**Harrow Black & Minority Ethnic Engagement & Health Activity Fund Application Form [HBMEE0122]**

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

**Organisation Details**

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| 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 already has contact with? |  |

**Applying For (please mark one with X):**

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| Engage communities – working with your community you will collate research (surveys, focus groups, interviews etc) to gather intelligence on peoples issues regarding access to and quality of healthcare, and put forward recommendations. |  |
| Deliver health activities – working with communities to improve health and wellbeing of Harrow residents through interventions and activities based on issues you’ve already identified in the community. |  |
| Engage Communities and Deliver Health Activities |  |

**Your Projects Target Clinical Priorities (please mark with an X or specify at least one priority):**

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| --- | --- | --- | --- |
| Health Management  (General Health) |  | Menopause |  |
| Diabetes |  | Smoking |  |
| Weight Management |  | Understanding disease presentation |  |
| Special Educational Needs |  | Sickle Cell |  |
| Hypertension |  | Stroke |  |
| Mental Health (please specify which mental illness(/es)): |  | | |
| Other: |  | | |
| Unsure (please explain): |  | | |

**Your Project**

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| Describe what your organisation does, its track record, and how you currently work with the Harrow community. [Max 300 words] |
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| What **specific** communities do you plan to target through this fund? Please go into as much detail as you can in regards to race (eg Black African (Nigerian)), gender, age, location (eg ward), education and income level. [Max 200 words] |
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| **If you are applying to deliver health activities**, what evidence do you have to show that your project is needed? How have you consulted with the people who will benefit from your project and what did you find out? [Max 250 words] |
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**Project Plan**

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| Please provide a summary describing your project. [Max 50 words] |
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| Please describe in more detail the project you would like us to fund, including what you will do and how you will do it. [Max 300 words] |
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| **Summary Activity & Frequency** | **Total number of people reached and intended outcome** |
| *Engagement Example: Weekly phone interviews* | *X Harrow Residents feedback on access to diabetes services and recommendations on how to improve.* |
| *Health Activity Example: Weekly healthy eating classes in Victoria Hall* | *X Harrow Residents have increased knowledge in healthy and nutritious eating habits which help improve health, and provide recommendations on how to take work further.* |
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| How will you promote and publicise your project? [Max 150 words] |
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**Monitoring**

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| How will you know your project have been successful?  *This could include recording the number of interactions, number of people called, number of people attended events.* [Max 250 Words] |
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**Budget**

Please outline all your expected expenditure specifically for this project/ including staff costs directly related to the project, volunteering costs, resources such as equipment, promotion etc

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

**Grant Support**

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| Support your organisation needs - What support do you need? |
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**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](mailto:grants@harrowgiving.org.uk)