



# Application Form

2023

Elevate Community Mentoring and Grants  
Programme



Community  
Development  
& Health Network

# Application Form – 2023

**PLEASE ENSURE THAT YOUR MANAGEMENT HAS APPROVED THE SUBMISSION OF THIS GRANT APPLICATION FORM**

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

Before completing this form, please ensure you have read the Elevate Guidance Notes 2023.

If successful, your staff and/or volunteers should have capacity to take part in the Elevate Mentoring and Grants Programme which will run from September 2023 to March 2024.

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: 07760 198202

**Completed applications should be emailed to [stephaniehouston@cdhn.org](mailto:stephaniehouston@cdhn.org) by 4pm on Monday 28th August 2023.**

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

## PART 1: Background information

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

Type of Organisation (community/social enterprise/CIC):
Company Registration Number (if applicable):
Charity Number (if applicable):
We are an unconstituted group: <input type="checkbox"/>

<b>The Health and Social Care Trust area in which your organisation is based:</b>	
Belfast Health and Social Care Trust	<input type="checkbox"/>
Northern Health and Social Care Trust	<input type="checkbox"/>
South-Eastern Health and Social Care Trust	<input type="checkbox"/>
Southern Health and Social Care Trust	<input type="checkbox"/>
Western Health and Social Care Trust	<input type="checkbox"/>

**The Council Area(s) in which your organisation is based:**

Antrim & Newtownabbey	<input type="checkbox"/>
Ards & North Down	<input type="checkbox"/>
Armagh City, Banbridge & Craigavon	<input type="checkbox"/>
Belfast	<input type="checkbox"/>
Causeway Coast & Glens	<input type="checkbox"/>
Derry City & Strabane	<input type="checkbox"/>
Fermanagh & Omagh	<input type="checkbox"/>
Lisburn & Castlereagh	<input type="checkbox"/>
Mid & East Antrim	<input type="checkbox"/>
Mid Ulster	<input type="checkbox"/>
Newry, Mourne & Down	<input type="checkbox"/>

Is your project mainly:

Rural?

Urban?

Both?

Have you or anyone from your organisation previously attended Elevate training?

Yes

No

**Additional targeted areas – please tick to indicate if you meet any of our target criteria.**

**Geographical areas:** Lisburn and Castlereagh, Antrim and Newtownabbey areas, North Down & Ards, Lisanelly Omagh and Crossmaglen

Please state which:

**Special Interest groups:** Groups who support people from LGBTQIA+ and BAME groups

Please state which:

## PART 2: Assessment

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)

2. **Tell us which of these areas you feel Elevate Mentoring could most help you with (for an explanation of each, please refer to the Guidance Notes - if successful, your mentor will help you to work this out further). Please tick.**

2.	<b>Community Development Values</b>	
	<b>Understanding and Practising Community Development</b>	
	<b>Understanding and Engaging with your Community</b>	
	<b>Collective Action</b>	
	<b>Working &amp; Learning Together</b>	
	<b>Good Community Development Governance</b>	

(Maximum 300 words)

3.

**Describe the project you have in mind which is about using community development to address health inequalities affecting people in your local area or target group (please refer to Guidance Notes).**

**(Maximum 300 words)**

4.

**Considering the health needs that exist in your community, please explain the necessity for this project.**

**(Maximum 300 words)**

**5. What difference do you hope the project will make in relation to your community or target group and the health inequalities they face?**

**(Maximum 300 words)**

**6. How do you think the project might help you to build learning in the areas you have identified for mentoring in Q2 above?**

**(Maximum 400 words)**

**7. 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)**

**8. Overall, which of the following areas do you feel your involvement in the Elevate Community Mentoring and Grants Programme will most help with? You can tick as many as applicable. Please use the box below to explain**

<b>8.</b>	<b>The people you work with will be able to identify their own needs and actions</b>	<input type="checkbox"/>
	<b>The people you work with will develop their confidence, skills and knowledge</b>	<input type="checkbox"/>
	<b>Your community will be more able to take collective action using strengths and resources</b>	<input type="checkbox"/>
	<b>Your community will be better able to challenge unequal power relationships</b>	<input type="checkbox"/>

**(Maximum 300 words)**

**9. Please outline an approximate 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
<b>Total costs</b>		<b>£ 0.00</b>

Please mark one box  for each question

10.	<b>If successful, we confirm that two members of our group will attend the Elevate Launch and Induction Event on Thurs 28 Sept 2023 from 11am - 1pm.</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
11.	<b>If successful, we confirm that two to four members of our group will take part in the mentoring aspect of the Elevate Programme.</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
12.	<b>CDHN provides mandatory Elevate training. If funded, we confirm that we will attend Elevate training.</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
13.	<b>If funded, we confirm that we will adhere to all reporting and monitoring requirements under the Mentoring and Grants Programme.</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
14.	<b>We know we are entitled to CDHN's free membership - click <a href="#">here</a> to sign-up</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
15.	<b>We confirm that our group will complete the CDHN Reflective Practice Tool (please refer to Guidance Notes).</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
16.	<b>If funded, we confirm that we agree to adhere to Elevate publicity guidelines and take part in publicity for Elevate on request.</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
17.	<b>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.</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
18.	<b>We confirm that, if funded, CDHN can share this application with our assigned Mentor organisation so they can support us.</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
19.	<b>Does your project seek to promote the principles of Section 75 of the NI Act 1998?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
20.	<b>If you are working with children or vulnerable adults, do you have the appropriate policies and procedures to meet the relevant requirements in place?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
21.	<b>If you are involving volunteers, do you have policies and procedures in place to support the effective management of volunteers?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
22.	<b>If you are providing childcare for this project, do you have the appropriate policies and procedures in place?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
23.	<b>If your project involves support services, do you have the appropriate principles of good practice in place?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>

## PART 3: Applicant Declaration

I, the <b>applicant</b> , declare that:		Mark box <input checked="" type="checkbox"/> to agree
3.1	The information on this form is accurate and I understand that if any information is inaccurate or incomplete, legal action may be taken against my organisation/business.	<input type="checkbox"/>
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.	<input type="checkbox"/>
3.3	We have attached our Constitution (if constituted) and most recent bank statement.	<input type="checkbox"/>

APPLICANT NAME AND SIGNATURE	
<b>Name:</b>	
<b>Position:</b>	
<b>Signature:</b>	
<b>Organisation:</b>	
<b>Date:</b>	Click or tap to enter a date.

## CHECKLIST - Have you...

Mark  
completed



- |  |                          |
|--|--------------------------|
| • completed every question?  | <input type="checkbox"/> |
| • adhered to the word limit for each question?                                       | <input type="checkbox"/> |
| • kept within the grant limit of £5,000 or £1,000 for an unconstituted group?        | <input type="checkbox"/> |
| • retained a copy of the application for your own records?                           | <input type="checkbox"/> |
| • submitted a copy of your constitution?   | <input type="checkbox"/> |
| • submitted a copy of a recent bank statement?                                       | <input type="checkbox"/> |
| • signed your application? <i>An electronic signature is accepted at this stage.</i> | <input type="checkbox"/> |

Applications and supporting documentation must be emailed to [stephaniehouston@cdhn.org](mailto:stephaniehouston@cdhn.org) by **4pm on Monday 28<sup>th</sup> August 2023.**



Project supported by the PHA



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