**B&D Community Chest Expression of Interest / Proposal**

The Community Chest for Social Prescribing Grants application is open.

Grants of up to £5,000 can be applied for to deliver projects designed to address health inequalities, enable capacity building and support social prescribing activities for the residents across Barking and Dagenham.

Prospective projects will be presented at an event in February but will only be accepted by organisations completing this form.

If you are interested, please complete this form and return to: [communitychest@lbbd.gov.uk](mailto:communitychest@lbbd.gov.uk) by

**5pm on Monday 8 January 2024**

If you have any questions or need support, please email [communitychest@lbbd.gov.uk](mailto:communitychest@lbbd.gov.uk) and a member of the Steering Group will reach out to you to support.

**Key Dates:**

|  |  |
| --- | --- |
| Monday 8 January 2024 | Applications for Expression of Interest / Proposal closes 5pm |
| Thursday 8 February 2024 | Participatory Budgeting event – presentation of proposals and outcomes Barking Learning Centre 10am to 4pm |
| 1 March to 31 July 2024 | Projects take place |
| 1 August to 23 August 2024 | Project evaluations completed |

**Organisation information:**

|  |  |
| --- | --- |
| Organisation Name: |  |
| Name of Lead Contact and position: |  |
| Organisation address: |  |
| Which area of Barking and Dagenham does your organisation operate (click on the relevant box / boxes and a mark will appear | North - Marks Gate, Chadwell Heath and Whalebone areas  Central - Mayesbrook, Becontree, Valence, Parsloes and Goresbrook  East – Heath, Eastbrook & Rush Green, Alibon and Village  West – Barking including Abbey, Gascoigne, Northbury, Longbridge and Eastbury  South – Thames View and Barking Riverside and Beam  All of Barking & Dagenham |
| Organisation website (if applicable) |  |
| Telephone Number: |  |
| Email Address: |  |

|  |  |
| --- | --- |
| Type of Organisation **(DO WE NEED TO KNOW THIS?)** | Voluntary or Community Organisation  Registered Charity  Constituted Group  Community Benefit Society or Co-Operative  Community Interest Company (CIC)  Social Enterprise  Other, please specify: |

**Checklist**

We have a number of things we need to check to help with the smooth running of your project if successful - If there are any no’s it is unlikely you will be invited to proceed unless you have a sponsor organisation supporting you (they must have the relevant signatories and documents required below)

|  |  |
| --- | --- |
| Do you have a constitution or Terms of Reference | Yes  No |
| Has your organisation been operational for a year or have a proven track record of voluntary activity for the same amount of time? | Yes  No |
| Does the bank account have a minimum of two signatures for any transaction?  If No, do you have a sponsor organisation willing to hold the funds for you?  Name of sponsor organisation | Yes  No    Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Can you provide one recent bank statement? | Yes  No |
| If you are working with vulnerable adults or with children, do you have a safeguarding policy and relevant DBS in place? | Yes  No |
| Do you have insurance for your organisation? | Yes  No |
| Do you have a Health and Safety Policy? | Yes  No |
| Do you have a minimum of 3 unrelated people on the board of trustees, CIC, directors or similar management committee? | Yes  No |

**Working with Social Prescribing in Barking and Dagenham**

Do not worry if you haven’t worked with social prescribers in Barking & Dagenham before; we are encouraging applications from all organisations. The aim of this fund is to foster more collaborative working between your organisation and social prescribers across the Borough.

|  |  |
| --- | --- |
| Have you ever worked with social prescribers in Barking and Dagenham? | Yes  No |
| If Yes – how many referral do you accept / can you accept on average from social prescribing per month |  |
| If Yes – what is the proportion of social prescribing referrals vs overall residents using your service on average? |  |
| If yes – what is the number of social prescribing referrals you have declined and why? |  |
| If No – how many referrals would you be able to receive from Social Prescribing for this project? |  |

**Project proposal and description**

We want some information about your ideas for the project you want to get funding for. We don’t need the full information as this will come in your presentation in February.

|  |  |
| --- | --- |
| What is the title of your project? |  |
| Please give a short summary of your project (50 words) |  |
| Project Start and end date:  Projects must run from 1 March and finish by 31 July 2024 |  |

We have 4 main programme priorities which we want programmes to be able to support:

Equality, Diversity & Inclusion

Capacity Building

Existing Health Priorities

Evidence – showing Impact

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| --- | --- |
| Equality, Diversity & Inclusion  Tell us how your proposal is supporting those who are left behind or not well provided for by the current offer.  (no more than 50 words) |  |
| Capacity Building  Tell us how your proposal is strengthening your organisation’s capability to deliver projects  (no more than 50 words) |  |
| Existing Health Priorities  Tell us how your proposal is supporting and compliment local health priorities in Barking & Dagenham  (no more than 50 words) |  |

|  |  |
| --- | --- |
| What Health Priorities does your project support? | Befriending & Social Sessions / Social Isolation / building networks  Peer Support  Affordable help for residents around the home  Support for residents with no recourse to public funds  Green Social Prescribing  Support residents to access health and wellbeing activities  Translations support for people with language barriers  Form filling and applying for benefits  Positive activities that support young people with poor mental health  Activities that support young people (12 to 16 years) to move more and eat healthily  Outdoor activities including nature / walking / gardening |
| Evidence  Tell us how your proposal will show the impact of your work and share this with other organisations  (no more than 50 words) |  |

**Budget**

|  |  |  |
| --- | --- | --- |
| Please complete the project budget table below, ensuring all major project costs are included | | |
| Description of Expenditure | Funding Request | Any other funding sources, including support in kind (where applicable) |
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| **Total amount applying for:** |  |  |

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| --- | --- |
| **Declaration** | |
| This application is submitted on behalf of the organisation named in Section 1, who I am duly authorised to represent. The information given is correct to the best of my knowledge. | |
| **Signed:** *electronic signature accepted* |  |
| Date: |  |
| Print Name: |  |
| Position held in Organisation: |  |