**A logo for a volunteer

Description automatically generatedHealth Inequalities VCSE Grant Fund – Phase 2**

**LVET**, on behalf of the [Lincolnshire Integrated Care Board (ICB)](https://lincolnshire.icb.nhs.uk/), is pleased to announce that a new grant to help Lincolnshire VCSE (Voluntary, Community and Social Enterprise) organisations reduce health inequalities is now **open for a second phase!**

**Visit** [www.lvet.co.uk/health-inequalities](http://www.lvet.co.uk/health-inequalities) **for more information!**

**PLEASE NOTE This is a word version of the application form with all questions to aid organisations prepare for their application. All applications are to be submitted through the LVET website on the MS Forms.**

**Section 1 – Your Activity / Project**

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| 1. **Will your activity:**   ***If none of the below, your proposal may not fit this grant. Please contact us to discuss further.***    **🞎 Improve access to health services, groups or activities?**  **🞎 Reduce negative experiences of health services?**  **🞎 Help people to live their lives more healthily?** |
| 1. **What do you want to do? Tell us what you want to do, and how you will do it.**   ***(Max 500 words)*** |
| 1. **Who do you want to work with? Please tick all of the relevant groups of people you want to work with.**   **🞎 Maternity (Adult Health Inequality)**  **🞎 Chronic Respiratory Disease (Adult Health Inequality)**  **🞎 Early Cancer Diagnosis (Adult Health Inequality)**  **🞎 Hypertension Case-Finding (Adult Health Inequality)**  **🞎 Homeless (Adults)**  **🞎 Living in Rural and Coastal Areas (Adults)**  **🞎 Farming Communities (Adults)**  **🞎 Gypsy, Roma and Travellers (Adults)**  **🞎 Temporary / Seasonal Residents (Adults)**  **🞎 Military Personnel, Veterans and their families (Adults)**  **🞎 From ethnic minority backgrounds (Adults)**  **🞎 Carers (Adults)**  **🞎 Sensory Impairments (Adults)**  **🞎 Asthma (CYP Health Inequality)**  **🞎 Diabetes (CYP Health Inequality)**  **🞎 Epilepsy (CYP Health Inequality)**  **🞎 Oral Health (CYP Health Inequality)**  **🞎 CYP Mental Health (CYP Health Inequality)**  **🞎 From ethnic minority backgrounds (CYP)**  **🞎 Children in care or care leavers (CYP)**  **🞎 In the justice system (CYP)**  **🞎 Not in education (CYP)**  **🞎 Open to Social Care (CYP)**  **🞎 Living with learning disabilities, special educational needs and disabilities (CYP)**  **🞎 Neurodivergent (including autism) CYP)**  **🞎 Carers (CYP)**  **🞎 Sensory Impairment (CYP)** |
| 1. **Why do you want to work with this group of people? Please tell us why, and whether you currently work with this group, and why toy think there is a need to deliver this activity.**   ***Max 500 words*** |
| 1. **How will your idea or activity change things for the group(s) of people you want to work with? Describe what will change, such as better informed on how to access health services etc.**   ***Max 500 words*** |
| 1. **How many people do you estimate will benefit from the activity?** |
| 1. **Do you think there will be a lasting impact on people’s health as a result of the activity? If so, please tell us what that lasting impact might be and how you will know if it happens.**   ***Max 500 words*** |
| 1. **What geographical area will your activity cover? Please include postcode(s) of delivery or catchment area.** |
| 1. **Is this a new or ongoing project? If this is an ongoing project, how has it been funded previously? Have you met the outcomes anticipated so far?** |
| 1. **When will your project start?** |
| 1. **How long do you anticipate your project will take?** |
| 1. **How much money are you applying for?** |
| 1. **How will you spend the money? Please give us a breakdown on each area you’ll spend the money on (such as equipment, room hire, overheads, staff costs, marketing costs etc.). If the amount you are applying for doesn’t include the full cost of the project, please indicate how you will source other funding.** |

**Section 2 – About you and your organisation**

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| 1. **Full Name** |
| 1. **Job Title** |
| 1. **Organisation** |
| 1. **What does your organisation do? Please describe your overall aims and objectives, activities / services you provide etc.** |
| 1. **How does your organisation generate income? *Mark an X in the most suitable banding***  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **None** | **Less than 50%** | **50% - 75%** | **75% - 100%** | | **Grants** |  |  |  |  | | **Fundraising / Donations** |  |  |  |  | | **Trading** |  |  |  |  | | **Other (please describe in Q19)** |  |  |  |  | |
| 1. **What other funding have you been successful for in the past 2 years for similar activities? Please include who you received funding from, the reason, the amount and end date.** |
| 1. **Phone Number** |
| 1. **Email Address** |
| 1. **Postal Address (including Postcode)** |
| 1. **Main Contact (if different from above): Please include name, position, email address and phone number if applicable** |
| 1. **Number of paid staff: Please include a breakdown of full time and part time** |
| 1. **Number of volunteers:** |

**Section 3 – Conditions of the Grant**

Please check you are able to comply with all of the conditions set out below, ticking to indicate you agree.  If your proposal is successful, we will ask for additional information around policies, your rules / constitution and annual accounts / bank statements before we offer you a grant.

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| 1. **Conditions of the Health Inequalities VCSE Grant:**   ***Tick to confirm***  **🞎** The grant will be used as outlined in the application.  Any changes must be agreed with LVET.  **🞎** We will spend the grant within a maximum of 12 months or the duration of the activity.  Any grant money not spent on the activity will be repaid to LVET unless agreed otherwise.  **🞎** We will not dispose of any grant-aided equipment without LVET agreement and any subsequent funds raised will be refunded to LVET.  **🞎** We will acknowledge LVET and Lincolnshire Integrated Care Board and display their logos in relevant publicity and acknowledge via social media channels.  **🞎** We accept LVET may use the activity for publicity purposes.  **🞎** We will not bring the fund, or LVET, into disrepute and undertake to return all funding should it be determined we have done so.  **🞎** We will complete a regular process report (timescale set by LVET dependent on activity) and an end of grant report, comply with any expenditure and monitoring requirements and provide good practice items and/or case studies.  **🞎** We will keep all receipts and accounts relating to grant-aided expenditure for six years from receipt.  These records to be made available to LVET if requested.  **🞎** LVET will require repayment of all or part of the grant if the project is abandoned for any reason or if there is non-compliance with any of these conditions. |
| 1. **Declaration:**   ***Tick to confirm***  **🞎** I consent to the personal details I have provided on this form being processed by Lincolnshire Voluntary Engagement Team (LVET) in accordance with the Data Protection Act 2018 and agree that they can contact me directly about this application.  **🞎** I understand that LVET have requested information about the organisation’ s personnel and financial data and any other information deemed necessary for the purpose of processing this application and agree for such information to be disclosed.  **🞎** I confirm the information given on the application form is true and the group/organisation has formally agreed I can act on their behalf. I confirm that by providing any personal data about another person they understand how their data may be used and shared.  **🞎** I consent to LVET sharing the information given on the application form with other relevant VCSE representatives on the Health Inequalities Panel, and the Integrated Care Board for the purposes of assessing and monitoring the grant application. |
| 1. **How LVET can use your information:**   ***Please tick any you are happy with***  **🞎** I am happy to be contacted in the future regarding LVET news, including upcoming grants and newsletters.  **🞎** LVET can publicise our group/project on social media/media platforms.  **🞎** LVET can share our story including any photos/videos we send on it's social media/media platforms.  **🞎** LVET can pass on our details to other funders and groups doing similar work.  **🞎** None of the above |

**Please note all applications must be submitted through the LVET website (MS Forms).**

**If you have any questions, please email** [emily.ward@lvet.org](mailto:emily.ward@lvet.org) **or visit** [www.lvet.co.uk/health-inequalities](http://www.lvet.co.uk/health-inequalities)