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**Community Mentoring & Grants Programme**

**Application Form**

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[](https://www.cdhn.org/elevate)

**Application Form – 2021**

Thank you for your interest in the Elevate Mentoring & Grants Programme.

Before completing this form, please ensure you have read the Guidance Notes.

If successful, your staff and/or volunteers should have sufficient time available to take part in the Elevate Mentoring and Grants Programme which will run from September 2021 to February 2022.

Your application will be scored based on the answers you provide to the questions in this Application Form.

If you have any questions about completing your application, please contact Stephanie Houston.

Email: [stephaniehouston@cdhn.org](mailto:stephaniehouston@cdhn.org)

Phone: 028 3026 4606

Mobile: 077 6019 8202

**Completed applications should be emailed to** [stephaniehouston@cdhn.org](mailto:stephaniehouston@cdhn.org) **by Monday 2nd August 2021.**

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| **Please refer to the Guidance Notes for advice on how to answer each question** |

PART 1: Background information

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| **Organisation Details:** | |
| Name of Organisation: | |
| Organisation address: | |
| Town/city: | Postcode: |
| **Please name two contacts for this application.** | |
| Contact 1 Name: | Contact 2 Name: |
| Position: | Position: |
| Mobile number: | Mobile number: |
| Email: | Email: |

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| Type of Organisation (community/social enterprise/CIC): |
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| Company Registration Number (if applicable): |
|  |
| Charity Number (if applicable): |
| Position: |

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| **The area your project will work in:** |
| Health and Social Care Trust Area(s): |
|  | |
| Council Area(s) |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Is your project mainly: | | | | | | | |
|  | Rural |  | Urban |  | Both |  |  |
| Have you, or anyone from your organisation, previously attended Elevate training? | | | | | | | |
|  | Yes |  | No |  |  | | |

PART 2: Assessment

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| **1.** | **Give us a brief history of your organisation, outlining the focus of your work.** This question is for information purposes only and is not scored. |
| **(Maximum 200 words)** | |

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| **2.** | **Tell us how you think your organisation would benefit from the mentoring element of the programme.** |
| **(Maximum 300 words)** | |

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| **3.** | **Please provide a concise summary of your proposed project.** |
| **(Maximum 300 words)** | |

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| **4.** | **Considering the health needs that exist in your community, please explain the necessity for this project.** |
| **(Maximum 400 words)** | |

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| **5.** | **Community development is at the core of this programme. Tell us more about the approach you intend to take in this project?** |
| **(Maximum 300 words)** | |

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| **6.** | **What difference do you hope the project will make?** |
| **(Maximum 300 words)** | |

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| **7. Please outline your project budget:** | | |
| **Item** | **Details including number of hours, rate per hour/day and number of sessions etc** | **Cost** |
| Community organisation costs:  Management plus administration |  | **0.00** |
| External community/voluntary organisations groups, agencies (if applicable) |  | **0.00** |
| Overheads: Including printing, stationery, photocopying, telephone and postage |  | **0.00** |
| Room hire |  | **0.00** |
| Hospitality |  | **0.00** |
| Other, for example, volunteer costs/childcare |  | **0.00** |
| **Total costs** |  | **£ 0.00** |

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|  |  | Please mark one box **S** for each question | | | | | | | | | | |
| **8.** | **CDHN provides mandatory Elevate training.**  **I/we confirm that, if funded, I/we must attend Elevate training** | | | | | Yes | | | |  | No |  |
| **9.** | **I/we confirm that, if funded, I/we adhere to all reporting and monitoring requirements under the Mentoring and Grants Programme.** | | | | | Yes | | | |  | No |  |
| **10.** | **I/we confirm that, if funded, I/we agree to accept free membership of CDHN.** | | | | | Yes | | | |  | No |  |
| **11.** | **I/we confirm that, if funded, I/we agree to adhere to Elevate publicity guidelines and take part in publicity for Elevate on request.** | | | | | Yes | | | |  | No |  |
| **12.** | **I/we confirm that our Management Committee is aware of this application and is committed to supporting our team through the process and in delivering outcomes.** | | | | | Yes | | | |  | No |  |
| **13.** | **I/we confirm that if funded, CDHN can share this application with my assigned Mentor organisation so they can support us.** | | | | | Yes | | | |  | No |  |
| **14.** | **Does your project seek to promote the principles of Section 75 of the NI Act 1998?** | | | | | Yes | | | |  | No |  |
| **15.** | **If you are working with children or vulnerable adults, do you have the appropriate policies and procedures to meet the relevant requirements in place?** | | Yes |  | No | | |  | Not applicable | | |  |
| **16.** | **If you are involving volunteers, do you have policies and procedures in place to support the effective management of volunteers?** | | Yes |  | No | | |  | Not applicable | | |  |
| **17.** | **If you are providing childcare for this project, do you have the appropriate policies and procedures in place?** | | Yes |  | No | | |  | Not applicable | | |  |
| **18.** | **If your project involves support services, have you the appropriate principles of good practice in place?** | | Yes |  | No | | |  | Not applicable | | |  |
| **19.** | **I/we confirm that if funded, we will adhere to Covid 19 guidelines as directed by the Public Health Agency.** | | | | | | Yes ☐ No ☐ | | | | | |

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| PART 3: Applicant Declaration | |  |
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| I, the **applicant,** declare that: | | Mark box **S**  to agree |
| 3.1 | The information on this form is accurate and understand that if any information is inaccurate or incomplete, legal action may be taken against my organisation/business. |  |
| 3.2 | The organisation/business has the authority to accept a grant and to repay the grant in the event of the grant conditions not being met. |  |
| 3.3 | We have attached our Constitution (if constituted) and most recent bank statement. |  |

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| **APPLICANT** | |
| **Name:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Organisation:** |  |
| **Date:** | Click or tap to enter a date. |

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| CHECKLIST - Have you… | **Mark completed**  **S** |
| * completed every question? |  |
| * adhered to the word limit for each question? |  |
| * kept within the grant limit of £5,000? |  |
| * retained a copy of the application for your own records? |  |
| * submitted a copy of your constitution? |  |
| * submitted a copy of a recent bank statement? |  |
| * signed your application? *An electronic signature is accepted at this stage.* |  |

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| Applications and supporting documentation must be emailed to [stephaniehouston@cdhn.org](mailto:stephaniehouston@cdhn.org) by **Monday 2nd August 2021.** |

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