**Harrow Covid-19 Awareness Fund Round 6**

**[Grant Ref: CAF0921**]

**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 |
| What is the number of Harrow residents your organisation has contact with? |  |
| Please give details (where relevant) of the languages your group can communicate in |  |
| Please give details (where relevant) of the forms of communication you use to ensure people with a disability / long term condition can access the information.  |  |

**Your Project**

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| --- |
| Describe what your organisation does, its track record, and how you currently work with the Harrow community. |
|  |
| Who does your organisation work with and what communities do you plan to target through this fund? Please specify how you will reach the eligible unvaccinated.  |
|  |
| What are the key areas of concern for your community in relations to Covid-19 e.g. reluctant to isolate due to loss of wages, misinformation around the vaccination? |
|  |

**Activity Plan**

All activity must focus on raising awareness of the Covid-19 vaccination and promoting behaviour that will reduce the transmission of the virus.

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| Please provide a summary describing your event / project / activity. (max 50 words) |
|  |

|  |  |  |
| --- | --- | --- |
| **Activity** | **Frequency** | **Intended no. of people reached** |
| *Example: Vaccine Health Information Webinar* | *One per month* | *300 Harrow Residents*  |
| *Example: Use Whatsapp group/s to post encouraging messages to take the vaccine and links to vaccine facts* | *Weekly messages* | *50 Harrow Residents* |
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**Monitoring**

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| How will you know your activities have been successful?*This could include recording the number of interactions, number of people called, number of people attended events.* |
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**Budget**

There are 2 options, if your organisations costs are up to £2,000 you can tick option 1 and if successful the organisation will be paid this amount. If your organisations costs are expected to be higher please complete the budget.

**Option 1:** Contributing towards costs.

|  |  |
| --- | --- |
| My organisation is requesting a contribution of £2,000 towards their costs | Yes / No |

**Option 2:** Budget

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

**Support your organisation needs.**

What support do you need to increase engagement with your target community: i.e. how do we turn you into an ‘expert’ communicator/engager on testing and vaccinations?

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| --- | --- |
| **Area of Support** | **Please x** |
| Setting up social media accounts |  |
| Using existing social media |  |
| Managing communications / concerns raised on social media |  |
| Support in surveying community to establish what the issues are |  |
| Creating / improving newsletters |  |
| Creating graphics |  |
| Creating videos |  |
| Creating audio information |  |
| Translated material  |  |
| Webinars with public health for community leaders |  |
| Access to health professionals for FAQ’s when they arise. |  |
| Access to a health professional who is able to review material prior to it being published. |  |
| Support with monitoring (including social media interactions) |  |
| Guidance on how to campaign about specific issues your community has faced that have been made worse by covid.  |  |
| Other (please give details) |  |

**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 grant partners (Harrow Council, Voluntary Action Harrow, Young Harrow Foundation and Harrow Clinical Commissioning Group) and fellow grantees. Harrow Giving and partners will only use your information in accordance with General Data Protection Legislation 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: grants@harrowgiving.org.uk