



LEVEL 1 APPLICATION FORM

£2,500 available for a project lasting up to 6 months

Applicant organisation name

Applications must be completed using
Adobe Acrobat or Reader only

Funded by



Department of
Health

www.health-ni.gov.uk



Community
Development
& Health Network

1.1a Community Partner details

Name:	
Position:	
Organisation:	
Organisation address:	
Town/City:	Postcode:
Contact mobile:	Contact landline:
Contact email:	
Organisation landline:	
Organisation email:	
Twitter:	Facebook

1.1b Pharmacy Partner details

Name:	
Position:	
Pharmacy name:	
Pharmacy address:	
Town/City:	Postcode:
Contact mobile:	Contact landline:
Contact email:	
Pharmacy landline:	
Pharmacy email:	
Twitter:	Facebook:

1.1c Who will be the lead partner for your project? Please mark X in one box only.

<input type="checkbox"/>	Community Partner	<input type="checkbox"/>	Pharmacy Partner
--------------------------	-------------------	--------------------------	------------------

1.2a Is the community partner a constituted group? We only fund constituted groups. Please attach a copy of your constitution to the email.	Yes		No	
1.2b Does the pharmacy partner hold a current community pharmacy contract?	Pharmacy Number	Yes		No

1.3 If you are a community/voluntary organisation, please give us a brief history of your organisation outlining the focus of your work.

NOTE: Your answer should not exceed **100** words.

1.4a Has the lead partner previously received a BCPP grant?		Yes	No
If no, please go to Q1.5.			
1.4b If yes, how many times has the lead partner received BCPP funding at each level?			
Level 1		Level 2	
1.4c Tell us how you will apply the learning from your previous project(s).			
<p>NOTE: Your answer should not exceed 200 words.</p>			
1.5 How many paid staff (full and part time) are there in the community partner organisation?			
Mark one box only			
<input type="checkbox"/>	0 (The organisation is run by volunteers)		
<input type="checkbox"/>	Less than 5		
<input type="checkbox"/>	Less than 10		
<input type="checkbox"/>	Less than 30		
<input type="checkbox"/>	Less than 50		
<input type="checkbox"/>	51 – 100		
<input type="checkbox"/>	100 +		

PART 2: Assessment

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

The area your project will work in:

2.1a Health and Social Care Trust Area(s)

--

2.1b Council Area(s)

--

2.1c Is your project mainly

	Rural?	Urban?	Both?
--	--------	--------	-------

2.2 Please provide the Super Output Area (SOA) and Multiple Deprivation Measure (MDM) rank which your BCPP group(s) will be coming from i.e. where do they live? This can be found at www.nisra.gov.uk/ninis (Max 4 SOA/MDM).

Super Output Area Names	MDM Rank

NOTE: One line of text per field only.

2.3 Please specify the target group you hope to work with e.g. men, women, older people, people who are homeless, street drinkers and issues you plan to address e.g. mental health, isolation, sexual health, dementia, housing, poverty.

Target Group	Issues

2.4 Provide a concise summary of your proposed project.

NOTE: Your answer should not exceed **150** words.

2.5 Tell us why there is a need for this project in your area.

NOTE: Your answer should not exceed **500** words.

2.6 How will the Pharmacy Partner contribute to the project?

NOTE: Your answer should not exceed **100** words.

2.7 How will the Community Partner contribute to the project?

NOTE: Your answer should not exceed **100** words.

2.8 Which external community/voluntary organisations do you hope to work with for one session and why?

NOTE: Your answer should not exceed **100** words.

2.9 Budget - The budget costs for the project are set.

Item	Details	Cost
Pharmacy Partner	1 and ½ day planning session (£300) Lead on 4 sessions (planning & delivery) x £200/day 1 co-facilitated session (½ day x £100)	£1200
Community Partner Costs	Management and administration, overheads, room hire and hospitality.	£900
External community/voluntary organisations, groups and agencies	For example, PIPS, Extern, AWARE	£150
Monitoring and evaluation		£250
Total Costs		£ 2500

Please tick that you agree to the set budget above.

NOTES

The Pharmacy partner is paid at the rate of £200 per day for each day they lead a session. They are paid £100 for attending a session that requires no preparation and is led by other groups and agencies, for example, AWARE or Arthritis Care.

Community Partner costs – please note that neither management nor administration costs should exceed £25 per hour.

Costs for external community and voluntary organisations, groups and agencies will be paid at a maximum of £150 per session.

2.10	CDHN provides specific guidelines and mandatory training in relation to Evaluation.			
	I/we confirm that, if funded confirm our commitment to meeting BCPP evaluation requirements.	Yes	No	
2.11	CDHN provides specific guidelines and mandatory training in relation to Managing Finance.			
	I/we have read and understand that if funded, I/we must attend the training and follow BCPP financial procedures.	Yes	No	
2.12	I/we confirm that both partners know we can sign up to free CDHN membership.	Yes	No	
2.13	I/we confirm that, if funded, I/we agree to adhere to BCPP publicity guidelines and take part in publicity for BCPP when appropriate.	Yes	No	
2.14	Have you had your accounts audited by an outside Auditor within the last year? If yes, please send a copy or if No please send a copy of your most recent bank statement to ensure your organisation is solvent.	Yes	No	
2.15	Does your project seek to promote the principles of Section 75 of the NI Act 1998?	Yes	No	
2.16	If you are working with children or vulnerable adults do you have the appropriate policies and procedures in place to meet the relevant requirements?	Yes	No	Not applicable
2.17	If you are involving volunteers, do you have policies and procedures in place to support their effective management?	Yes	No	Not applicable
2.18	If you are providing childcare for this project, do you have the appropriate policies and procedures in place?	Yes	No	Not applicable
2.19	If your project involves support services, do you have the appropriate principles of good practice in place?	Yes	No	Not applicable

2.20 As a Pharmacist working on the project, I confirm that my professional and personal conduct will comply with the Pharmaceutical Society of Northern Ireland’s Code of Ethics. More information on this can be read at www.psnl.org.uk/about/code-of-ethics-and-standards

Pharmacist Name:	Signature:
------------------	------------

PART 3: Applicant Declaration

Mark box
X to agree

I, the **lead applicant**, declare that:

3.1 The information on this form is accurate and understand that if any information is inaccurate or incomplete, legal action may be taken against my organisation/business.	
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.	

LEAD APPLICANT (Community or Pharmacy as stated in application)	
Name:	
Position:	
Signature:	
Organisation:	
Date:	

CHECKLIST

Mark completed X

Have you completed every question?	<input type="checkbox"/>
Have you adhered to the word limit for each question?	<input type="checkbox"/>
Is the budget submitted within the grant limit?	<input type="checkbox"/>
Have you kept a copy of the application for your own records?	<input type="checkbox"/>
Is the community partner constitution attached to the application email?	<input type="checkbox"/>
Is your most recent set of audited accounts or most recent bank statement (if pharmacy-led) attached to the application email?	<input type="checkbox"/>
Have you signed your application? An electronic signature is acceptable at this stage.	<input type="checkbox"/>

All applications must be emailed with the supporting documentation to bcpp@cdhn.org by the closing date.

Community Development and Health Network

30a Mill Street, Newry, BT34 1EY

T: 028 3026 4606 | E: bcpp@cdhn.org

www.cdhn.org



Community
Development
& Health Network



Department of
Health