**Hounslow CORE20 Health Inequalities Small Grant Application Form**

**As part of our ongoing efforts to ensure we tackle the avoidable differences in health access and outcomes across Hounslow, the Hounslow Borough Based Partnership are reaching out to invite you to collaborate with us, we are inviting local community and voluntary groups and resident groups to apply for funding to run engagement activities to gather feedback from the diverse communities in Hounslow.**

**Feedback from residents on their health and wellbeing will help us in ensuring the services that we design and commission are:**

* Inclusive and representative of the diverse needs of local population.
* Targeted and better suited, resulting in better outcomes in preventative intervention.
* Reaching individuals and groups who have until now benefited less from public services**.**

**We need your help to engage with local residents, in particular those who are impacted by health inequalities. We are looking for information that will help us to better understand:**

* Our residents’ self-reported health and wellbeing (physical and mental) and what contributes to their health and wellbeing
* Difficulties and challenges that have the biggest impact on residents’ health and wellbeing
* Barriers faced by residents when looking for or accessing or benefitting from health and wellbeing services in Hounslow and how to overcome them
* Activities, services, and support that can help to improve residents’ health and wellbeing

This could involve:

* Local events and activities that will bring people together to discuss what would help to improve their health and wellbeing and what challenges and barriers they are facing
* Focus groups with targeted communities to understand what kind of help, activities or services would be most beneficial to them
* One-to-one interviews with people you support
* Online, phone, or paper surveys

There are two points of engagement:

* 1. To gather insights from residents of barriers, challenges, and solutions (April-May)
* 2. To review findings and co-design solutions (July-August)

You can find more information about this grant in the **Guidance Notes.** Please note that for the Engagement Small Grant applications, proposals are accepted for **a maximum of £4,000** for each community and voluntary sector organisation or resident group.

Application Forms and Guidance Notes are available by emailing:[publichealth@hounslow.gov.uk](mailto:Publichealth@hounslow.gov.uk)

Please complete this form in full (sections 1-8) to tell us about your project. Applications will be assessed after the deadline, and you can expect a result within two weeks.

**You can apply for this grant up until 5pm Friday 8th March**   
**Once your application is complete, submit to** [**publichealth@hounslow.gov.uk**](mailto:publichealth@hounslow.gov.uk)

We encourage applicants to contact the Public Health team to discuss their application before submitting via [publichealth@hounslow.gov.uk](mailto:publichealth@hounslow.gov.uk)

**Key dates:**

|  |  |
| --- | --- |
| **Date** | **Activity** |
| Monday 12February 2024 | Invitation to apply for Engagement Small Grant |
| Friday 8th March 2024 | Deadline for Engagement Small Grant application |
| Week commencing – 11th March 2024 | Notification of Engagement Small Grant outcome |
| W/c 25 March 2024 | Project Initiation Workshop – engagement guidance, training on methods and toolkit to support successful organisations |
| 1st April-31st May 2024 | Engagement Period 1: Gathering Views |
| Saturday 1st June 2024 | Deadline for submission of engagement outcome (summary report-guid: Codesigning Solutionsance will be provided) |
| July 2024 | Engagement Period 2: Codesign Solutions |

**Application Form**

# **Section 1: About you**

|  |  |  |
| --- | --- | --- |
| 1. **Your name** |  | |
| 1. **Address** |  | |
| **Postcode:** |  |
| 1. **Are you a Hounslow resident representing a group of residents or applying on behalf of an organisation?** | **Hounslow resident group**  *Please provide contact details of others in your group on the accompanying sheet****.*** | **Organisation**  **Name of organisation:** |
| 1. **Contact email** |  | |
| 1. **Contact telephone number** |  | |

# **Section 2: Your proposal**

|  |  |  |
| --- | --- | --- |
| **1. Project name** |  |  |
| **2. Project purpose**  (20 word limit) |  |
| **3.Start date** |  | *Tell us when this funding will first be used.* |
| **4.End date** |  | *Tell us when the funding will last until – this funding must be spent by 1st July 2022.* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please answer the questions below telling us more about your project.   |  | | --- | | 1. **A) Who will you be engaging with in Hounslow (e.g., what CORE20 geographic areas, which communities, age, gender, ethnicity, language, health conditions, disabilities, etc.)? How many people will you be able to reach? (Can be estimate)**   **\*There will be around 6 weeks’ time for the delivery of engagement activities including writing up a report to tell us what you have found through the engagement.**  **Word limit: 200** | |  | | 1. **B) Where do most of them live? (You can tick more than one boxes)** |  |  |  |  |  | | --- | --- | --- | --- | |  | Area | | | |  | Bedfont |  | Heston | |  | Feltham |  | Brentford | |  | Hanworth |  | Isleworth | |  | Cranford |  | Syon | |  | Specific estates: | | | | Other, please state: | | |  |  | | --- | | 1. **How will you engage with the people and/or communities that you specified in Q1 above? Please outline what activities you will carry out.**   **Word limit: 200** | |  | | 1. **How will you ensure you have the adequate resources to deliver the engagement activities that you propose in Q2 above?**   **\*Please consider all the resources you may need to deliver engagement activities, including reimbursement for staff time, volunteers, venue, recruitment, participant attendance incentives, recording what people said, reporting on engagement findings, etc.**  **Word limit: 200** | |  | |

# **Section 3: What difference will the funding make?**

|  |  |  |
| --- | --- | --- |
| Please provide details of at least one measurable output relevant to your project that you expect to deliver as a result of this funding.  *Max. 30 words per measure.* | | |
|  | ***Measurable Output*** | ***Timescale for delivery*** |
| *E.g.* | *4 x 2-hour engagement sessions for 5-10 people each* | *April to May* |
|  | *One online survey for 50 people* | *April to May* |
|  | *An executive summary of the findings from all engagement activities* | *End of June* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

*Please add extra rows as needed.*

|  |  |  |
| --- | --- | --- |
| Please provide at least 1 measurable outcome relevant to your project that you expect to deliver as a result of this funding.  Max. 3*0 words per measure.* | | |
|  | ***Measurable Outcome*** | ***Timescale for delivery*** |
| *E.g.* | *At least 20 people from the Indian community will have the opportunity to express their views on wellbeing services in a small group setting* | *Mid-May to Mid-June* |
|  | *At least 50 people who have a mental health need will be given opportunity to express their views on wellbeing services through an online survey* | *Mid-May to Mid-June* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

*Please add extra rows as needed.*

# **Section 4: Funding breakdown**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Tell us how much your project costs and how much you are applying for. | | | |
| Item / Activity | **Total Cost** | **Total Requested from LBH** | **Source of additional funding** |
|  | £ | £ |  |
|  | £ | £ |  |
|  | £ | £ |  |
|  | £ | £ |  |
|  | £ | £ |  |
|  | £ | £ |  |

|  |  |
| --- | --- |
| Total Project Cost | £ |
| Total Requested from LBH *(up to £4,000)* | £ |

# **Section 5: Resident contact details**

**If you are representing a group of residents, are a non-constituted group or a group of neighbours**, please provide their contact information here. Applications from residents should be supported by at least six unrelated people from different addresses within Hounslow. Please contact the Joint Commissioning team [publichealth@hounslow.gov.uk](mailto:publichealth@hounslow.gov.uk) if you need guidance on this.

Please ensure you get people’s permission before sharing details and let them know that we may contact them about your application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone number** | **Email address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# **Section 6: Grant management & governance information**

**\*\*Only complete this section if you are applying on behalf of an organisation.**

|  |  |  |
| --- | --- | --- |
| 1. **Organisational information** | | |
| **Company registration number**  (if applicable) |  | |
| **Charity registration number**  (if applicable) |  | |
| **Web address** |  | |
| **Type of organisation** | Registered charity  Not-for-profit company  Constituted voluntary or  community group  Charitable Incorporated  Organisation (CIO)  Incorporated club or  association  Constituted Tenants and  Residents Association | Company limited by guarantee  Community Interest Company  Constituted but unincorporated  club or association  Faith based group  Community Amateur Sports Club  Informal group i.e. group of residents/neighbours  Other, please state: |

|  |  |  |
| --- | --- | --- |
| 1. Organisations should be able to answer yes to all statements below. | | |
|  | **Yes** | **No** |
| Our organisation has an adopted governing document (e.g. a constitution). |  |  |
| Our organisation has a Management Committee or Board of Trustees with at least three unrelated members and which meets regularly (at least three times each year). |  |  |
| Our organisation has a UK based bank account in the name of our organisation as shown on our governing document with cheques, internet banking and other withdrawals for our organisation are signed or authorised by at least two people who are not related to each other and/or do not live at the same address. |  |  |

# **Section 7: Proposal Checklist**

|  |  |  |
| --- | --- | --- |
| **Checkmark** | **Item** |  |
|  | Fully completed proposal | Any incomplete proposals will be returned |
|  | Six supporting signatures | For informal groups such as groups of residents/neighbours |
|  | Copy of governing document included | All organisations to include |

# **Section 8: Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration**  Please tick below to confirm that by submitting this proposal:  I certify that the information in this report, and on any supplementary information provided, is accurate and true. | | | |
| **Name** |  | **Position** |  |

**Now please return your proposal to:** [**publichealth@hounslow.gov.uk**](mailto:publichealth@hounslow.gov.uk)