Essex County Council logo


Public Health Accelerator Bids (PHAB)

Micro Grants Application Form (Version 3)

This form can be used in preparation for completing the online Micro Grant application form which can be found [here](https://forms.monday.com/forms/3d1b6048d299fa6ba8cbe6d47dc627d3?r=euc1). Please note: the online application must be completed and submitted in one sitting.

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| --- | --- |
| Question | Multiple choice answers |
| 1. Organisation Name\* |  |
| 2. Project Name\* |  |
| 3. How long will your project run for? \*  Please note: we are only able to award a maximum of two years funding.  If you do not yet know exact dates, please add approximate start and finish dates  (Date format) | * Start date * End date |
| 4. Is your project an innovation or an expansion to your existing services? \*  PHAB funding is specifically for projects that are ‘additive,’ meaning that the services and activities are new and additional. This can include an expansion of existing services, or the start-up or brand-new services. PHAB funding cannot be used as a substitute for existing services or to enable an organisation to make savings to its expenditure costs.  PHAB funding is specifically for projects that are ‘additive’, meaning the services and activities are new and additional. This can include an expansion of existing services, or the start-up of brand-new services. PHAB funding cannot be used as a substitute for existing services or to enable an organisation to make savings to its expenditure costs.  To note:  -New Initiatives denotes a service/project that has not or is not currently being provided within your targeted area  -Expansion of services denotes that a service/project's funding has not ceased and you are not reapplying/applying for funding to continue a service and that you are intending to run your project within a new locality or new target group. | * Our project is an innovation * Our project is an expansion to our existing services (If answered “our project is an expansion to our existing services” pleases specify how it's an expansion- Maximum 300 words) |
| 5. Please provide information of any grants or commissions you have received in the past five years \*  Please enter N/A if this does not apply to your organisation (Maximum 300 words) |  |
| 6. What is your organisations address? \*  This can be the head office address |  |
| 7. Organisation contact email address\*  Please use a business email where possible. Where a personal email address must be used this will be used for business purposes only |  |
| 8. Contact telephone number\* |  |
| 9. What is the name of the lead contact? \* |  |
| 10. Position of lead contact of your organisation\* |  |
| 11. Please confirm you have read and understood the PHAB criteria guidelines \*  The PHAB funding guidelines can be viewed [here.](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.essex.gov.uk%2Fsites%2Fdefault%2Ffiles%2F2023-10%2FPHAB%2520Funding%2520Guidelines%252031.10.23.docx&wdOrigin=BROWSELINK) | * Yes, I have read and understood the PHAB criteria guidelines |
| 12. ELIGIBILITY CHECKER\*  Please confirm which type of organisation you represent | * Charitable Incorporated Organisation (CIO) * Co-operative society – you must have a not-for-profit ‘asset lock’ clause in your society rules and also be registered with the Financial Conduct Authority * Community benefit society * Community Interest Company (CIC) * Consortium of organisations as long as they are led by an eligible organisation – please confirm you have a partnership agreement in place (Please note this will need to be in place before any funding can be awarded) * School * Not-for-profit company limited by guarantee * Registered charity * Statutory body (including NHS Integrated Care Systems, local authorities, town, parish, and community councils) * Voluntary and community organisation |
| 13. What we look for in the organisations we fund\*  We prefer to fund established organisations. By this we mean at least 18 months old and have a first set of annual accounts if appropriate.  We are looking for applicants who have the expertise to deliver an innovative public health project.  How long has your organisation been running? (Number value e.g 18 months or 5 years) |  |
| 14. Which groups of people will your project engage with? \* | * People affected by the cost of living crisis * People living with a disability or long term health condition * Women and girls * People from lower socio-economic groups * Children and young people * Ethnically diverse communities * Older people * Other (if other, please specify-Maximum 300 words) |
| 15. Which approaches will you use in your project? \*  Our aim is to fund public health projects that achieve good physical and mental health at both an individual level with regards to improved quality and length of life, and at a community level as health is a vital component of local community cohesion, social mobility and prosperity.  Unsure which type best fits your project? Read our guide here: [A guide to project approaches](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.essex.gov.uk%2Fsites%2Fdefault%2Ffiles%2F2023-08%2FA%2520guide%2520to%2520project%2520approaches%2520.pptx&wdOrigin=BROWSELINK)  Please select all that apply. | * Partnerships that address the wider determinants of health * Prioritising mental health and wellbeing * Proportionate Universalism (If your project will be utilising a Proportionate universalism approach, which areas/need will it be focusing on? (Maximum 300 words) * Population Health Management (PHM) * Place based Public Health * Other (if other, please specify- Maximum 300 words) |
| 16. We will also prioritise applications that address the main risk factors that can prevent future illness. \*  Which of these will your project aim to address?  Please select all that apply | * High fasting blood glucose * Alcohol use * None of these/ Other (if none of these/ other, please specify- Maximum 300 words) * High systolic blood pressure * Smoking * Mental Health * Physical inactivity * High LDL cholesterol * High body mass index (BMI) |
| 17. Please tell us about your project \*  Please copy questions in the text below and add your answers to each question.  Question 1 - (maximum 300 words)  This should be a description of your project and what you will do. Please include:   * How does your project align to the Essex Public Health Business Plan? * How will your project engage people experiencing the worst health inequalities? * How is your project innovative? * How will your project focus on prevention of poor health? * How will your project support people to have positive mental health and wellbeing?   Question 2 - (maximum 300 words)  Please explain how you are aware of the need for this project (This could include observations or interactions with the local community)  Question 3 - (maximum 300 words)  What are your project’s objectives and how will you achieve them?  Question 4 - (maximum 300 words)  How will your project address diversity, equality, and inclusion? (This should be within your identified priority group. For example, how will you make your project for women and girls accessible to those with disability. How will your project be culturally sensitive.)  Question 5 - (maximum 300 words)  If your application is successful, how will you ensure the sustainability of your project at the end of the PHAB grant period? (Please provide a clear exit plan for sustainability at the end of the project)  Question 6 - (maximum 300 words)  How will you monitor and evaluate the impact of your project?  You will be responsible for conducting the evaluation of your project. The level of evaluation conducted will need to be proportionate to the value of funding you are applying for. (Please see 9. Project Monitoring and Evaluation within the funding guidelines for more information)  Please explain how you will meet the evaluation requirements.  Question 7 - (maximum 300 words)  What type of locations and facilities do you expect your project to use? |  |
| 18. If you would like to tell us a little more about your project, please upload a short video here |  |
| 19. Making Every Contact Count (MECC) \*  The fundamental idea underpinning the MECC approach is simple. It recognises that staff across health and care, local authority and voluntary sectors have thousands of contacts every day with individuals and are ideally placed to support health and wellbeing.    MECC is intended for anyone who has contact with people to “Make Every Contact Count” and develop public health knowledge. As part of the PHAB programme we have an expectation that you have an understanding of MECC and have completed the online training which can be found [here.](https://www.e-lfh.org.uk/programmes/making-every-contact-count/) (Single select) | * Yes, I have and understanding of MECC and have completed the training * No, I do not have an understanding of MECC and have not completed the training |
| 20. How much funding are your requesting for your PHAB project? \*  (Number format) |  |
| 21. How much match funding are you anticipating contributing to the project \*  Please let us know how much match funding is   1. Confirmed 2. Unconfirmed   Please enter N/A if this does not apply to your organisation  (Maximum 300 words) |  |
| 22. Please itemise how you will spend any funding awarded \*  e.g., staff costs, resources, equipment, evaluation  Please let us know much of your project costs are revenue  (if other, please specify- Maximum 300 words) |  |
| 23. Has your project been co-designed with the local community? \* | * Yes – How has your project been co-designed with the local community? (if yes, please specify- Maximum 300 words) * No |
| 24. Which local authority area will your project impact? \* | * Basildon * Braintree * Brentwood * Castle Point * Chelmsford * Colchester * Epping Forrest * Harlow * Maldon * Multiple local authorities or Essex-wide (if your project aims to deliver services across multiple local authorities, please specify which locations. Maximum 300 words) * Rochford * Tendring * Uttlesford |
| Within your local authority area(s) selected please specify at place level where you are aiming your project to impact. \* (Maximum 300 words) |  |
| 25. How many people do you estimate your project will impact across the PHAB grant period? \* |  |
| 26. Equality, Diversity, and Inclusion\*  We want to know your organisation’s approach to equality, diversity, and inclusion. We expect your organisation and the activities we fund to be open and accessible, to promote equalities and challenge discrimination. So, we might ask to see your organisation’s equality policy as part of our assessment. | * Yes, we have an Equality, Diversity, and Inclusion policy to share if required * No, we do not have an Equality, Diversity, and Inclusion policy |
| 27. Safeguarding \*  If your project works in direct contact with children, young people, or vulnerable groups you will need to have a policy in place that explains how they will be safe. We might ask to see this policy if we decide to award you funding. | * Our project will not work with children, young people, or vulnerable adults * Yes, we have a policy to share if requested * No, we do not have a policy |
| 28. Disclosure and Barring Service (DBS) \*  If your project staff/ people work in direct contact with children, young people or vulnerable groups you will need to demonstrate that they are DBS checked. | * Yes, we agree to share any information to verify that our staff are DBS checked * No, we do not agree to share any information to verify that our staff are DBS checked |
| 29. Are you able to provide your organisations accounts (if relevant)? \* | * Yes, I am able to provide our organisations accounts * No, I am unable to provide our organisations accounts |
| 30. It is important that organisations submitting an application have a board or management committee that has at least two people who are not related. \*  By related we mean:   * Married to each other * In a civil partnership with each other * In a long-term relationship with each other * Living together at the same address * Related by blood | * I hereby confirm that the organisation board or management committee has at least two people who are not related |
| 31. Evaluation of impact \*  If successful, do you agree to start measuring the impact of your project so that you can send us ongoing stories and information about your project, including a brief end of project report | * If our application is successful, yes, I hereby agree that we will start measuring the impact of our project so that I can send PHAB ongoing stories and information about our project, including a brief end of project report |
| 32. Communications/ social media \*  If successful, do you agree to let people know about your grant and the positive work that your project will undertake | * If our application is successful, yes, I hereby agree to let people know about the grant and the positive work that our project will undertake |
| 33. Collaboration with funders \*  As part of our assurances and working collaboratively with other funders we may share information to ensure we are not duplicating funding | * Yes, I hereby agree to PHAB sharing project information to ensure funders are not duplicating funding |
| 34. Grant terms and conditions \*  If your application is successful, we will ask you to agree to our terms and conditions | * If our application is successful, we hereby agree to the PHAB terms and conditions |
| Name\*  Please add your name if completing on behalf of your organisation |  |
| Signature\* |  |
| Today's Date\* |  |

\* Denotes required question