

Application for a Supporting Grant via Health Challenge Torfaen

GRANT CRITERIA 2009/10

Every Local Authority area in Wales has been awarded some money, for the three years (April 2008 to March 2011), to support the development and delivery of their local response to Health Challenge Wales. Health Challenge Torfaen aims to support people in Torfaen to make informed healthy choices about their lifestyles.

Small grants are available to support local projects or initiatives which will have an impact on population health improvement. The strong relationships between the aims and objectives of your project and those of Health Challenge Torfaen (HCT) are vital if we are to realise the potential for health improvement. We are looking to fund innovative projects or events that will promote the health & wellbeing of citizens within Torfaen. Current priorities are:

- Food and fitness
- Using alcohol sensibly
- Smoking cessation

All grant applications must be submitted on the attached form and will be accepted for up to £1,000. Grants will not cover staffing costs or treatment. We will support bids for health promotion and behaviour change but you need to tell us what you intend to do, how and why – providing research evidence or best practice information and references.

The form is designed to be quick and easy to fill in and is broadly about helping us understand your proposed activity, and how your activity will improve health through supporting the HCT priorities.

Events must be Health Challenge Torfaen branded and evaluation provided as indicated in this application (See Appendix 1). The HCT fund is open to all applicants from appropriately constituted groups and we welcome applications for joint working between Third Sector and statutory organisations.

Health
Challenge
Torfaen



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1. ORGANISATION DETAILS

Name of organisation	
Address of organisation	
What does the organisation do?	
How long has your organisation been running?	
Title of its bank account	
Is the organisation registered as a Charity	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide registration number(s) opposite.	

2. CONTACT DETAILS

Name of contact person	
Address of contact (if different from above)	
Phone numbers (please provide numbers we might most easily contact you on)	Daytime: Evening: Mobile: E- mail address:

3. PROJECT DETAILS

Please tell us about your activity, most importantly just an outline of what a grant would help you to provide and how this fits into Health Challenge Torfaen. If this activity also helps to meet outcomes or Core Aims of the Health Social Care and Wellbeing Strategy 2008 to 2011 or the Single Plan for Children and Young People 2008 to 2011 please use this space to tell us which ones.

Please continue on a separate sheet if you need to

Please use this space to tell us *how you know* this scheme, delivered in the way you set out above, will contribute to health improvement. If you have any evidence from research or best practice that shows providing this activity in this way will achieve this, please provide the evidence here.

Please continue on a separate sheet if you need to

Tell us how many people you think could benefit from this activity and tell us a little bit about the people you think will benefit from this activity.

Please continue on a separate sheet if you need to

4. **FINANCIAL DETAILS**

Please set out the costs for the whole of the project which you think we could support you with (these should include all training, equipment or running costs).

BUDGET	
<u>ITEM</u>	<u>COST</u>
<u>PROJECT TOTAL</u>	
Amount of funding from other source (if any)	
TOTAL BEING APPLIED FOR FROM HCT SMALL GRANT SCHEME	

Will your project generate any income, such as ticket sales or fees? If so please tell us how much.	
Are you using any of your organisation's own funds towards the cost of the project? If so, how much?	

If your organisation has been running for more than two years, please supply a copy of your last annual accounts - these will be held in a confidential manner. If there are no annual accounts please supply the last balance sheet

5. PROJECT MANAGEMENT AND EVALUATION

Please tell us how you intend to demonstrate what impact this activity had. This could be that: you did what you said you would do when you said you would do it, the numbers of people who participated and, how you will know there was some contribution to health improvement.

Please tell us how the partners have agreed to work together to make your proposal a success

Please continue on a separate sheet if you need to

6. AUTHORISATION DETAILS

Signature of Contact person/applicant for the Project

Signature

Date

To ensure that organisations are applying for funding with the consent of their group can you get the Chair (if this is not the contact person) or other officer to sign the form.

Name

Position in Organisation

Signature

Date

CHECKLIST

Please check that you have:-

- Filled in all the questions
- Signed Section 6 and got someone else in your group to do likewise
- Enclosed copies of recent accounts or a balance sheet
- Read Appendix 1 - Evaluation

Bids for grants up to £1,000 will be accepted any time up until Friday 15 January 2010.

Applications will be considered and screened by the panel in June 2009, September 2009 and January 2010.

Thank you for taking the time to complete this form.

You should receive an acknowledgement of your application by return.. Please contact :-

Deyolden Stroud
Communications Support Officer
Health & Well-being Development Team

Torfaen County Borough Council
Floor Five
Civic Centre
Pontypool
NP4 6YB

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If you require this application form in Braille or other language please contact the Health and Well-Being Development Team on 01495 766147 or email healthandwellbeing@torfaen.gov.uk

Evaluation of Torfaen Health Improvement Programmes
Grant funded through *Health Challenge Torfaen*.

Background evidence

- Why there was a need for the programme
- How the aims and objectives of the programme lead to health gain

Description of programme

- What you did, how you did it and with whom

Programme outcomes

- This section will explain the results of your work:
 - The numbers of people benefiting from the programme
 - Description of *who* benefited from the programme
 - Are they a special population (e.g. carers, young people, people with disabilities, etc)
 - Explain *how* we know each of the objectives was met/not met
 - Tell us about follow-up evaluations with participants to understand sustainability and longer-term health gain

Reflections

- Summary of whether the overall aims of the project were met
- Which aspects of the programme worked well
- Which aspects of the programme would you do differently next time

Financial statement

- A detailed summary of the project spend
 - how the award was used in the project
 - how other monies were spent on the project (if appropriate)