**Early Years Innovation Fund - Greenwell PCN**

**Application Form**

Please read the guidance which is available to download prior to completing the application form.

**Organisation Details**

|  |  |
| --- | --- |
| Organisation Name |  |
| Registered Charity Number (where relevant) |  |
| Company Number (where relevant) |  |
| Main Contact Name  |  |
| Telephone Number |  |
| Email |  |
| We are:* a constituted not for profit organisation
* with a minimum of 2 unrelated directors
* and a bank account in the organisations name
 | Yes / No |

**Project**

|  |
| --- |
| Please provide a summary describing your project. [Max 50 words] |
|  |

|  |
| --- |
| Describe what your organisation does and its track record with local residents, highlighting activities that are similar to those you are applying for. [Max 200 words] |
|  |

|  |
| --- |
| What specific communities do you plan to target through this fund? Please go into as much detail as you can in regard to race, gender, age, education and income level. [Max 200 words] |
|  |

|  |
| --- |
| Please describe in detail the project you would like us to fund, including what you will do, and how you will do it. [Max 400 words] |
|  |

|  |  |
| --- | --- |
| **Summary Activity & Frequency** | **Total number of people reached and intended outcome** |
| *Example: Recruiting 12 befrienders supporting 30 families* | *30 Neighbourhood families improve bonding and relationships.* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| How will your project reduce health inequalities and reach communities not routinely accessing mainstream services. [Max 200 words] |
|  |

|  |
| --- |
| What positive changes do you expect to see? How do these align to the funding aim? [Max 200 words] |
|  |

|  |
| --- |
| How will you ensure local residents are aware of your project? [Max 200 words] |
|  |

|  |
| --- |
| How will you monitor and evaluate your project? [Max 200 words] |
|  |

|  |
| --- |
| Please tell us when your project will start and finish. |
| Starts |  | Finishes |  | Duration |  |
| Location 1: Where will you run your project run from? |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Town/City |  |
| Postcode |  |
| Location 2 (if applicable): Where else will you run project run?  |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Town/City |  |
| Postcode |  |
| Location 3 (if applicable): Where else will you run project run? |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Town/City |  |
| Postcode |  |

**Budget**

|  |  |
| --- | --- |
| **Item**  | **£** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**Grant Support**

|  |
| --- |
| Support your organisation needs - What support do you need? |
|  |

**Declaration**

I confirm that the organisation/group named in this form has authorised me to sign this application on their behalf. The information contained in this application is correct, to the best of my knowledge, and I confirm that any grant aid received will be used solely for the purposes specified in the application.

I agree to my name and my organisation’s details being shared with the grant partners and fellow grantees. We will only use your information in accordance with General Data Protection Regulation and for the purposes of the grant.

I will monitor the success of the project and submit the necessary monitoring forms.

|  |  |
| --- | --- |
| **Signed (Electronic)** |  |
| **Name** |  |
| **Date** |  |

Please send the completed application **to suvi@ehcvs.org.uk** by **5pm on 13 September 2024**.