Community Grant Healthy Weight – Project Plan and Criteria



This Project Plan helps you to explain your project and its outcomes and also tell us how you will be measuring the success or the lasting impacts of the project. The Project Plan will be filled in along with the Community Grant Application Form.

Please write clearly using BLOCK CAPITALS when completing this application form.

Section A: Healthy Weight Fund Criteria

- 1.1 It is preferred that the grants will fund community groups, voluntary organisations or social enterprises; but, we will consider applications from other agencies if they work closely with the local community and local assets.
- 1.2 Grants for this fund are awarded to community based projects and initiatives that will support the healthy weight agenda these include interventions/projects that aim to:
 - Increase physical activity
 - Encourage/educate people to eat a healthy diet
 - · Improves access to healthy food
 - Supports individuals that are overweight and obese to lose weight
 - Build knowledge skills and capacity in the local community
 - Fulfil the community needs
- 1.3 Funded activities must be one or more of the following
 - Initiatives that target children or families (children being seen as 0-16 and priority given to 0-11 years)
 - A new activity
 - Developing or improving an existing activity
 - Extending the range or scale of an activity that the applicant already does such as offering an activity in a new area or with a different population/group
 - Help to develop activities to sustain them in the future such as training staff or volunteers (or both) to provide food/physical activity or buying new equipment that will be used well in the future
 - A pilot
- 1.4 Applications will be considered from constituted groups only we do not accept applications from individuals.
- 1.5 Applications for less than 100% of costs are prioritised and groups are advised to try other avenues in addition to this fund.
- 1.6 We will not normally accept more than one application for funding per organisation or group in anyone one financial year. We may accept more than one application from the same group for clearly identifiable different projects in the same financial year.
- 1.7 Organisations or groups that operate a policy of exclusivity or have a closed membership and is thereby not open to any member of the public will not be considered for funding

- We cannot fund community events if they are intended to pass on any surplus 1.8 income to other organisations, e.g. events with benefits to "local charities".
- Grant applications will not be considered from political organisations. 1.9
- 1.10 Grants will not be awarded retrospectively i.e. grants will only be awarded for work or resources still to be purchased at the time the application is made.

Section B: Contact Information	(as also shown on	your application form)
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Name of Group/Organisation

Contact Name			
Telephone Number			
Contact Address			
Post Code			
Email Address			
Your Position in the Group			
Section C: Tell us about the (You can continue on a separate sheet if req	Community Project / Initiative you want us to support		
1 What is the name of your planned	work?		
2 How do you know that this project/initiative is needed and wanted?			
3 Please give a brief description of the	ne project/intervention.		
4 How will you deliver the project?			
4 How will you deliver the project?			
	CG2: Community Grant Application For		

5 Who will benefit	from this gra	nt and wh	at do you hope to achi	ieve?		
6 How does the pro	oject addres:	s the heal	thy weight agenda?			
7 What are the lon any equipment pur				work co	ntinue after the	funding or how would
8 How many peo	ple will ben	efit from t	the project or initiativ	e in the	se age ranges	s?
0-4 Years	5-11 Ye	ears	12-19 Years	20	-55 Years	55+ Years
9 Is this project or initiative targeting Males, Females or both? Please give numbers 10 Does the project support		Males		Females		
volunteers? If so how many? 11 How will you find out what difference your project has made?						
12 When does you begin?	ır project					
13 What geograph your project serve?						
14 Are you applyin	g for other fu	unding or l	have you secured othe	r fundin	g? (If so from w	/here)

Section D: The Outcomes

Once the project has been completed or after our agreed time, we will need you to confirm the following information.

1 Did the project g improved?	et delivered a	s set out	in your proposal? Wh	at went we	ell and what o	ould have been
2 Please provide a	detailed brea	ıkdown c	of how the grant has be	een spent		
3 How many peop	le benefitted f	rom the p	project or initiative in th	nese age r	anges?	
0-4 Years	5-11 Ye	Years 12-19 Years 20-55 Years 55+ Ye		55+ Years		
4 Of those benefitt	ina do vou	u Males Females		Females		
have breakdown o and Females?	ave breakdown of Males					
and remales:						
5 Did the project s volunteers? If so h						
6 Has the project a	achieved what				N ₂	
Yes			rtly		No	
7 If you answered We know that proje			us how things went. Foblems.	riease don	it worry abou	t reporting problems.

8 Did you receive any other funding/grant to support the project/initiative? If so How much and from where?
9 Please describe the new range of activities/services etc you have been able to provide as a result of the grant
10 Please tell us what difference this has made to the lives of the local community
11 Please tell us how your project addressed the healthy weight agenda in your area?
Section F: Additional Information

Section E: Additional Information

Is there any other information that you wish to give? You may wish to send additional information or continue on a separate sheet.

