

Public Health Accelerator Bids (PHAB) Grant programme

Expression of Interest Application Form (Version 3)

This form can be used in preparation for completing the online Expressions of Interest form which can be found [here](https://forms.monday.com/forms/6c6fdc88d8e30e1ff49cec488f811ab3?r=euc1). Please note this application is to be used as a supporting tool and the layout differs from the online form. Please review the online form to familiarise yourself with layout before using this supporting tool. Please note: the online application must be completed and submitted in one sitting.

This form will be used to assess your project against the funding criteria, if you are successful at this stage, we will be in contact with a more detailed grant application form.

Please note: this form is an Expression of Interest for the Major Grants only; these are grants of a value of £15,000 or over. All free type answers on the form are a maximum of 300 words unless stated otherwise.

If you have any further questions, please email: PHABApplications@activeessex.org

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| Question  |
| 1) Organisation Name\*Where organisations are applying in partnership, please provide the lead organisation details(Name Only) |
|  |
| 2) Organisation address\*(Address only) |
|  |
| 3) Organisation postcode\*(Please use BLOCK CAPITALS and separate with a space e.g. CO1 1TJ) |
|  |
| 4) Organisation contact name\*(Name only) |
|  |
| 5) Organisation contact telephone number\*(Number Only) |
|  |
| 6) 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) |
|  |
| 7) Have you been asked to resubmit your Expression of Interest from a previous round? \*(Select one only) |
| * Yes
* No
 |
| If selected yes, please provide your reference number |
|  |
| 8) Type of organisation \*(Select one only) |
| * 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
* Educational setting
* Not-for-profit company limited by guarantee
* Other
* Registered charity
* Statutory body (including NHS Integrated Care Systems, local authorities, town, parish, and community councils)
* Voluntary and community organisation
 |
| If selected “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) (single select) |
| * Yes
* No
 |
| If selected “Other” please specify (Maximum 300 words) |
|  |
| 9)What we look for in 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 that 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)(Short text answer only) |
|  |
| 10) Project title\*(Project title only) |
|  |
| 11) When will your project start and finish \*(Date Value) |
|  |
| 12) What is the total anticipated cost of your project? \* (Number value) |
|  |
| 13) How much funding are you requesting from PHAB? \* (Number value) |
|  |
| 14) How much match funding are you anticipating to contribute to the project? \*Please let us know how much match funding is a) confirmedb) unconfirmed(Maximum 300 words) |
|  |
| 15) If you are receiving funding from other sources where will this be from? \*Is this funding secure?(Maximum 300 words) |
|  |
| 16) Please confirm whether your project will be a new innovation or an expansion of an existing scheme or service. \*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 Initiative' denotes a service or project that has not or is not currently being provided within your targeted area 'Expansion of services' denotes that you are not applying for funding to continue a service where funding previously awarded is due to cease and that you are intending to run your project within a new locality or new target group. (single select) |
| * Expansion of an existing service
* Neither of these
* New initiative
 |
| * If selected “Expansion of an existing service” – how will your project expand upon an existing project, please include details of the project you are expanding (Maximum 300 words)
 |
|  |
| * If selected “Neither of these” (Please specify- Maximin 300 words)
 |
|  |
| 17) Please tell us about your project\*Please copy questions in text box below and add your answers to each question. (You will find the text box after question 17.7) 17.1 Please provide a brief description of your project.What local public health issues will it address or opportunities will it realise? What key outcomes would you expect the project to achieve? (Maximum 400 words) 17.2 Has your project been co-designed with the local community or service users? If yes please specify how your project has been co-designed with the local community or service users. (Maximum 400 words) 17.3 Assessment of need.Please describe how are you aware of the need for your project? (Maximum 400 words) 17.4 Partnerships and system working As part of the PHAB programme we have an expectation that you will be working with system partners as part of your project. Please describe what partners you are collaborating with as part of your proposed project (Maximum 400 words) 17.5 We have an expectation that the projects we fund are inclusive  Please briefly explain how your project will ensure diversity, equality and inclusion is considered at every stage This should be within your identified priority group. For example, how will you make your project for women and girls accessible to those with disabilities. (Maximum 400 words) 17.6 Sustainability or exit plan.If your application is successful, how will you ensure the sustainability of your project at the end of the PHAB grant period? Or alternatively please describe your exit plan at the end of the project (Maximum 400 words) 17.7 How will you monitor and evaluate the impact of your project? (Maximum 400 words) |
|  |
| 18) If you would like to tell us a little more about your project please upload a short video here |
|  |
| 19) In which local authority area will your project be based? \*(single select) |
| * Basildon
* Braintree
* Brentwood
* Castle Point
* Chelmsford
* Colchester
* Epping Forrest
* Harlow
* Maldon
* Multiple local authorities or Essex-wide
* Rochford
* Tendring
* Uttlesford
 |
| If selected Multiple local authorities or Essex-wide – in which localities will your project be based? (Maximum 300 words) |
|  |
| 20) What type of locations and facilities do you expect your project to use? \*This can be things like community sports halls, local parks etc(Maximum 300 words) |
|  |
| 21) Which groups of people will your project engage with\*Please select all that apply |
| * Children and young people
* Ethnically diverse communities
* None of these
* Older people
* People affected by the cost-of-living crisis
* People from lower socio-economic groups
* People living with a disability or long-term medical condition
* Women and girls
 |
| If “none of these” selected, please specify- (Maximum 300 words) |
|  |
| 22) In total how many people will your project engage? \*This should be across the whole length of the project.If you do not know the exact number, please provide an estimate (Number value) |
|  |
| 23) Please provide a budget breakdown for your project\* (Maximum 300 words) |
|  |
| 24) Have you received a grant or commission in the last five years? \*(single select) |
| * Yes
* No
 |
| If you selected “yes”, when did you receive the funding and for what? (Maximum 300 words) |
|  |
| 25) Safeguarding \*If your project involves working 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 give you funding. (Single select)  |
| * Our Project will not work with Children/Young People/Vulnerable adults
* Yes
* No
 |
| 26) Please confirm that your organisation has an equality, diversity, and inclusion policy in place \* (single select)  |
| * Yes
* No
 |
| 27) Please confirm you have a bank account in the same name as your organisation \* (single select) |
| * Yes
* No
 |
| 28) As part of Essex County Council’s commitment to Public Health we need to monitor the impact of any project we fund. Please confirm that you are happy to submit organisational data to us for this purpose \* (single select) |
| * Yes
* No
 |
| 29) 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 \* (single select) |
| * Yes, I hereby agree to PHAB sharing project information to ensure funders are not duplicating funding
 |
| 30) We will prioritise applications that understand and apply Population Health Management approaches to identify groups of people at risk of developing poor health and reduce lifestyle risk factors to improve health outcomes and independence. \*Which of these best fits your project?* Primordial Prevention Wider Determinates – an approach to better understand and address what makes communities or individuals susceptible to poor health
* Primary Prevention Risk Factor Reduction – work to identify disease risk factors to inform preventative action before a disease is present (e.g., smoking cessation/ weight management)
* Secondary Prevention Early Detection – an approach used to help treat, delay, or reduce any disease symptoms or care needs. An underlying disease or need exists, but is amenable to intervention to avoid escalating treatment/ care (e.g., screening)
* Tertiary Prevention Condition Management – aimed at those with diagnosed conditions who would benefit from interventions to support them to be as healthy as they can be (e.g., pulmonary or stroke rehabilitation)

Unsure which type best fits your project? Read our guide [here.](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) (single select) |
| * Primordial Prevention Wider Determinates
* Primary Prevention Risk Factor Reduction
* Secondary Prevention Early Detection
* Tertiary Prevention Condition Management
* None of these
 |
| 31) Please provide a brief description of how you intend to apply any other Population Health Management approaches within your project. \* (Maximum 300 words) |
|  |
| 32) We will also prioritise applications that address major risk factors that can prevent future illness.Which of these best fits your project? \*Please select all that applyIf none of these fit, please select ‘None of these’ |
| * High fasting blood glucose
* Alcohol use
* None of these
* High systolic blood pressure
* Smoking
* Mental Health
* Physical Inactivity
* High LDL cholesterol
* Excess weight/High body mass index (BMI)
 |
| If selected “none of these” please specify- (300 words) |
| 33) Please confirm you have read and understood the PHAB criteria guidelines\*[PHAB Funding Guidelines](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) (single select) |
| * Yes, I have read and understood the PHAB criteria guidelines
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\* Denotes required question