**Social Prescribing Community Chest Programme, Round 2– Application Form**

**Introduction and purpose**

As part of Waltham Forest Council’s commitment to improving the health and wellbeing of those in the borough, we want to support our local residents who are most at risk. The Community Chest Small Grants Programme welcomes applications from voluntary, community, faith, and social enterprise services active in Waltham Forest to deliver activities and services for residents around specific needs. These needs are directly linked to health inequalities that have been identified across the borough.

Community groups can apply for **up to £9,999** from **a total pot of £60,000** to deliver targeted projects designed to address health inequalities, enable capacity-building in the voluntary sector and support the evolution of social prescribing. The programme is for projects aimed at adults aged 18+ and families with children with at least one adult aged 18+. Groups can apply for funding for projects to run for up to 9 months.

In January 2022, Waltham Forest Council commissioned Professor Sir Michael Marmot’s team at the UCL Institute of Health Equity (Marmot Team) to assess health inequalities in the borough and propose practical recommendations to address them. This programme is responding to a recommendation from the Marmot Team’s research that states: ‘***Review social prescribing offer to ensure it is addressing the social determinants of health, including referrals to food and fuel security support and financial, legal, housing and debt advice’*.**  
  
If you are interested in applying for this fund, please complete the application form and return, ***as a Microsoft Word document***, to [social.prescribing@walthamforest.gov.uk](mailto:%20social.prescribing@walthamforest.gov.uk) by **11.59pm on Sunday 3rd September 2023.**

**Key dates**

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| Monday 17th July | Applications can be submitted |
| Sunday 3rd September | Application deadline |
| Friday 29th September\* | Decision on grant applications communicated |

***\*Date is subject to change***

# Application form

**Section 1: Applicant information**

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| **Organisation name:**  *If you are a registered group, this is your legal name as it appears on your governing documents, bank account, Charity Commission, Companies House, or other register.* |  |
| **Organisation address:**  *This should match the address on your bank account, Charity Commission, Companies House or other register.* |  |
| **Which area of Waltham Forest does your organisation operate in currently?**  *Please tick all which apply.* | North - Chingford (including Highams Park, North Chingford, Chingford Hatch, Chingford Mount)  Central - Walthamstow (including Blackhorse Lane, Walthamstow Village, Wood Street, Higham Hill)  South West – Leyton (including Markhouse village, Lea Bridge, Bakers Arms)  South East – Leytonstone (including Whipps Cross)  All of Waltham Forest |
| **Organisation Website (If applicable):** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Application lead name and position:** |  |
| **Type of organisation:**  *Please select the status from the list which most closely describes your organisation and provide any registration numbers.* | Voluntary or Community Organisation  Registered Charity  Constituted Group  Community Benefit Society or Co-Operative  Community Interest Company (CIC)  Social Enterprise  Other, please specify: |
| **Are you applying as a partnership of two or more organisation/group(s)?**  *If applying as a partnership, all organisations have to be not-for-profit, voluntary organisations or groups, with at least one constituted group. Profit-making businesses, statutory organisations and individuals are excluded.* | Yes  No |
| **If applying as a partnership, give the names of all the organisations involved:** |  |
| **How many people are involved in running your** **organisation(s)?** | No. of paid staff (full-time:  No. of paid staff (part-time):  No. of Committee Members (or Trustees/Directors):  No. of other volunteers: |

**Section 2: Further information about your organisation/group**

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| **What are your organisation’s aims?**  *(Word limit: 250)*  *Please tell us briefly about your organisation’s purpose and main values, what are your typical activities, the target audience you engage with, and what are your achievements so far?* |  |
| **Are you a London Living Wage Employer?** | Yes  No  Not applicable as no paid staff members |
| **Is your organisation led by any of the following underserved communities?**  *We define 'led by' as at least 51% of people running, managing, and/or delivering your work. These do not have to be paid staff members.* | Black and minority ethnic communities  Deaf or disabled people  Women  Older people (55+)  Younger people (18-25) |
| **What is your organisation’s annual income in your most recent financial year?**  *This should match the statement of financial accounts for your last financial year.* |  |
| **Organisation Bank Account Number:** |  |
| **Organisation Bank Sort Code:** |  |
| **In order to make payment we require a copy of an organisation bank statement dated in the last 3 months.**  *Please tick to confirm a copy of this will be sent alongside your completed application form before the application deadline on 3rd September 2023.* |  |

**Section 3: Working with social prescribers in Waltham Forest**

Do not worry if you haven’t worked with social prescribers in Waltham Forest before; we encourage applications from all organisations. The aim of this fund is to foster more collaborative working between your organisation and social prescribers.

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| **Have you ever worked with social prescribers in Waltham Forest?** |  |
| **If Yes - then how many referrals do you accept on average from social prescribers per month in total in the past year?** |  |
| **If Yes - what is the proportion of social prescribing referrals vs. overall residents using your service on average?** |  |
| **If Yes - what is the number of social prescribing referrals, you have declined and why?** |  |

**Section 4: Project details and description**

In this section, we’re looking to gain an understanding of the project you are requesting grant funding for. Your application will be assessed mainly on the information provided in this section, so make sure your writing is straightforward and clear. Please ensure answers are given to all the questions in this section.

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| **What is the title of your project?** |  |
| **Please give a short summary of your project.**  *(Word limit 50)* |  |
| **Project start and end date:**  *Projects must start on or after 15th October 2023 and finish by 15th July 2024* |  |
| **Please confirm that your project is aimed at adults and families with at least one adult over the age of 18?** | Adult only  Families with at least one Adult |
| **Programme priorities**  *Which of our programme priorities does your project propose to deliver against? See our application guidance document if you’re unsure.* | Cost of living  Digital exclusion  Mental health and loneliness  Learning disabilities  Increasing community access to health services and health information |
| **Tell us about your project**  *(Word limit: 250)*   * *What will the project achieve and how will this fit in with the chosen programme priorities?* * *How will the project achieve this and how will it be specifically delivered? (Give details of an activity, event or a typical session you are planning to deliver)* * *Where will the project be delivered (Give details of the venue(s) you will be making use of)* * *Why is the project needed and why is your group best placed to deliver it* |  |
| **How will your project be managed?**  *(Word limit: 250)*   * *How will you plan and manage the delivery of this project?* * *Tell us about the staff and/or volunteers delivering the project. How many will there be?* * *Are there any particular skills or experience needed to successfully deliver your project or event?* |  |
| **Describe the project outcomes**   * *How will those involved benefit from your activities and how will you measure the success of activities (e.g., post-event survey)?* * *What is the total number of expected beneficiaries: (e.g., event attendees and programme participants)?* |  |
| **Please tell us how you will monitor and report on the project activities**  *(Word limit:250)*  *If you are awarded a grant, we will give you a simple monitoring template that you will need to fill out and return to us when you complete activities.*  *The monitoring template will contain some simple questions similar to these:*   * *who attended the activity? (Demographics, geography)* * *where were they referred from? E.g., self-referred, social prescribing,* * *how many times did they attend?* * *would the beneficiary recommend this project to a friend/ family member?* * *did this activity improve the beneficiary’s health and wellbeing?* |  |
| **Project risks**   * *tell us about up to 3 possible barriers and risks that may arise when delivering your project that could prevent it from being a success.* * *Tell us about how you will prepare for any barriers and what you have in place to reduce these risks.* |  |

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| **Project Budget** | | |
| Please complete the project budget table below, ensuring all major project costs are included. Please ensure that all major costs are referenced in the project description section above. | | |
| **Description of Expenditure** | **Funding request from LBWF** | **Funding from other sources, including support in kind (where applicable)** |
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| **Total project cost:** | £ |
| **Total amount of funding requested from LBWF:** | £ |

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| **Further budget information**  *If there is anything further you want to tell us about your budget, you can do so here.*  *If the total cost of the project is more than you are applying from the Community Chest, where will you source the remaining funds and are these secured?* |  |

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| **Declaration** | |
| This application is submitted on behalf of the organisation named in Section 1, who I am duly authorised to represent. The information given is correct to the best of my knowledge. | |
| **Signed:**  *electronic signature accepted* |  |
| **Date:** |  |
| **Print name:** |  |
| **Position held in organisation:** |  |

Please check you have filled in all sections of this application completely. If you are interested in applying for this fund, please complete the application form and return to [social.prescribing@walthamforest.gov.uk](mailto:%20social.prescribing@walthamforest.gov.uk) by **11.59pm on Sunday 3rd September 2023.**

If you would like support filling in the form, further information or have questions about your application please contact [social.prescribing@walthamforest.gov.uk](mailto:%20social.prescribing@walthamforest.gov.uk)