

PROMOTING MENTAL WELLBEING THROUGH PHYSICAL ACTIVITY CHILDREN & YOUNG PEOPLE PROGRAMME

Overview:

Hertfordshire County Council is seeking applications from across the County to fund community and voluntary organisations to run physical activity projects that promote mental health and wellbeing amongst young people aged 5-18 years old (up to 25 with SEND needs) and reduce inequalities.

Aimed at innovative projects, the grants will be up to £5,000 each and projects must complete by June 2024.

Insurance:

Please note the insurance statement below as it is a requirement by Hertfordshire County Council. Evidence of insurance will be asked for if the application is successful.

- *£5,000,000 Public Liability Insurance (minimum cover for any one incident)*
- *£10,000,000 Employers Liability Insurance (minimum cover for any one incident)*
- *£5,000,000 Professional Indemnity Insurance (minimum in the aggregate)*

HCC are very keen to give local community groups and charity the same opportunity so it has been agreed with our underwriters that the Insurance Team can consider a reduction in these levels but only once they receive a risk and insurance assessment form or “checker” document. If successful, measures will be taken to verify the necessary documentation with the Insurance Team.

Application forms must be submitted to CYPTeam@hertfordshire.gov.uk by:

12pm on 16th October 2023

All applications received after this time and date will not be considered.

Please note the following before writing your application form:

- Only community and voluntary organisations can apply. There can only be **ONE** application per organisation.
- Maximum grant per application will be £5,000.
- The project must be related to the delivery of services that support physical activity to promote mental health wellbeing
- Projects must run up until June 2024.
- There is a **word limit for each question** (specified within each question).
- Please do not provide additional evidence as hyperlinks. Appendices can be attached to your application email if necessary
- Shortlisted applicants may be interviewed to further explain details about their proposed project
- Project funds need to be spent by June 2024.

Guidance Notes have been designed to help complete the Application Form. Hertfordshire County Council Public Health strongly advise that these Guidance Notes are read prior to submission as they are designed to help applicants provide the information required.

Applicant Details

Organisation Name:	
VAT Registration Number <i>(If applicable):</i>	
Company Registration Number <i>(If applicable):</i>	
Company Address:	
Principal contact name:	
Job title:	
Email address:	
Contact number:	

This application must be signed off by relevant staff/Chair of Trustees at the end of this form.

APPLICATION FORM

1. About Your Organisation

Please tell us about your organisation.

You may wish to include:

- Main aims
- Functions
- Activities
- Communities you serve

Your response to this question is limited to 500 words. If we do require more information, we shall contact you.

[please insert your answer here]

Weighting 10% | Max 5 points available

2. Project Proposal

Please explain your proposed project and describe how it will support participants' mental wellbeing

You may wish to include:

- How your project will deliver the [5 steps of mental wellbeing](#).
- Which district(s)/borough(s) in Hertfordshire your project will be delivered in
- Length of project (please remember projects must complete by June 2024).

Your response to this question is limited to 800 words. We are happy for you to input diagrams/illustrations within the answer. If we do require more information, we shall contact you.

[please insert your answer here]

Weighting 40% | Max 5 points available

3. Safeguarding

How will you address any safeguarding issues if they arise?

Within your answer, please describe any policies or training your organisation has in place for safeguarding.

Your response to this question is limited to 250 words. If we do require more information, we shall contact you.

[please insert your answer here]

Weighting 10% | Max 5 points available

4. Target Population

Who will be your target population and how will you encourage individuals to participate in your project?

Please be sure to include how you will promote diversity and equality.

Your response to this question is limited to 300 words. If we do require more information, we shall contact you.

[please insert your answer here]

Weighting 20% | Max 5 points available

5. Project Evaluation

How will you measure the impact of your project and collect feedback from participants?

All organisations will be asked to use the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) 7-point tool with beneficiaries, pre, halfway, and post interaction.

Your response to this question is limited to 500 words. If we do require more information, we shall contact you.

[please insert or attach your answer here]

Weighting 15% | Max 5 points available

6. Budget

Please outline your proposed budget breakdown (for example, the anticipated spending for venue, staffing, food, and equipment).

It would also be of value to understand additional zero-cost contributions, for example volunteer time and other resources.

Your response to this question is limited to 300 words. If we do require more information, we shall contact you.

[please insert or attach your answer here]

Weighting 5% | Max 5 points available

7. Partnership

If you are working in partnership as part of this proposal, please state:

- a. Who the partners are (*if applicable*)**
- b. Any matched funding**

Your response to this question is limited to 250 words. If we do require more information, we shall contact you.

[please insert or attach your answer here]

Not scored or weighted

Please ensure you complete sign off on next page before submitting.

Sign off

We fully endorse this application for the Promoting Mental Wellbeing Through Physical Activity Children and Young People Programme.

By signing this I/we understand that if selected I/we will be required to agree and sign a formal partnership agreement with HCC before any work can commence or any funding will be provided for the project.

By signing this form, we consent to this application being shared with Hertfordshire County Council Public Health.

Name	Job title
Signature	Date

Head of department (or relevant manager)	
Name	Job title
Signature	Date

Chair of Trustees	
Name	Job title
Signature	Date

The space below is for any other key partner sign-off that you would like to include.

You are welcome to add more partners if required.

Organisation:	
Contact Name	Job title
Signature	Date

Organisation:	
Name	Job title
Signature	Date

Please note:

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