



Active Belfast Grant Scheme 2016/17

Stage II: Application Form

Closing date: 12 noon, Monday 11 April 2016



Office Use Only
Reference Number:
Date Received:
Time Received:

Active Belfast Grant Scheme 2016/17

Invitation to apply for an award

On behalf of the Active Belfast Partnership, we invite you to apply for an award under this grant scheme, which is now in its fifth year.

The scheme aims to create opportunities to participate in physical activity and healthy eating within Belfast to help reduce health inequalities. It also raises awareness about how important it is to be active and the benefits that come from regular, moderate activity.

The Active Belfast Partnership is committed to supporting a wide range of organisations that can effectively make a contribution to delivering on the key priorities of reducing health inequalities and promoting the long term health and social wellbeing of the population through physical activity.

We would encourage you to take the opportunity to help people get active. Regular physical activity can help combat some of our most serious health issues, such as obesity and promote mental and emotional health.

This scheme will help you give people the chance to experience the benefits of physical activity and will support the drive to create a healthier population in Belfast.

Séamus Mullen

Chair, Active Belfast Partnership

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Guidance on completing the Application Form

How to apply

- 1. Your application will not be assessed unless you have completed Stage 1 Self Assessment Form (SAF) forwarded to the Active Belfast Team and you answered Yes to ALL questions that were applicable.
- 2. The application form is in three parts
- PART A About your organisation, its governance, procedures and size;
- PART B About your project/proposal and the funding sought and marked by the panel;
- PART C Referee and Declaration.
- 3. Your application will be assessed on how well you fulfil the criteria within Part B. The panel will base their decision on the information provided.
- 4. Answer each question in the box provided; information disclosed will be treated in confidence. You must stay within the word limit. Please type or write clearly in black ink.
- 5. The application form must be returned in hard copy and signed. We cannot accept faxed or electronic applications. Supporting information will not be accepted.
- 6. Please return your completed application form to Belfast Health Development Unit at the address shown below by **12 noon, Monday 11 April 2016.** Late applications or those sent to another address will not be accepted.

If you have any questions regarding the Active Belfast Grant Scheme please contact <u>activebelfast@bhdu.org</u> or telephone: 028 9050 2073.

Eligibility Criteria: Stage II

On submission of your application you must provide a hard copy of your organisation's;

- Governing document/Constitution
- Current Audited/Unaudited accounts
- Current bank statement
- List of current Committee Members/Trustees/Directors
- Organisational Chart.

Please note: Failure to submit the above documentation with your Active Belfast Grant Scheme Application Form will result in the immediate rejection of your application.

How likely are you to get an award?

The panel recognises a great deal of work goes into developing proposals and that most submissions are worthy projects in their own right. Each application is judged on how it meets the criteria and its merits. If you are unsuccessful in this round of funding, you can request feedback.

While there is no formal appeals process, queries may be made via email to active belfast@bhdu.org and a written response will be provided. We regret individual queries cannot be dealt with by telephone.

Completed Application Forms should be sent by 12 noon, Monday 11 April 2016 to the address below;

Contracts Officer,
Belfast Health Development Unit,
5th Floor,
9 Lanyon Place, Belfast,
BT1 3LP.

and themes	Active Travel Examples	Active Neighbourhoods Examples	Nutrition Examples
Provide skills and support development opportunities for People	Cycle training and activities Bicycle maintenance skills training	Building capacity of local people to acquire new skills to deliver physical activity opportunities	Volunteers or workers receive training in nutrition programme delivery e.g. Good food toolkit, Weigh to Health or Cook it!
Provide high quality Places for all	Family Cycle Programmes in suitable parks or using cycle routes Walking programmes utilising green spaces	Utilising and enhancing indoor and outdoor spaces e.g. Community Garden/Allotment	Kitchens and venues can be utilised or shared for programme delivery Use of produce from local allotment/community garden in programmes
Increase opportunities for Participation and engagement	'Cycle for Health' programmes Purchase of bicycles and safety equipment (e.g. lights, helmets, high visibility vests)	Physical activity taster or 'Try it' events	Project participants take part in events e.g. Taster events or themed events Nutrition sessions delivered by trained volunteers or workers or by community dietitian
Improve Partnership working	Link with voluntary, community and statutory organisations to share resources e.g. expertise or space	Use existing local community based facilities	Set up a 'Nutrition Action Group' within your facility e.g. to develop healthy eating policy with users, partners etc. Link with local providers of programmes e.g. local health workers who deliver Cook it!/ Weigh to Health etc
Promote the benefits of being more active and/ or eating more healthily	Highlight benefits of walking to school, work or home	Use personal stories of participants on benefits of regular physical activity to encourage others to take part	Provide nutrition information at events e.g. stand/ leaflets/ verbal information. Provide incentives to eating more healthily as part of programmes

Funding Themes

Criteria for Assessing Applications

The two thematic areas which are aligned to the Active Belfast Action Plan and will be considered this year for grant funding are:

- Active Travel
- Active Neighbourhoods

Bids must:

- Demonstrate how they contribute to the vision of an Active Belfast
- Be clearly aligned to one of the funding themes
- Provide visibility for the Active Belfast brand
- Demonstrate a partnership approach of at least two or more other partners
- Demonstrate value for money
- Include activities targeting people who do not currently engage in physical activity
- Identify other sources of funding for this programme or similar.

Active Belfast Grants will not cover projects which involve;

- Applications from individuals
- Activities promoting political and religious beliefs; this does not preclude Faith Community Groups applying for activities related to the aims of the scheme
- Groups or travel outside Belfast City Council boundaries
 http://www.belfastcity.gov.uk/council/yourcouncil/yourcouncil.aspx
- Existing projects or one-off events
- Funding to set up a new club
- General running costs which are not related to the specific project for which funding is sought including endowments/loan payments
- Costs already incurred (retrospective funding)
- Donations (to individuals, groups or charities)
- Fundraising events or activities
- Projects indicating a disproportionate cost for transport
- Management costs of more than 15% of overall grant awarded
- Affiliation or professional membership fees.

Funding

Priority 1 funding is £26,000 for a citywide project during the financial year 2016/17. Applicants are only entitled to submit one application for Priority 1 funding during this time.

Priority 2 funding is £11,000 for either a local or citywide project during the financial year 2016/17. Applicants are entitled to submit one application within each category of 'Active Travel' and 'Active Neighbourhoods' but will only be awarded funding for one project per year.

	Help notes
Part A - About your organisation Please type or write clearly in black ink	
Information about your organisation	Question 1 You will be given a unique
Question 1	reference number (URN) upon submission of application
URN (office use only):	Put any abbreviation used
Organisation Name:	for your organisation in brackets after the full name
Address:	
Postcode:	Full postcode needed
Organisation Lead (Mr/Ms/Mrs/Miss/Dr/Other):	
Position held in organisation:	Chief Executive or Treasurer of organisation
Phone:	
Email address:	
Lead Project Officer Name (Mr/Ms/Mrs/Miss/Dr/Other):	Main contact leading the programme
Address(If different from above):	
Postcode:	
If your organisation is a limited company please provide registered name and full address:	
Question 2 - When was your organisation established? Year:	
Question 3 - What type of organisation/group are you? (please tick all those which apply to your o	rganisation)
A Social Enterprise	
 Unregistered charity, club, society or association, community based group or organisation 	
Organisation recognised by HM Revenue & Customs (previously known as Inland Revenue) as	charitable for tax purposes
O Charity Registered with the Charity Commission for NI	
O Education Establishment	
Registered Charity Number and date of registration:	
Company Limited by Guarantee Number: Date of registration:	
VAT registration number if applicable:	
Question 4 - How many people are involved in running your organisation?	
Committee Volunteers (unpaid) Paid staff - Paid staff - Part ti	staff - me:

Part B: Abou	ıt Your Project a	and the Co	sts			Help notes
Question 5						Question 5.1
5.1 Priority Area	a (please tick one)	O £26,00	10	O £11,000		£26,000 - Citywide £11,000 - Local or Citywide
5.2 Theme (plea	•	O Active		O Active Nei	ah haurhaada	111,000 Local of CityWide
3.2 meme (piece	ase tick offe)	O Active	ITavei	O Active Neigh	gribournoods	
Question 6 - Pr	oject information					Question 6.2
6.1 Project nam	e:					Note all activities must take place between 1 April 2016 to
6.2 Details of t	he project (5 marks)					31 March 2017
Start date	End date	Activity	, Ve	nue/Location	No. of sessions	Please complete the table in full
Start date	Liid date	Activity	, VG	ide/ Location	No. of sessions	
Question 7 - H	ow many people w	ill have the c	pportunity to t	ake part in yo	ur project?	Question 7 Please give most accurate
						figure possible as this will become a measurable
						objective for reporting purposes
Question 8 - W	/ho will benefit from	n the project	t ? (5 marks)			
Groups who wi	ill benefit	Hov	w many people'	,	ast District Electoral they from?	Question 8 Your project should benefit at
Women (19 – 6	54)			1 1 2 2 (0) 11 2		least one of the groups noted in the table - Funding is for
Men (19 – 64)						Belfast based projects only
Children and ye	oung people (0 – 1	8)				Note specific District Electoral
Older People (65+)					Area of Belfast or Citywide
People with a	disability					The District Electoral Areas of
Minority ethnic (please state w	communities hich community)					Belfast are shown on p16 of the form.
People living in	n deprived areas					Inactive people are those not
Inactive people	2					meeting the Chief Medical Officer's Physical Activity
Volunteers						Guidelines
	give details below)					Guidelines https://www.gov.uk/ government/publications/
						Guidelines https://www.gov.uk/

Question 9 - About this project (Total marks 35)	Help notes
9.1 Please briefly describe your project? (Word limit 100) (5 marks) Physical Activity	Question 9.1 This should be a short overvier outlining the aims and objectives of your physical activity and nutrition project
Nutrition	
9.2 Tell us how your project will develop new skills or increase the knowledge of the participants? (Word limit 150) (10 marks)	Question 9.2 For example by:
Physical Activity	Developing coaching skills and qualifications Delivering education sessions Raising awareness of opportunities to be more active Increasing knowledge Developing cooking, food budgeting or food growing skills
Nutrition	
9.3 Tell us how your project will support more people in your neighbourhood/city to be more active and eat more healthily? (Word limit 150) (10 marks)	Question 9.3 For example by: Providing lunchtime walking groups Offer healthy food choices After schools programmes Workplace cycling schemes Meeting Chief Medical Officer's Physical Activity Guidelines (Refer to Ouestion 8 on p7)

Question 9 - About this project (continued)	Help notes
9.4 Tell us how your project will improve opportunities for participants to access places in order to be more active and eat more healthily? (Word limit 150) (10 marks)	Question 9.4 For example by: Providing free access to recreation facilities Enhancing unused space Connecting people to local walks/cycle trails/community gardens/allotments
9.5 Is there anything else you would like to tell us about your project? (Word limit 150)	Question 9.5 Use this box to note any additional information relating to Questions 9.1 - 9.4

Question 10 (10 marks)	Help notes
10.1 Tell us about each of the primary partner organisations that will support this project. (Word limit 300) (10 marks) Partner 1:	Question 10.1 Provide details of partner organisations contribution, roles and responsibilities in relation to your project In-kind contributions for
	example volunteer time or equipment donated
	The support where no money is exchanged. Goods or services may be given in support of your project
	Enclose a copy of partnership agreement if available
Partner 2:	
10.2 Please list other partners involved who will support this project.	Physical Activity and Nutrition Partners

Question 11 (5 marks)	Help notes
Tell us how you will promote this project to potential participants? (Word limit 150) Physical Activity	Question 11 For example: Social media Newsletter Forum Target audience Workshop
Nutrition	
Question 12 (10 marks)	Question 12
Tell us how your project will build on/enhance work currently happening in your neighbourhood/city? (Word limit 150) Physical Activity	For example: What is currently happening in your area that this project could tie in with, support or build on
Nutrition	

Question 13 (5 marks)	Help notes
How have beneficiaries/service users been involved in planning the project? (Word limit 150) Physical Activity	Question 13 Do they have (or will have) a say in the design of the initiative? Are they, or will they be involved in the delivery of the project to allow engagement and ownership?
Nutrition	How will their views on this project be taken into account?
Question 14 (10 marks) How will you sustain the project i.e. long term development of the project? (Word limit 150) Physical Activity	Question 14 What happens to the project at the end of the funding period? Does it require future sources of funding and do you have these in place?
Nutrition	
Question 15 (5 marks)	Question 15
Please indicate your experience in the management and delivery of similar projects. (Word limit 150) Physical Activity	Reference could be made in this section to: • Experience relating to project development • Promotion • Day to day management • Staff management • Budgetary control • Monitoring experience • Expertise and experience of staff/volunteers
Nutrition	

Question 16 - Breakdown of funding requ	iested (10 marks)	
This pro-forma will be used to determine th	e cost effectiveness o	f your programme
Salary costs per post		Rationale for costing
1. Job Title	£	
2. Salary	£	
3. Employer's NIC	£	
4. Employer's Pension	£	
5. Total Salary Cost (annual) (i.e. 2+3+4)	£	
6. Hours Worked	£	
Programme costs (detail)		Rationale for costing
	£	
	£	
	£	
	£	
	£	
	£	
	£	
Project running costs & overheads	£	
	£	
	£	
	£	
	£	
	£	
	£	
	£	
Capital costs (if any – detail)	£	
	£	
	£	
	£	
	£	
Other expenditure	£	
	£	
	£	
	£	
Total Expenditure (annual)	£	

Help notes

Please provide exact costs in table

Programme costs

For example:

- Delivery or Management Fee
- Coaching Rate or facilitator fees
- Facility Hire

Project running costs & overheads:

Day to Day overheads

For example:

- Travel
- Rent & rates
- Heat, lighting & powerTelephone
- Postage
- Printing & stationery Cooking Utensils
- Food Ingredients

nding rganisation	Project Title	Amount Requested	Status	Date

Help notes

Question 17 Securing funds from more than one source to pay for the costs of a project.

A funder may offer to award 50% funding based on the other 50% coming from another source.

Under 'Status' column please select from the following options:

- Secured
- Pending
- Not approved

Belfast Health Development Unit reserves the right to reject any incomplete applications

The information on this form may be made available to other government departments/agencies/other funding organisations for the purpose of the prevention of double funding or other irregularities and in the interest of public accountability.

Part D - Referee and Declaration Referee Name: Occupation: Contact address: Postcode: Phone: Email: Declaration Please ensure all information given is complete and correct Name: Occupation: Contact address: Postcode: Phone: Email: Please sign below Signed: Signed: Print Name: Print Name: Position: Position: Date: Date: Active Belfast Grant Scheme Application Form/s must be returned no later than 12 noon, Monday 11 April 2016 to: Contracts Officer, Belfast Health Development Unit, 5th floor, 9 Lanyon Place, Belfast, BT1 3LP. Tel: 028 9050 2073. Email: activebelfast@bhdu.org Final decisions are expected by late April 2016.

Help notes

Please include contact details of the referee for this project

Application Form requires signatures from two members of the lead organisation, including the most senior staff (for e.g. CEO or Chairperson) or application is VOID

