**Happiness Hubs Fund Application**

**Please complete all sections incomplete applications will not be considered. Before completing this application we recommend you read the guidance, if you require support please contact Jane Cunningham on** [**Happiness.Hubs@pcp.uk.net**](mailto:Happiness.Hubs@pcp.uk.net) **or 07715 204462**

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| --- | --- |
| **Group/Organisation Name** |  |
| **Address** |  |
| **Contact Name** |  |
| **Position in Group/Organisation** |  |
| **Contact Number** |  |
| **Contact Email** |  |
| **How did you hear about the fund?** |  |

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| **What type of group are you:** | | | | |
| Voluntary organisation/community group |  |  | Registered Charity |  |
| Company Limited by Guarantee |  |  | Community Interest Company (CIC) |  |
| Charitable Incorporated Organisation |  |  | Other (State): | |

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| **Registered Number:** |  | |
| **Please confirm your organisation has a governing document, annual accounts and bank account in the name of the group with at least 2 unrelated signatories?**  **(please enclose a copy with your application)** | | Yes/No |
| **If no, please provide details:** | | |

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| **Please tell us about the aims of your organisations (300 words):** |
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**Project Details**

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| **Project Name** |  |
| **Project Start Date** |  |
| **Project Finish Date** |  |
| **Day of week you expect project activities to be delivered** |  |
| **Proposed Project Activity timings** |  |
| **Is project a new or an extension of an existing project** |  |
| **If an extension, on what days and times does the project currently operate?** |  |

**In which area(s) will your project make a difference:**

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| --- | --- | --- | --- |
| **County:** |  | **Town/Village :** |  |

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| **Do you have all necessary permissions, insurances, safeguarding arrangements etc. in place to deliver this project?** | Yes/No |
| **If No, provide details:** | |
| **Is a risk assessment in place for the project?** | Yes/No |
| **If No, provide details:** | |
| **Do your staff volunteers have mental health training?** | Yes/No |
| **If No, do you require support accessing training?** | |

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| **The Project:**  **Tell us what you are going to do, how you are going to do it and demonstrate how these plans are**  **realistic, deliverable and proportionate. Ensuring you tell us what you hope it achieve in terms of supporting clients (700 words)** |
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| **What's the need? Please tell us how this project meets a need in your community, who is in need and what evidence you have collected to know this?. i.e. surveys, AAP Stats etc 500 Words** |
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| **Which specific groups will you be supporting?** (Select any that are appropriate) | | | | |
| BME |  |  | Ex-offenders |  |
| LGBT |  |  | Working age adults |  |
| Refugees or Asylum Seekers |  |  | Older people |  |
| Unemployed |  |  | Young Adults (18-25) |  |
| Veterans |  |  | Those who are vulnerable or isolated |  |
| Those with long-term health conditions |  |  | Other (please specify below): |  |
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**Please outline the amount of funding applied for, what the funding will be used for (including breakdown in spend)**

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| --- | --- | --- | --- |
| Item / Activity | Total Cost | Amount Requested | Breakdown of spend |
| e.g. staff Costs |  |  | 30 hours at £10.00 per hour for 4 staff or equipment to be purchased |
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| Totals |  |  |  |

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| **If there is a difference between the total cost and the amount requested please explain this and confirm if this funding has been secured. Offers may be subject to evidence of secured funding (300 words)** |
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| **Sustainability. How are you making sure your project is sustainable? For example are you engaging volunteers with long term support and training, do you have funding in place, will you apply for funding from another funder, income generation ideas, i.e. nominal attendance charge? 500 Words** |
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**Project Outcomes**

Outcomes are the specific changes that will happen as a result of your project to meet the need that you have identified. They should describe who will benefit, how it will benefit them and what the change will be at the end of the project, i.e. 80% of service user’s state since using the service their emotional wellbeing has improved. Please set a minimum of 2 project outcomes.

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| **No.** | **Outcome description** | **Target (%)** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**Performance Indicators**

Performance indicators tell us more about the specific activities that will be delivered by the project and how many people will benefit. They are the key measures that will be used to show us that your project is progressing well and is on target to meet its outcomes.

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| **Performance Indicators** | **Target (%)** |
| **Project Numbers** | |
| Improved emotions, Wellbeing |  |
| Reduction in Anxiety |  |
| Improved Independence, Choice Control |  |
| Improved Lifestyle |  |
| Improved Knowledge, Skills |  |
| Improved Physical Health |  |
| Improved confidence, self esteem |  |
| Improved Economic Wellbeing |  |
| Volunteered, gave back |  |
| Increased access to support, signposting |  |
| Increased social inclusion |  |
| Improved communication |  |
| **Client Numbers** | **Target (No)** |
| Number of sessions |  |
| Total beneficiaries for this project |  |
| Number of staff supported |  |
| Number of staff recruited |  |
| Number of volunteers supported |  |
| Number of volunteers recruited |  |

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| The Equality Act 2010 states that it is unlawful to discriminate against people on the grounds of age, disability, gender, pregnancy and maternity, transgender, race or ethnicity, religion or belief and sexual orientation. We expect all projects to comply with equality legislation and to ensure fair treatment for all those involved. Please confirm that you understand this requirement and will ensure your project complies with it. | Yes/No |

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| **Declaration** | | | | | |
| * I confirm that I am authorised to sign this declaration on behalf of the applicant organisation. * I confirm that this application and proposed project within it has been authorised by the management committee or other governing body or board. * I confirm that the information given in this application is true. * I confirm that the organisation will not use this grant to pay for any spending commitments it has made before the date of this application. * I confirm that the grant will be used for the purposes detailed within this application and that where costs incurred are less than the grant offered the organisation will return any unspent grant, unless permission is granted for it to be used by the applicant for an acceptable purpose. * The organisation shall ensure that all parties involved with the project comply with their legal obligations. (We reserve the right to request evidence of this if necessary). * I understand that this grant funding has been provided by North East and North Cumbria Integrated Care Board and that the Pioneering Care Partnership is managing this grant on their behalf. Information stored about this application will be shared with the commissioner, as part of the process of awarding this grant. | | | | | |
| **Application Checklist:**  I confirm I am enclosing the following with my application: | | | | | |
| Governing Document |  | Annual accounts |  | Recent Bank Statement |  |
| Safeguarding Policy |  |  | | | |
| **Name** | | **Signature** | | **Date** | |
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