**Health and Well-Being Funding 2023**

**Public Health, Hertfordshire County Council**

**Administered by St Albans City & District Council**

**Application Form**

**Please read the ‘Criteria and Help to Complete’ document before completing**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your organisation** | | | | | | | | |
| Name of Organisation |  | | | | | | | |
| Registered Charity No |  | | | | | | | |
| Lead Contact |  | | | | | | | |
| Position in Organisation |  | | | | | | | |
| Address |  | | | | | | | |
| Phone Number |  | | | | | | | |
| Email address |  | | | | | | | |
| Are you a constituted voluntary organisation? | Yes  No | | | | | | | |
| Constitution sent with this application | YesNo | | | | | | | |
| How many people are involved in running your organisation and its activities? | | | | | | | | |
| Management committee/Trustees | Click or tap here to enter text. | | Volunteers | | | Click or tap here to enter text. | Paid staff | Click or tap here to enter text. |
| Name of Chair of Trustee Board/ Committee | Name:  Phone number:  Email: | | | | | | | |
|  | | | | | | | | |
| **Your project** | | | | | | | | |
| 1. Project Name |  | | | | | | | |
| 2a. Please briefly describe your project |  | | | | | | | |
| 2b.  How will your project support beneficiaries and community groups to address health and well-being? |  | | | | | | | |
| 2c. Does your project focus on an aspect of:  Health inequalities  Leading a healthy and physically active lifestyle  Social well-being or mental health  Other health and well-being related work – please describe |  | | | | | | | |
| 2d How does your project increase awareness of the St Albans District Healthy Hub? |  | | | | | | | |
| 3. What is the time plan for the project? *Please include start and completion date.* | Click or tap here to enter text. | | | | | | | |
| 4. Will your project continue after the funding period? If so, please explain. |  | | | | | | | |
| 5. What is your experience of running activities/ projects like the one you have described in your application? |  | | | | | | | |
|  | | | | | | | | |
| **Your project costs** | | | | | | | | |
| 6. What is the **total cost** of yourproject | Click or tap here to enter text. | | | | | | | |
| 7a. How much are you applying to the health and well-being funding for?  7b. Have you made any other funding applications for the same items/services detailed on your budget? | Amount requested  *Please make sure your budget details what you are applying for and what percentage this is of the overall cost of your project*  Yes  Give details of who you have applied to, how much and when you expect to hear  No | | | | | | | |
| 8a. Is your project dependent upon securing additional funding as well as health and well-being funding?  8b. Have you already applied elsewhere for this additional funding | Yes  No  Yes  Give details of who you have applied to, how much and when you expect to hearClick or tap here to enter text.  No | | | | | | | |
| **Your beneficiaries** | | | | | | | | |
| 9a. How do you know people in your community want or need the project/activities? What evidence have you collected to demonstrate this?  9b. How have your service users/ beneficiaries been involved in making this application? | *max 200 words* | | | | | | | |
| 10. Where in the District will those who benefit from your project come from? (refer to particular Wards where relevant) | *max 200 words* | | | | | | | |
| 11. How many people will benefit from this grant? |  | | | | | | | |
| 12. Please describe the people who will benefit from your service. |  | | | | | | | |
| 12a. Please provide data about your beneficiary group if it is known at this stage. See the categories in the table. Please tick who your project will benefit and if known, how many.  If you do not know, put “unknown”. Make sure that the data you submit does not compromise the privacy of your beneficiaries, particularly if you are supporting small numbers. | |  |  |  | | --- | --- | --- | |  | Tick here | Approximate number and further details (*if known)* | | **Gender** |  |  | | Male |  |  | | Female |  |  | | Other, e.g. gender-neutral |  |  | | **Ethnicity** |  |  | | Asian/Asian British including Bangladeshi, Indian, Pakistani/Chinese or any other Asian background |  |  | | Black/African/Caribbean/Black British or any other Black background |  |  | | White including English, Welsh, Scottish, |  |  | | Gypsy/Irish Traveller |  |  | | Any other white background (including Irish) |  |  | | Other ethnic backgrounds |  |  | | **People with disabilities** |  |  | | Physical disability |  |  | | Learning Disability/Difficulty |  |  | | Hearing or sight impairment |  |  | | Autism |  |  | | **Age** |  |  | | Children aged 0-17 |  |  | | Young adults aged 18-25 |  |  | | Adults aged 26-64 |  |  | | Adults aged 65+ |  |  | | **People who are LGBTQ+** |  |  | | Bisexual |  |  | | Gay Men |  |  | | Gay women/lesbian |  |  | | Transgender |  |  | | **People who are Carers** |  |  | | | | | | | | |
| **The difference your project will make** | | | | | | | | |
|  | |  | | | | | | |
| 13. Describe three changes that the project/ activity will have made for your service users and how you will achieve and measure the impact. (see example in guidance notes) | | Change  What will you do to achieve this?  How will you measure it? | | | | | | |
| Change 2  What will you do to achieve this?  How will you measure it? | | | | | | |
| Change 3  What will you do to achieve this?  How will you measure it? | | | | | | |
|  | | | | | | | | |
| **Working with others** | | | | | | | | |
| 14. Which other local organisations will you work with to support the delivery of your project? | | | | | .  m*ax 150 words* | | | |
| 15. How will you plan to publicise the activity/ project? | | | | | m*ax 150 words* | | | |
|  | | | | | | | | |
| **Your organisations practices** | | | | | | | | |
| 16. Safeguarding -What will you do to keep the people who use your project safe from harm? (please do not just refer to policy, give examples) | | | | m*ax 150 words* | | | | |
| 17. Equality-What will you do to ensure your project is inclusive? (please do not just refer to policy, give examples) | | | | m*ax 150 words* | | | | |
| 18. Environmental impact- how will you ensure that your project has minimal negative environmental impact? | | | | m*ax 150 words* | | | | |
|  | | | | | | | | |
| **Additional information** | | | | | | | | |
| 19. Anything else you would like to tell us about your project or organisation that has not been covered above | | | | *max 300 words* | | | | |
|  | | | | | | | | |
| ***Declaration***  *The information given on this application form is correct to the best of my knowledge.*  ***Privacy Notice***  *This privacy notice explains how St Albans City & District Council (the Data Controller) will use any personal information we collect about you when you use our services.  We will use your information for the purposes we have set out; keep it securely; destroy it when we no longer need it; tell you the rights applicable to this personal information and how to exercise them; tell you who to complain to.*  *We collect the following personal data: Name, Address, Telephone number, Email address.*  *All this information is set out in full on the privacy notice with this form.  Please read the privacy notice at the end of this document for more details.*  ***Consent***  *By completing this form you are giving consent for us to process your personal information for the purposes of outlined in the privacy notice with the form.*  *You have a right to withdraw your consent at any time by emailing* [*GDPR@stalbans.gov.uk*](mailto:GDPR@stalbans.gov.uk)*. or calling the Council on 01727 866100.*  ***If you withdraw consent we will stop processing your application. If you supply us with an alternative contact we will require consent for that contact. If you withdraw consent after a grant has been awarded, we will withdraw the grant unless an alternative suitable contact has been provided.***  *I agree to give consent*  *I confirm I have ensured that all names and contacts agree to have their details made available.  I will make sure that all Management Committee members and people involved in delivering are aware of this declaration and the privacy notice.*  *Name of Chairperson (please print) Mark Montgomery*  *Signature (please insert a scan of the signature if possible)*  *Date* | | | | | | | | |

**Checklist, have you:**

**Completed all sections on the application form**

**Read the privacy notice below and ticked the consent box under the declaration**

**Sent the below documents with your application**

a. Signed and dated application form

b. A separate budget for your proposed project/ activity

c. A copy of your constitution

d. Audited/certified accounts for most recent financial year (including the following)

* Income and Expenditure Account (also known as Profit and Loss Account
* Balance Sheet for your last financial year
* Notes to the financial statements

e. Your organisations bank statements for the last 3 months\*

**\* We have included a redacted bank statement due to confidentiality. If this is not providing the information you require, please let us know and we will try and rectify this**

f.Please provide the following policy documents.

* Safeguarding Children/Adults at Risk policies
* Health and Safety Policy
* Risk assessment example
* Environmental Policy
* Equal Opportunities Policy

**Please note: Applications without all the above information provided will be ineligible and not therefore considered for funding**

Applications from organisations that are new in the district/ have not been funded by SADC before may be required to submit additional financial information upon request of the SADC Finance Team. Applications may also be referred to SADC Internal Audit if deemed necessary.

**Please email the completed application form, project budget, your constitution, required financial information and policy documents to:**

[**Healthinequality@stalbans.gov.uk**](mailto:Healthinequality@stalbans.gov.uk)

**Applications must have in the subject box: name of organisation and ‘Final Application- Health and Well-Being Fund 2023’.**

**DEADLINE FOR APPLICATIONS: Wednesday 8 March 2023**

**Thank you for your interest**

**St Albans City and District Council Community Grant Funds Privacy Notice**

This privacy notice explains how St Albans City & District Council (the Data Controller) will use any personal information we collect about you when you use our services

**What information do we collect about you?**

The information that the Council will collect varies depending on how you use the Council’s Services. We are using the information provided in this case because you have agreed to share it with us voluntarily. You will be asked to give your consent.

You will be asked to provide the following information: your contact details- Name, Address, Telephone number, Email address] [Art. 6(1)(a)GDPR]. We are collecting personal information so that we can contact you about your application to Community Grant Funds to request monitoring on your project if successful.

You can withdraw your consent at any time by emailing [GDPR@stalbans.gov.uk](mailto:GDPR@stalbans.gov.uk). Your rights are set out below.

**How will we use the information about you?**

If you complete this form the information you provide will be used to enable you to submit a Community Grant Funds application. We will use your information to process your application and contact you on the outcome of your grant application. If successful we will then use your information to contact you to request monitoring information and to invite you to meetings to discuss your project.

We will not share the personal information we hold with any external organisations. We may be required to share your personal information with the Police, or similar agency, or another Council for the purposes of preventing and detecting fraud or for Safeguarding purposes.

We will ensure that all personal information is kept securely.

**How long will you keep this information?**

We will destroy this personal information in accordance with our Disposal Schedules. We consider what the legislation states and what is good practice to determine how long we need to keep your information. This means we will securely destroy the information once we no longer need it. If you would like to know the specific period of time that relates to your personal information please contact [GDPR@stalbans.gov.uk](mailto:events@stalbans.gov.uk).

**Individuals’ Rights**

You have a right to request a copy of the personal information that we hold about you. If you would like a copy of some or all of your information, please contact [foi@stalbans.gov.uk](mailto:foi@stalbans.gov.uk) and ask for a subject access request.

You have the following rights in respect of the information you have consented to share with us:

* To be forgotten i.e. your details will be deleted
* To have us correct an error
* To have us restrict the way we use the information
* To object to us using the information
* To have your information shared at your request (data portability)

We will consider your request and respond within one month. Please contact [GDPR@stalbans.gov.uk](mailto:GDPR@stalbans.gov.uk).

You can find out more about your rights on our website: <https://www.stalbans.gov.uk/sites/default/files/documents/publications/privacy-notices/Individual%20Rights%20GDPR%20Website%20Notice.pdf>

You can also find out more about your rights on the Information Commissioner’s website: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/>

**Changes to our Data Protection Policy**

We have a Data Protection Policy in place and this can be found here: <https://www.stalbans.gov.uk/sites/default/files/documents/publications/privacy-notices/GDPR%20Personal%20Data%20Policy.pdf>

We review this policy annually.

**Data Protection Officer**

Our Data Protection Officer for the purposes of Articles 37 to 39 of the General Data Protection Regulation is Charles Turner, Solicitor to the Council. He can be contacted by emailing [GDPR@stalbans.gov.uk](mailto:GDPR@stalbans.gov.uk) or calling 01727 819209 for our Complaints Team.

**How to contact us**

Please contact us if you have any questions about our Data Protection Policy, or concerns about how we handle your information: by emailing [foi@stalbans.gov.uk](mailto:foi@stalbans.gov.uk) or write to us at: FOI Team, St Albans City & District Council, St Peter’s Street, St Albans, AL1 3JE.

**Complaints**

You have a right to complain to the Information Commissioner if you are unhappy with how we process your personal information. You can do so through their website: <https://ico.org.uk/concerns/> or by emailing: [casework@ico.org.uk](mailto:casework@ico.org.uk) or calling their helpline on 0303 123 1113.

**Consent**

By submitting this form you are giving consent for us to process your personal information for the purposes outlined above. You have a right to withdraw your consent at any time by emailing [GDPR@stalbans.gov.uk](mailto:GDPR@stalbans.gov.uk).

If you withdraw consent you will not be able to continue with your application to Community Grant Funds and you will not receive any communications about Community Grant Funds.