

# BCPP Level 2 Application Form

**UP TO £12,000 AVAILABLE  
FOR A PROJECT LASTING UP  
TO 12 MONTHS**

**APPLICANT ORGANISATION NAME:**



APPLICATIONS MUST BE SUBMITTED VIA EMAIL  
TO [BCPP@CDHN.ORG](mailto:BCPP@CDHN.ORG) BY THE CLOSING DATE.



**Community Development  
& Health Network**

# PART 1: Partner information

<b>1.1a</b> <u>Community</u> Partner details:			
Name:			
Position:			
Organisation:			
Organisation address:			
Town/City:		Postcode:	
Contact mobile:		Contact landline:	
Contact email:			
Organisation landline:			
Organisation email:			
Twitter handle:		Facebook page:	

<b>1.1b</b> <u>Pharmacy</u> Partner details:			
Name:			
Position:			
Pharmacy name:			
Pharmacy address:			
Town/City:		Postcode:	
Contact mobile:		Contact landline:	
Contact email:			
Pharmacy landline:			
Pharmacy email:			
Twitter Handle:		Facebook page:	

<b>1.1c</b>	Who will be the lead partner for your project? Please mark <input checked="" type="checkbox"/> box only		
<input type="checkbox"/>	Community Partner		
<input type="checkbox"/>	Pharmacy Partner		

<b>1.2a</b>	Is the community partner a <b>constituted group</b> ? (We only fund constituted groups. Please attach a copy of your constitution to <b>the</b> email.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>1.2b</b>	Does the pharmacy partner hold a current community pharmacy contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

(Maximum 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  Level 3

**1.4c** Tell us how you will apply the learning from your previous project(s).

(Maximum 200 words)

**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 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

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 <http://www.nisra.gov.uk/ninis> (Max 4 SOA/MDM)

Super Output Area Names	MDM Rank

Please specify the **target group(s)** 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(s)	Issues

**2.4** Provide a concise aim and summary of your proposed project.

(Maximum 150 words)

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

(Maximum 500 words)

**2.6** How will the Pharmacy Partner contribute to the project?

(Maximum 250 words)

**2.7** How will the Community Partner contribute to the project?

(Maximum 250 words)

**2.8** How will the group members (participants) contribute to the project? Think about how their skills and local assets will be used.

(Maximum 250 words)

**2.9** Which external organisations do you hope will deliver sessions in your project and why?  
Level 2 projects must work with a minimum of four external community/voluntary organisations.  
Please articulate why you have proposed any 'soft' sessions.

(Maximum 250 words)

**2.10** What will you do to recruit participants and keep them engaged in the project?

(Maximum 250 words)

**2.11** What difference do you hope this project will make?  
Think about the BCPP outcomes in your answer (see Guidance Notes P3)

(Maximum 500 words)



2.12 **Activity Plan - please explain what will happen, how often it will happen and who will be involved.**  
Your Activity Plan must relate to your budget. An example of a completed Activity Plan is included in the Guidance Notes

Sessions/Activity	Who is involved? Who is leading the session?	Total Number of attendees	Timescale

**2.13** Please provide your budget for the work (see Guidance Notes for a sample budget).

Item	Details including number of hours, rate per hour/day and number of sessions etc	Cost
Pharmacy partner		0.00
Lead partner: management plus administration		0.00
External community/voluntary organisations groups and agencies		0.00
Overheads including printing, stationery, photocopying, telephone and postage		0.00
Room hire		0.00
Hospitality		0.00
Monitoring and evaluation		1500.00
Other, for example, travel and subsistence, childcare		0.00
Total costs		£0.00

We have added a formula to the cost column, so you can quickly total your budget:

Add your costs with 2 decimal points as above, for example, 1500.00

Click on the total costs cell at the bottom of the column

On the ribbon at the top of the page, press the layout button

Press the Formula button

A formula pop-up will appear up on the screen

Press ok and the column will be totalled

Please note: if you change any of the figures, you need to press the formula button again to get the new total

**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 Defeat Depression 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 £25 per hour

Other external organisations and agencies (soft sessions) costs must not exceed £25 per hour

There is a set Monitoring and evaluation rate of £1,500

Please mark one box  for each question

2.14	CDHN provides specific guidelines and mandatory training in relation to evaluation. I/we confirm that I have read and understand that, if funded, I/we must attend the training and evaluate in accordance with BCPP requirements.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2.15	CDHN provides specific guidelines and mandatory training in relation to managing finance. I/we confirm I/we have read and understand that if funded, I/we must attend the training and follow BCPP financial procedures.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2.16	CDHN provides mandatory training to the Community and Pharmacy Partners on community development, health literacy and health inequalities. I /we confirm that if funded, I and my partner organisation will attend the training.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2.17	I/we confirm that, if funded, both partners agree to CDHN Statement of Values.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2.18	I/we confirm that, if funded, I/we agree to accept free membership of CDHN.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2.19	I/we confirm that, if funded, I/we agree to adhere to BCPP publicity guidelines and take part in publicity for BCPP on request.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2.20	<b>Have you had your accounts audited by an outside Auditor within the last year?</b> Please send a copy or if you do not have audited accounts, send a copy of your most recent bank statement.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2.21	Does your project seek to promote the principles of Section 75 of the NI Act 1998?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2.22	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"/>
2.23	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"/>
2.24	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"/>
2.25	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"/>

2.26	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 <a href="http://www.psnri.org.uk/about/code-of-ethics-and-standards/">http://www.psnri.org.uk/about/code-of-ethics-and-standards/</a> .					
	Name	<input type="text"/>	Signature	<input type="text"/>		

## PART 3: Applicant Declaration

I, the <b>lead applicant</b> , declare that:		Mark box <input checked="" type="checkbox"/> to agree
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.	<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"/>

LEAD APPLICANT (Community or Pharmacy as stated in application)	
Name:	
Position:	
Signature:	
Organisation:	
Date:	Click or tap to enter a date.

PARTNER ORGANISATION (Community or Pharmacy as stated in application)	
Name:	
Position:	
Signature:	
Organisation:	
Date:	Click or tap to enter a date.

# CHECKLIST

Mark completed

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

All applications must be emailed with the supporting documentation to [bcpp@cdhn.org](mailto:bcpp@cdhn.org) by the closing date.

Building the Community-Pharmacy Partnership  
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