provide a cost breakdown i.e. 10 hrs @ £10 - £100.

Funding can be used for capital or revenue purchases and costs. Please attach a quote for any items to be purchased i.e. equipment, publicity, trainer fees and premises hire. Applicants must ensure value for money so it is recommended that you obtain more than one quote.

Any grant awarded and payment made is deemed inclusive of VAT where applicable.

|  |  |  |
| --- | --- | --- |
| **Budget Heading** | **Detail of expenditure** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | TOTAL |  |

# Section 4 – Declaration

The person completing this form, and another member of the organisation must sign the declaration below.

Please check that all sections of the form have been completed, read the following statement and sign below.

We confirm that the information in this form is correct. If a CHCP- Smokefree Liverpool Small Grant is awarded, it will only be used for the purpose given and according to any conditions specified.

We understand that we will need to provide any additional relevant documentation upon request. We understand that we will be liable to repay the grant in full, if it is found that any of the information supplied is incorrect or if any grant monies that may be awarded are not used as indicated in this application form.

We understand that outcomes from the project will need to be fed back to Smokefree Liverpool on a quarterly basis, this will be submitted via reporting schedule which will be shared and attend as project review meeting.

We understand that project payment will be made in 2 instalments, the first payment 50% will be made upon initiation of the project and the final payment will be made upon completion of the project, if outcomes and reporting are achieved. The funding must be used within the timescales of the project outlined above, any activity outside of this timeframe that the project wishes to claim for must be with written permission from CHCP.

We understand that if a grant is awarded, we may be expected to work with CHCP- Smokefree Liverpool to publicise the project, activity or event, as well as provide information on the progress of the project including case studies to demonstrate the impact of the award.

By signing this declaration, you are confirming that the organisation:

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* is a Not-for-Profit Organisation, Community or Voluntary Group
* has a written set of rules, governing document or constitution (a copy should be submitted with your application)
* works for the benefit of the local community (Liverpool)
* has a health and safety policy? (Copies must be provided upon request):

Yes No

* if appropriate to the planned activity, please confirm that you have a child protection policy and/or vulnerable adult policy? (Copies must be provided upon request):

Yes No

* all people who will be working with children are DBS checked:

Yes No

* has in place suitable and sufficient insurance (i.e. public liability insurance) in respect to beneficiaries and as legally required (Copies must be provided upon request).

Employer’s Liability Insurance

Yes No Value of cover £

Public Liability Insurance

Yes No Value of cover £

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** | **Print Name** | **Position** | **Date** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

# Section 5 – Checklist

Please check the following, your application will not be considered if you have not. **Failure to supply appropriate supporting documentation will result in your application being deferred or rejected.**

|  |  |
| --- | --- |
| You have completed all the questions |  |
| You have enclosed a copy of your governing document / constitution |  |
| You have included the relevant quotes to support your budget |  |
| You meet all of the eligibility criteria and have signed the declaration |  |

CHCP are committed to protecting and respecting the privacy of your personal data. This privacy notice explains how your data is collected, used transferred and disclosed. It applies to data collected when you apply for a small grant.

By completing a small grant application form you are allowing us to use your name, telephone number, address, email address and organisation start date to help us monitor the impact of and improve our grants scheme, aid future research and contribute to NHS performance statistics.

Your details will remain confidential and will not be shared with any third party.

For further information on ‘Your information and how we use it’ visit [www.chcpcic.org.uk](http://www.chcpcic.org.uk)

Please send your completed form to: [Smokefree.liverpool@nhs.net](mailto:Smokefree.liverpool@nhs.net) by the deadline for this round of awards or to:

Smokefree Liverpool Small Grant Scheme

City Health Care Partnership Foundation

Life Bank

23 Quorn Street

Liverpool

L7 2QR