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| **South Population Health and Prevention Funding** | | | | | | | | | |
| **Application Template** | | | | | | | | | |
| **Please note:**   * Applicants are requested to complete all sections of the form. * Please ensure your application addresses the aims of the fund and that you meet the eligibility criteria. * **A webinar will be held 9.30am – 1.30am, 1 November 2023** to provide further information about the funds, process for application and to answer any questions. To book a place please email SOUTHANDWESTCOMMISSIONINGTEAM, NHS DEVON ICB via [d-icb.southandwestcommissioningteam@nhs.net](mailto:d-icb.southandwestcommissioningteam@nhs.net) by 5pm, 30 October 2023. * Should you have any questions please email [d-icb.contracting@nhs.net](mailto:d-icb.contracting@nhs.net) Include in the email subject heading “Query South Population Health and Prevention Funding followed by the name of your group / organisation” e.g. *Query South Population Health and Prevention Funding\_South and West Locality Team\_NHS Devon.* ***To allow questions to be answered the deadline for final queries to be submitted is Friday 3 November 2023.*** * Completed documents should be submitted ahead of or by the closing date for applications to [d-icb.contracting@nhs.net](mailto:d-icb.contracting@nhs.net). Please include in the subject heading, Submission South Population Health and Prevention Funding followed by the name of your group / organisation” e.g. Submission *South Population Health and Prevention Funding\_South and West Locality Team\_NHS Devon.* * ***The deadline for submitting your application is 5pm, 10 November 2023*** | | | | | | | | | |
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| **ABOUT YOU** | | | | | | | | | |
| **Main contact name (person completing the form)** | | |  | | | | | | |
| **Email address** | | |  | | | | | | |
| **Telephone** | | |  | | | | | | |
| **Role** | | |  | | | | | | |
| **Group / Organisation** | | |  | | | | | | |
| **Group / Organisation address** | | |  | | | | | | |
|  | | |  | | | | | | |
| **Senior contact name** | | |  | | | | | | |
| **Email address** | | |  | | | | | | |
| **Telephone** | | |  | | | | | | |
| **Role** | | |  | | | | | | |
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| **Do you hold a bank account for the group / organisation which is not a personal bank account?** | | | | | | Please delete:  Yes / No | | | |
| **What type of organisation are you?**  **If you're both a charity and a company - just pick ‘Not-for-profit company’ below.**   * **Unregistered voluntary or community organisation** * **Independent sector organisation** * **Not-for-profit company** * **Registered charity (unincorporated)** * **Charitable Incorporated Organisation (CIO or SCIO)** * **Community Interest Company (CIC)** * **Faith-based group** * **School** * **Statutory body e.g. NHS or Local Authority** * **College or University** | | | | | |  | | | |
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| **YOUR PROJECT** | | | | | | | | | |
| **Name of your project / scheme** | | | | |  | | | | |
| **What geographic area will your project / scheme be delivered in?**  *Please state whether this is across the entire South Local Care Partnership footprint, in a specific town(s), across a primary care network footprint(s) or local authority boundaries. If you are unsure whether your scheme is within the South Local Care Partnership footprint please refer to the map provided.*  *(max 500 words)* | | | | | | | | | |
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| **What is the cost of your project**  *(The total Population Health and Prevention programme funding is £184,000)* | | | | | | | | | |
| **Total cost £** |  | | | **Amount being requested £** | |  | **Match funding £** | |  |
|  | | | | | | | | | |
| **Are you applying for the full project costs or match funding as a contribution to the total project costs?** | | | | | | | | | |
| **Full costs** | | Yes / No | | | | **Match funding** | | Yes / No | |
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| **If you are applying for match funding, please confirm the total amount already secured and where funding has been secured from.**  *(max 500 words)* | | | | | | | | | |
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| **What will you spend the money on?**   * **Give us a list of budget headings including costs for each budget heading (for example, salaries, running costs, training, travel, etc).** * **We do not need any detailed costs attached to these yet, or a detailed list of items.**   **If your expression of interest is successful, we’ll ask you for a more detailed project budget breakdown.** | | | | | | | | | |
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| **Tell us when you’d like to receive funding from?**  **This can be an estimate e.g. 15 November 2023** | | | | | |  | | | |
| **When will your project / scheme start and when will it end?** | | | | | | | | | |
| **Start** | |  | | | | **End** | |  | |
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| **Question A : Description of your project**  *Please describe; what you would like to do; who will benefit from it; what difference your project will make; if this is something new or if you’re continuing something that has worked well. Please describe how you are addressing one or more of the funding principles described in the guidance.*  *(max 1000 words)*  *Weighting 20%* | | | | | | | | | |
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| **Question B : Addressing inequalities** – please describe the inequality / inequalities you are aiming to address. Provide information to show why this is a priority area to be addressed in the South Local Care Partnership footprint  *(max 1000 words)*  *Weighting 30%* | | | | | | | | | |
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| **Question C : Outcomes** – Please describe the outcomes your project is expecting to achieve.  *(max 1000 words)*  *Weighting 30%* | | | | | | | | | |
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| **Question D : How will you monitor and measure the success of your project?**  Please describe what key performance indicators you will use, what targets you will set, how will you monitor the outcomes you have described above?  *(max 1000 words)*  *Weighting 20%* | | | | | | | | | |
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Evaluation

Questions A, B, C and D will be marked based on the below scoring criteria and then marks weighted as detailed against each question

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| **Assessment** | **Marks available** | **Full Marks Criteria** |
| Excellent | 5 | Exceeds expectations as set put in the ‘Purpose of the Funding’ section and evidence of added value. |
| Good | 4 | Gives high assurance of ability to deliver in line with stated offer / reasonable expectations. |
| Average | 3 | A satisfactory answer with a sufficient level of assurance and evidence. |
| Below average | 2 | Some assurance, but some minor concerns on capability. |
| Poor | 1 | A limited answer that provides little detail or evidence. |
| Not complete/ No Response | 0 | No answer given |

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| **Declaration** | **Delete as appropriate** |
| You have been authorised by your organisation to submit this application and accept the declaration of their behalf. | Agree / disagree |
| You have been authorised by the people named in the Main contact and Senior contact to include them in this proposal and to submit their details in this form. | Agree / disagree |
| You understand that if your application is successful you will enter in to an agreement with NHS Devon. This may be a grant or a contract | Agree / disagree |
| All the information you have provided in this application is accurate and complete; and you will notify us of any changes. | Agree / disagree |
| If you intend for your local Community Voluntary Sector infrastructure organisation to “hold” funding on your behalf, you confirm that you have this agreement in place. | Agree / disagree / Not applicable |

Please note all the above must be agreed to where it is applicable to your application.

**Signed:**

**Name:**

**Position in Organisation:**

**Date:**

**Please also complete a Conflict of Interest form, details below**

**Conflicts of Interest (Please see guidance on types of interest on last page)**

|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Details of interests held:** | |
| **Type of Interest** | **Details** |
| **Provision of services or other work for NHS Devon or NHS England** |  |
| **Provision of services or other work for any other potential supplier in respect of this project or procurement process** |  |
| **Any other connection with the ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the ICB’s or any of its members’ or employees’ judgements, decisions or actions** |  |

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| **Name of Relevant Person** | [*complete for all Relevant Persons*] | |
| **Details of interests held:** | | |
| **Type of Interest** | **Details** | **Personal interest or that of a family member, close friend or other acquaintance?** |
| **Provision of services or other work for the ICB or NHS England** |  |  |
| **Provision of services or other work for any other potential supplier in respect of this project or procurement process** |  |  |
| **Any other connection with the ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the ICB’s or any of its members’ or employees’ judgements, decisions or actions** |  |  |

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed: Title/Role:

On behalf of:

Date:

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| **Type of Interest** | **Description** |
| **Financial**  **Interests** | This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:   1. A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; 2. A shareholder (of more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. 3. A consultant for a provider; 4. In secondary employment; 5. In receipt of a grant from a provider; 6. In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider). |
| **Non-Financial**  **Professional**  **Interests** | This is where an individual may obtain a non-financial professional benefit  from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is:   1. An advocate for a particular group of patients; 2. A GP with special interests e.g., in dermatology, acupuncture etc. 3. A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); 4. An advisor for CQC or NICE; 5. A medical researcher. |
| **Non-Financial**  **Personal**  **Interests** | This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:   1. A voluntary sector champion for a provider; 2. A volunteer for a provider; 3. A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; 4. A member of a political party; 5. Suffering from a particular condition requiring individually funded treatment;  * A financial advisor. |
| **Indirect**  **Interests** | This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include:   * Spouse / partner; * Close relative e.g., parent, [grandparent], child, [grandchild] or sibling; * Close friend; * Business partner. |
| **General Interest** | This could be any position held in another public body organisation, NHS, Local Authority or a community group which may have potential to give rise to influence decisions made by the ICB. Similarly, if you have made a declaration that you are a member of the ICB or attend any of its committees/working groups to another organisation, this information MUST be reciprocated back to the ICB to ensure consistency across organisations and vice versa |