

Background

The city council has some funding available to support Community Health Champions to identify and develop a small number of projects aimed at improving health and wellbeing and increasing uptake of prevention services – particularly among under-represented or disadvantaged groups.

Priorities

The following health improvement priorities have been identified for this round of funding:

- Increase mental health awareness.
- Reduce drug and alcohol misuse.
- Support access to services for frail elderly.
- Help reduce teenage pregnancy.
- Reduce smoking

Projects should be able to demonstrate how they will target activity related to these priorities with clear and measurable outcomes.

Priority will be given to projects which target under-represented or vulnerable groups including (but not restricted to) BAME communities and young people.

Applications

Applications are welcome from anyone who is already an identified and engaged Community Health Champion as part of the Community Health Champions programme supported by VAST. Applications up to £2,000 can be made on behalf of an individual organisation engaged in the project or a partnership of Champions can apply for up to £5,000.

Applications should be made using the Project Outline form by midday on Monday 14th November. Forms should be submitted to christina.harrison@stoke.gov.uk. Applications made after the deadline or not submitted via email cannot be accepted.

Criteria

- The lead applicant is a nominated Champion engaged in the Community Health Champion project delivered by VAST.
- The project can be delivered by end March 2023
- The project supports delivery of one or more of the priorities.
- The project is delivered to residents of Stoke-on-Trent.
- Funding is for new projects and cannot be used to maintain existing services / projects.

Assessments

All applications will be assessed against the criteria set out below. The assessment will be completed by representatives from the city council.

Make it Happen – Grant Opportunity



The assessment criteria for all applications is set out below:

Criteria	Priority	Total points
Priority: The project is clearly aligned to meeting one or more of the identified priorities and the anticipated outcomes are clear.	High	15
Approach: The rationale for the chosen approach is clearly articulated.	Medium	10
Community: The target community is clearly identified and the needs of the community are evidenced.	High	15
Partnership: The project recognises the value of partnership work and aims to bring together key partners to support delivery.	Medium	10
Cost: The outline costs for the project are clearly set out.	Low	5
Delivery: An outline project plan is provided within the application with relevant milestones that demonstrate how the project will be delivered in timescale.	Medium	10
	Total	65

Grant Agreement

All project leads will be required to sign a Grant Agreement setting out the terms of the spend and payment schedule.

There is no requirement for the applicant to be part of a constituted group, have a group bank account or a formal set up as VAST can act as support for managing the grant in these cases. For further information on this option please contact charlotte.bennett@vast.org.uk.

Monitoring and Evaluation

There will be an external evaluation of all funded projects undertaken by an independent third party to include the production of a short formal report and the publication of the outcomes in an alternative format (for example a short video clip, visual minutes or graphic). The purpose of the evaluation is to inform future service design, but also to encourage other community groups or individuals to get involved in local projects improving health and wellbeing.

The city council and VAST will commission a suitable agency to undertake the evaluation. All funded projects will be required to participate fully in the evaluation.

Application Form

Project Name: _____

About you:

Applicant Name	_____		
Email	_____	Tel. Number	_____
Are you applying as part of a constituted Group	Yes	No	
If so – what is the name of your group	_____		

About your project?

Project Summary:

Please use the section below to give a short overview of the project you would like to deliver. (Max 150 words)

Which of the following priorities does your project seek to address (please tick all that apply).

- Increase mental health awareness
- Reduce drug and alcohol misuse
- Support access to services for frail elderly
- Help reduce teenage pregnancy
- Reduce smoking

Please tell us how your project will address this priority and what you expect the outcomes to be:

Use the section below to tell us how your project will help to address all of the priorities you have identified – what difference do you expect your project to make? Please include any specific outcomes if you can – for example the number of people your project will reach etc. (Max 250 words)

Please provide further details on how you have decided on your chosen project:

Use the section below to tell us how you have developed your ideas, include any research you have done, learning from previous projects / good practice or feedback from community members etc. Explain why you think your project will make a difference. (Max 200 Words)

Who are you hoping your project will reach?

Please tell us about who your target community is for your project – this may be a particular group or a local area. Why do you think this group needs more help to improve wellbeing or access prevention services? (Max 200 Words)

Who will you be working with to deliver your project?

We want to support the development of new and existing partnerships – please use this section to tell us about the partners involved in this project. Please describe their role in supporting the delivery of the project and whether this is a new, developing or established partnership. (Max 150 words)

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Please provide a summary of all of the costs associated with your project.

Use the table below to provide a full breakdown of the costs of your project. Costs may be higher than the total grant requested – for example if you have funding from other sources.

Salaries	
Room / Equipment Hire	
Printing / Materials	
Other (please specify)	
Total costs	
Total Grant Requested:	

When do you expect to complete work on your project?

Please provide an estimate date when you think your project will finish:

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Please provide some key milestones relating to the delivery of your project.

Activity	Expected Completion Date

Declaration

I can confirm that this information I have provided is true and accurate to the best of my knowledge.

Signature:	
Date:	