**HEALTH AND WELLBEING PARTNERSHIP**

**APPLICATION FOR PUBLIC HEALTH FUND 2017/2018**

Please ensure you read the guidance notes prior to completing this form.

**1. What will the grant be used for?**

|  |  |
| --- | --- |
|  | |
| Amount Requested (normally for projects costing up to £2000) |  |

**2. Details for your organisation**

|  |
| --- |
| Name of organisation to whom the grant will be paid: |
| Main contact person for this application: |
| Address, telephone number and email address: |

**3. Which of the following best describes your organisation?**

|  |
| --- |
| 🞎 Registered Charity (If yes, please give number) |
| 🞎 Voluntary / community organisation |
| 🞎 Social enterprise |
| 🞎 Other: Please describe |

**4. How many people will benefit from this grant?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hertsmere residents** | **Non-Hertsmere residents** | **TOTAL** |
| Adults over 60 |  |  |  |
| Adults 25 – 59 |  |  |  |
| Young people 15 - 24 |  |  |  |
| Children 0 – 14 |  |  |  |
| TOTAL |  |  |  |

**5. How would you best describe the people who PRIMARILY benefit from the services your organisation provides? You may tick more than one box:**

|  |  |
| --- | --- |
| General Public – adults 🞎 | People from a specific religious background 🞎  Please state: |
| Adults over 60 🞎 | People with physical or learning disabilities 🞎 |
| Young people 15 - 24 🞎 | People with mental health issues 🞎 |
| Children 0 – 14 🞎 | People from a specific ethnic background 🞎  please state: |
| Unemployed people 🞎 | People low income 🞎 |
| Transgender people 🞎 | Transsexual people 🞎 |
| Heterosexual people 🞎 | Gay men 🞎 |
| Gay women 🞎 | Bisexual 🞎 |

**6. The Health and Wellbeing Partnership is committed to creating healthier communities in Hertsmere and delivering Hertfordshire’s Health and Wellbeing Strategy.** Applications will be prioritised from those organisations whose work helps the partnership to achieve one or more of its objectives (please see the guidance notes for more information).

**Please give examples of how your work impacts upon the following**. (Please only complete the relevant sections)

|  |
| --- |
| 🞎 **To promote healthy weight and increase physical activity** |
| 🞎 **To create a healthy culture across all services, all communities, and all workplaces (includes: reducing the harm caused by alcohol, reducing the harm from tobacco)** |
| 🞎 **To improve mental health and emotional wellbeing** |
| 🞎 **To support health and wellbeing in the home** |
| 🞎 **To address environmental and social factors which have an impact on health and wellbeing** |

**7. Planned Timetable**

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|  |

**8. How will the project’s success be measured?**

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| --- |
|  |

**9. How do you propose to meet the full cost of the proposed project/purchase for which you are seeking financial assistance?**

|  |  |
| --- | --- |
| Amount applied for from the Health and Wellbeing Partnership | £ |
| Match Funding (include  organisation name) | £ |
| Contribution from YOUR OWN resources | £ |
| TOTAL COST | £ |

**9. Please email your application to** [health.wellbeing@hertsmere.gov.uk](mailto:health.wellbeing@hertsmere.gov.uk)**, or post it to**

**Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA, attention: Health and Wellbeing, Partnerships and Community Engagement**

**10. Declaration**

|  |
| --- |
| I declare that the information supplied in this request is true and that any grant money received from the Health and Wellbeing partnership will be used for the purposes described in this form.  Signed: ………………………………………………………………….. Date: ………………..  Print Name: ……………………………………………………………… |