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Description automatically generated

*\*Please use the online survey form to complete the application\**

**Community Health Equity Manchester (CHEM)**

**Targeted Engagement Grant 2024**

**SmartSurvey Word Version**

**Application Form**

**\*For further information and guidance on completing this application form, please read the *Community Health Equity Manchester (CHEM) Targeted Engagement Grant 2024 Guidance Form\****

# **1. Eligibility Checker for CHEM24**

Complete this section to confirm that your organisation meets the requirements for the Community Health Equity Manchester Grant Programme. If you can respond "Yes" to all of the following questions, then you meet our minimum requirements and can apply to the fund.

|  |  |
| --- | --- |
| 1. Is your organisation one of the following types? 2. A charitable company limited by guarantee 3. A charitable incorporated organisation 4. A Community Benefit company registered as an industrial and provident society (Bencom) 5. A community interest company limited by guarantee 6. A community Interest company limited by share (Schedule 2 with 100% asset lock only) 7. A constituted community group 8. A faith group or organisation (exempt charity) 9. A registered charity 10. An unincorporated charitable association 11. An unregistered voluntary or community organisation. | Yes  No |
| 1. Does your organisation have three or more trustees or directors that are not related to each other, and are not paid shareholders? | Yes  No |
| 1. If asked, would you be able to provide the following:  * Governing document (constitution, articles of association, etc.) * Relevant safeguarding policy (including your named safeguarding lead) * Copies of your certificates of insurance cover | Yes  No |
| 1. Can you confirm that your organisation is NOT applying for funding to provide services or activities that are religious or political in nature and do not promote religious or political affiliation?   (please note, faith groups are welcome to apply but not for activities related to worship or the promotion of a particular faith) | Yes  No |
| 1. Have you been working with Manchester Residents for a minimum of 12 months? | Yes  No |

# **2. Your contact details**

**First contact**

1. What is your full name? Please include your first name and surname.
2. What is your preferred telephone number?
3. What is your preferred email address?
4. What is your role in the organisation?

**Second contact**

Please provide details of a second contact person.

1. What is their full name? Please include first name and surname.
2. What is their preferred telephone number?
3. What is their preferred email address?
4. What is their role in the organisation?

# **3. About your organisation**

1. What is the name of your group or organisation?\*
2. What’s the address of your group or organisation? (you must include the full postcode)\*
3. If applicable, please include a link to your website.
4. Please select your type of organisation\*

A charitable company limited by guarantee

A charitable incorporated organisation

A Community Benefit company registered as an industrial and provident society (Bencom)

A community interest company limited by guarantee

A community Interest company limited by share (Schedule 2 with 100% asset lock only)

A constituted community group

A faith group or organisation (exempt charity)

A registered charity

An unincorporated charitable association

An unregistered voluntary or community organisation.

1. Please provide any reference numbers for your organisation e.g., your charity registration number. If not applicable please put N/A.

Comments box

1. Please provide your organisation’s bank account details.

DO NOT supply personal banking details through this form.

* 1. Account name – as it appears on the bank statement.

Account name

* 1. Bank/building society name

Account name

1. What is your organisation’s annual income?

Please note that we aim to fund a mix of organisations with small, medium, and large income levels as defined below.

Below £10,000 a year

More than £10,000 a year but below £100,000 a year

More than £100,000 a year

1. Would you say your organisation is led by ‘Communities who Experience Racial Inequality’ (CERI)?

What we mean by this: Groups / organisations may choose to describe themselves as CERI-led if they have a board of trustees / directors that is mostly made up of people from communities that experience racial inequality.

Please note that you can still apply for funding if you do not meet this criteria.

Yes

No

1. Where does your organisation usually work? This might be different to where you plan to work with this funding. Please select all wards that apply.

You can find a map of these wards here [Ward boundaries - All wards | Manchester City Council](https://www.manchester.gov.uk/directory_record/285527/all_wards).

Ancoats and Beswick\*

Ardwick\*

Baguley\*

Brooklands

Burnage

Charlestown\*

Cheetham\*

Chorlton

Chorlton Park

Clayton and Openshaw\*

Crumpsall\*

Deansgate

Didsbury East

Didsbury West

Fallowfield

Gorton and Abbey Hey\*

Harpurhey\*

Higher Blackley\*

Hulme\*

Levenshulme\*

Longsight\*

Miles Platting and Newton Heath\*

Moss Side\*

Moston\*

Northenden

Old Moat

Piccadilly

Rusholme\*

Sharston\*

Whalley Range\*

Withington

Woodhouse Park\*

1. Where does your organisation plan to work with this funding? This might be different to where you usually work. Please select all wards that apply.

(Please note that we are particularly interested in applications from organisations based in and/or providing services in the asterisked wards, but that applications to work in other wards are also welcome. You can find a map of these wards on Manchester City Council's website.) \*

Ancoats and Beswick

Ardwick

Baguley\*

Brooklands

Burnage

Charlestown\*

Cheetham\*

Chorlton

Chorlton Park

Clayton and Openshaw\*

Crumpsall\*

Deansgate

Didsbury East

Didsbury West

Fallowfield

Gorton and Abbey Hey\*

Harpurhey\*

Higher Blackley\*

Hulme

Levenshulme\*

Longsight\*

Miles Platting and Newton Heath\*

Moss Side\*

Moston\*

Northenden

Old Moat

Piccadilly

Rusholme\*

Sharston\*

Whalley Range\*

Withington

Woodhouse Park\*

# **4. About your activities**

1. Please tell us about who your organisation usually works with. This might be different to who you're planning to work with using this funding. \*

Comments Box

1. Which Manchester communities are you going to work with using this funding? Select all that apply. \*

Disabled people including people with learning disabilities.

LGBTQIA+ Communities that experience racial inequality.

Men experiencing poor mental wellbeing

New or undocumented migrants / asylum seekers and refugees

Older people experiencing poor mental wellbeing

People or groups that experience multiple forms of discrimination (intersectionality) related to the 2010 Equality Act. \*

Peri-natal women

Racially minoritised people and communities that experience and are impacted by racial inequality.

Roma / Gypsies and Travellers

Sex workers

Women (including trans women) experiencing domestic abuse

Younger people experiencing poor mental wellbeing

1. Please provide more detail about who you plan to work with using this funding. Be as specific as possible, telling us approximately how many people from each group or category you're going to work with using this funding. e.g. "we plan to work with African and Caribbean men with poor mental wellbeing including 40 men aged 50+ and 30 young people with poor mental wellbeing." \*

Comments box

1. What is the total number of individuals that you plan to work with over the funded period?\*

Comments box

1. Which of the CHEM Programme objectives will your proposal help to address? (Note that "these communities" refers to the people and communities you have specified in the previous questions.) \*

To understand what is important to these communities about their health.

To remove barriers to, and increase engagement between these communities and public service organisations, to improve health outcomes.

To help these communities with debt and finances relating to health equity, such as helping the groups to access benefits that they are entitled to.

To help these communities to address key issues that affect their health and wellbeing.

1. Please tell us what you want to do with this funding and the activities you have planned (maximum 1,000 words)

Comments box

1. Project Plan:

Please list the proposed activities and dates for this project – we understand that these may change once you begin the project, but it is to give us a better understanding of what you will deliver. Please note that all activities funded by this grant must be delivered by 31st March 2025.

|  |  |  |
| --- | --- | --- |
| **Approximate date** | **Activity** | **Notes** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. What is the total length of your project that you are asking funding for? Please note that funding must be spent, activities completed, and monitoring submitted by the end of March 2025.

0-3 months (finish by end of June)

4-6 months (finish by end of September)

7-9 months (finish by end of December 2024)

10-12 months (finish by end of March 2025)

1. Why have you chosen your approach (e.g. tell us how lived experience has informed your proposal, do you have evidence to show that this way of working is successful, or beneficiary feedback that has informed your work)? (Max 300 words)

Comments box

# **5. Outcomes**

1. Tell us about the outcomes, indicators and tools for your activity. You can list up to 5 outcomes for this work.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Outcome | Indicator | Tool |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

# **6. Costs**

1. What is the total amount that you are applying for? Please note that the maximum you can apply for is £10,000.

Comments box

1. What will you spend the money on? Breakdowns do not need to be to the penny – we just want to know broad spend areas e.g. staffing, rent, equipment. Costings should relate to your project plan.

|  |  |  |
| --- | --- | --- |
|  | Expenditure Heading | Cost |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

1. How have you worked out your costs? We want to know the thinking behind your costs and how they represent reasonable value. Any costs that may be open to interpretation must be explained. Please see the guidance for more detail. \*

Comments box

# **7. Safeguarding**

1. Will you be working with children, or adults with health and social care needs?

Yes

No

1. If yes, do you have a safeguarding policy in place? If successful, we will ask you to provide a copy of the relevant safeguarding policy.

Comments box

# **8. Other funding**

1. Will you receive funding from other sources (match funding) to support the activities in this application during the period covered by this fund?

Yes

No

1. If yes, how much match funding are you expecting over the funded period?

Comments box

Comments box

1. If yes, what would this additional investment add to this project?

# **9. Your experience**

1. How did you hear about this fund?

Comments box

1. Please rate this application process out of 5:

☐ 1

☐ 2

☐ 3

☐ 4

☐5

1. Why did you give this rating? Please let us know if there is anything we could do to improve the application process.

Comments box