**Healthy Harrow and The Children and Young Peoples Integration Board**

**Optivita (Early Years Project)**

**[REF: HLCTPT0224]**

**Hyper Local Care Preventative Teams 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 |

**Equity, Diversity & Inclusion**

|  |  |
| --- | --- |
| Are you an equity-led organisation: that is an organisation led by and for marginalised communities?  ‘Led by’ is defined as when more than 75% of an organisation’s Trustees/Directors and more than 50% of staff members (including senior) are people from the communities that you serve/have lived experience of the issues that your organisation is tackling. | Yes / No |
| If yes, please provide additional information that demonstrates how you meet the criteria. | |
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| We would like you to write a proposal outlining your approach to the specification.  The proposal should be no longer than 5 sides of A4 and should cover at least:   * Alignment with organisation's work and track record * Approach to working within the population location and a diverse community * Collaboration with VCS, Public, and Healthcare Services * Delivery plan with clear SMART outputs and outcomes * Monitoring and evaluation of the programme * Approach to recruiting Hyper Local Care Preventative Teams * Details about whether you will be applying for the full amount of funding / part of the fund (in this case which posts would you be applying for) and if it is a partnership application   + If it is a partnership application, please include all details of the partners.   Ensure that your proposal is clear, concise, and well-organised, and that it addresses all key aspects of the specification design and implementation and gives examples of similar work you have undertaken. |
|  |

**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

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

**Support**

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

**Declaration**

I hereby confirm that I am duly authorised by the organisation/group named in this form to sign this application on their behalf. I affirm that all information provided in this application is accurate to the best of my knowledge. Additionally, I assure that any resources obtained will be utilised solely for the purposes specified in the application and in accordance with the given specification.

I consent to the sharing of my name and my organisation’s details with specification partners (Voluntary Action Harrow, Healthy Harrow Partnership, Harrow Borough Based Partnership, and Harrow Giving). I understand that these partners will handle the provided information in compliance with the General Data Protection Regulation (GDPR) and solely for the purposes outlined in the specification.

I agree to comply with the monitoring framework and commit to providing regular reports to Harrow Giving as stipulated.

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

Please send the **completed application** and **your most recent accounts** to: [grants@harrowgiving.org.uk](mailto:grants@harrowgiving.org.uk)