



Application Form

2024

Elevate Community Mentoring and Grants
Programme



Community
Development
& Health Network

Application Form – 2024

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.

Elevate provides opportunities for the development of skills, knowledge and expertise in community development as a way to tackle health inequalities. The small grant of up to £5000 is provided to enable mentees to carry out a community development project.

Before applying to take part in the programme, you should ensure that your staff and/or volunteers have capacity to take part in the Elevate Mentoring and Grants Programme which will run from August 2024 to February 2025. The programme includes one-to-one and group mentoring, and networking & training opportunities. Further detail is provided in the Guidance Notes.

Your application will be scored based on the answers you provide to the questions in this application form. You should provide as much detail as possible for each answer within the maximum word count.

Type into the grey box to answer the questions. The box will expand to fit your answer up to the maximum word count.

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

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

Email: stephaniehouston@cdhn.org
Phone: 028 3026 4606
Mobile: 07760 198202

**Completed applications should be emailed to
stephaniehouston@cdhn.org
by 4pm on Monday 22nd July 2024.**

PART 1: Background information

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:

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

The Health and Social Care Trust area in which your organisation is based:	
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

How would you describe your group or organisation?

Newly formed / young organization (less than 2 years old)

Developing organisation

Experienced organization with new project/staff/volunteers

Please provide the Super Output Area (SOA) and Multiple Deprivation Measure (MDM) rank which your Elevate group(s) will be coming from i.e. where do they live? Information on the SOA and MDM Rank can be found here <https://www.nisra.gov.uk>.

Super Output Area Names	MDM Rank

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. Mentoring is a key element of this programme. Below are some areas which your Elevate mentor could help your project to improve on or develop.

Select which of these elements you feel will be most beneficial to your organisation and explain why in the box below.

Refer to guidance notes for a definition of each of the options below

Community Development Values	<input type="checkbox"/>
Understanding and Practising Community Development	<input type="checkbox"/>
Understanding and Engaging with your Community	<input type="checkbox"/>
Collective Action	<input type="checkbox"/>
Working & Learning Together	<input type="checkbox"/>
Good Community Development Governance	<input type="checkbox"/>

(Maximum 500 words)

3. The Elevate Programme focusses on using Community Development to address the social determinants of health to reduce health inequalities.

Describe how your project will use community development to address health inequalities affecting people in your community or target group

Refer to Guidance notes for assistance with answering this question

(Maximum 300 words)

4. Considering the health and social issues in your community, please explain the need for this project.

(Maximum 300 words)

5. How will your activities make a difference to those who take part in the project and the wider community?

(Maximum 300 words)

6. Please outline an approximate project budget.

Item	Detail of spend	Cost
Community organisation costs: Management plus administration		
External community/voluntary organisations groups, agencies (if applicable)		
Overheads: Including printing, stationery, photocopying, telephone and postage		
Room hire/Venue Costs		
Capital Costs: Equipment to be used within the project		
Hospitality		
Other, for example, volunteer costs/childcare		
Total costs		

Please mark one box for each question

7.	If successful, we confirm that two members of our group will attend the Elevate Launch and Induction Event on Thurs 5 Sept 2024 from 11am - 2pm.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
8.	If successful, we confirm that two to four members of our group will take part in the mentoring aspect of the Elevate Programme.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
9.	CDHN provides mandatory Elevate training. If funded, we confirm that we will attend Elevate training.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
10.	If funded, we confirm that we will adhere to all reporting and monitoring requirements under the Mentoring and Grants Programme.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
11.	We know we are entitled to CDHN's free membership - click here to sign-up	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
12.	We confirm that our group will complete the CDHN Reflective Practice Tool (please refer to Guidance Notes).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
13.	If funded, we confirm that we agree to adhere to Elevate publicity guidelines and take part in publicity for Elevate on request.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
14.	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	<input type="checkbox"/>	No	<input type="checkbox"/>		
15.	We confirm that, if funded, CDHN can share this application with our assigned Mentor organisation so they can support us.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
16.	Does your project seek to promote the principles of Section 75 of the NI Act 1998?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
17.	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	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
18.	If you are involving volunteers, do you have policies and procedures in place to support the effective management of volunteers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
19.	If you are providing childcare for this project, do you have the appropriate policies and procedures in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
20.	If your project involves support services, do you have the appropriate principles of good practice in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>

PART 3: Applicant Declaration

I, the applicant , 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	
Name:	
Position:	
Signature:	
Organisation:	
Date (dd/mm/yyyy):	

CHECKLIST - Have you...


	Mark completed
	<input checked="" type="checkbox"/>
• 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"/>

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Project supported by the PHA

 30a Mill Street,
Newry BT34 1EY

 028 3026 4606

 info@elevate.org

 elevate.org