**Cancer Community Partnership Fund Grant Application 2023/24**

**Before completing this form, please read the Grant Guidance Notes. Please send the attached as a word document and not PDF.**

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| Please state which domain you are you applying to? | Early Diagnosis and Screening |
| Please tell us what spend you need for each location: (This must be completed) | West Suffolk: £  Ipswich & East: £  Tendring: £  Colchester: £ |
| Total amount applying for:  (This must be completed) | £ |
| Organisation name: |  |
| Organisation’s full address including postcode: |  |
| Website:  Social Media: |  |
| Main contact: |  |
| Job Title or Role: |  |
| Main contact email address: |  |
| Main contact telephone no: |  |
| Alternative Contact - This is required should the main contact be unavailable (This must be completed) | Name:  Position:  Email: |

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| **About your organisation: What type of organisation are you? Please tick one** (click on box to select) | | | | | |
| Registered Charity | Company Limited by Guarantee | Unincorporated club or association | Community Interest Company | Charitable incorporated Organisation | Other: please specify |
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| **Charity and/or Company number if applicable:** | | | | | |

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| **Please answer the following questions.** (Click on box to select) | **Yes** | **No** |
| Does your organisation have a governing document, articles of association or a constitution **which includes a** **dissolution clause**? |  |  |
| Does your organisation have 3 or more committee members? |  |  |
| Does your organisation have a bank account with at least 2 unrelated signatories? |  |  |
| Can you provide a signed copy of your annual accounts or a budget forecast for the coming year? |  |  |
| Do you have an equal opportunities/diversity policy in place? |  |  |
| Do you have a safeguarding policy in place? |  |  |
| Do you undertake DBS checks where needed/appropriate? |  |  |
| Please confirm that your project delivery will be completed, and the funds awarded will be spent within the time scale for this fund? |  |  |
| **If you answer NO to any of the questions, please use the contact details listed at the end of this form to notify the grant organisation within your location before completing your application.** | | |

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| Please provide a brief summary about your organisation’s purpose and core activities  *(Max 100 words)* | |
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| Project Title: |  |
| Project Start and End dates *actual dates please* |  |
| |  | | --- | | Which Cancer Programme principle does your project align to – please tick those that apply and add any additional information (click on box to select) (This must be completed) | | All communities are enabled to live healthy lifestyles, are aware of concerning symptoms and know how to seek appropriate help (Prevention and Awareness)  Which cancer speciality are you looking to raise awareness and prevention of?  Which community are you targeting for awareness and education? | | Achievement of the national screening targets for breast, colorectal and cervical across all the communities, considering deprivation and addressing pockets of worst performance  Which National Screening Programme are you interested in supporting?:  Cervical  Breast  Bowel  Is there a specific community you would like to support? | | Addressing Health inequalities  Is there a specific health inequality you would like to address? | | |  |  |  | | --- | --- | --- | | |  | | --- | | Please advise if your project will support addressing Health inequalities.  (click on box to select) (This must be completed) | | **Health inequalities are defined as avoidable differences in health outcomes between groups or populations – such as differences in how long we live, or the age at which we get preventable diseases or health conditions. Similarly, health disparities are described by**[**Healthy People 2020**](https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities)**as: *a particular type of health difference that is closely linked with social, economic and/or environmental disadvantage.*** |   Please advise if and how your project will support addressing health inequalities: | | | |
| How many people will be involved in delivering this project | Number of Staff :  Number of Volunteers:  Other - Please specify: |

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| Do you agree to complete an Equality Impact Statement if your application is successful? | Yes:  No: |

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| Project Summary - Please give a brief explanation of what you want a grant for, how your project will be delivered and who will be your beneficiaries. (*Max 400 words)* |
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| Identified Need  Give reasons why the project is needed and provide evidence/ how you know it is needed. Provide details of surveys, consultations or feedback gathered from partners (i.e local police, local authority) |
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| Using the fund criteria outcomes please select at least 1 that your project will meet. Please give details on beneficiaries and measures that you will use to meet each criteria selected  *Max 200 words per outcome* | | | |
| **Outcomes** | Beneficiaries  How will they be engaged?  How will the project make a difference to your beneficiaries? | Number and Description of Beneficiaries | Measures - please confirm how this compliments the primary indictors and outcome statements *(see application criteria)* |
| **Increased Uptake of National Screening programme**  *Focusing on people who are currently facing additional challenges or health inequalities.*  *Providing educational material promoting and signposting access to screening* |  |  |  |
| **Early Diagnosis**  *Providing adults with the tools and knowledge to support timely presentation at Primary Care*  *Providing educational materials, promoting cancer symptom awareness* |  |  |  |
| **Please give details on how this project will be working with partners or delivering in partnership** *(max 200 words)* | | | |
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| ***Sustainability/ Exit Plan -*** *please give brief details of your exit plan* | | | |
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| Please describe how your project provides good value for money.  For example: details of match funding, services in kind or volunteer time and skills provided to the project: | | |
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| Project Milestones  *Please explain your timetable for the delivery of this project and detail key milestones* | | |
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| **Identified Risks/Issues**  *Please identify any likely risks or issues associated with your project and any proposed mitigating actions***.** | | |
| **Risk** | **Mitigation** | |
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| Please describe how your project provides good value for money.  For example: details of match funding, services in kind or volunteer time and skills provided to the project: | | |
|  | | |
| **Financial Details:**  **How will you spend the grant?** Will you be buying items, or hiring venues/products, or paying someone to undertake a task or provide a service? Please list the items and the cost.  (Provide quotes if appropriate) | | |
| **Description** | | **Cost** |
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| **Total Project cost?** | | £ |
| How much has been raised so far? | | £ |
| How much money are you applying to this fund for? | | £ |

**Check List: Does the information supplied on this application clearly demonstrate**

How your project meets the funders criteria / outcomes

What your project aims to do.

Why your project is needed and how you know it is needed.

Who would benefit from your project and how they will be engaged.

The difference your project will make to its beneficiaries and the wider local community.

That your timescales are achievable, and the project impact can be demonstrated.

Why your project is value for money.

How much funding you want and what you will spend the money on and in which district.

**Supporting Documents: Please submit the following with your application:**

A signed copy of the organisations governing document, constitution or articles of association which contains dissolution clause.

Quotes for any capital/equipment expenditure

Signed Annual Accounts or year ahead budget forecast

An up-to-date GDPR Policy or guidelines

ICO Membership details\*

**\*Is your organisation registered with the ICO –** The ICO is the Information Commissioners office, The UK’s independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individual. For more information see [www.ico.org.uk](http://www.ico.org.uk) **YES  NO**

**Declaration:**

*By signing this document, you will be confirming that you have the authority to commit to the proposed project (eg approval from your committee/board and agreement from partners).*

Print Name ………………………………………… Position ……………………………………

Signed:……………………………………………… Date: ………………………………………

**Once completed please return the signed grant application form and supporting documents by the closing date as stated in the guidance**

**Please return to:**

**Colchester Based Organisations -** [funding@community360.org.uk](mailto:funding@community360.org.uk) or by post to Community360, Winsley’s House, High Street, Colchester, CO1 1UG

Phone 01206 505250

**Tendring Based Organisations** - [funding@cvstendring.org.uk](mailto:funding@cvstendring.org.uk) or by post to CVS Tendring, Imperial House, 20 – 22 Rosemary Road, Clacton-on-Sea, CO15 1NZ

Phone 01255 425692