**South Lanarkshire Integrated Care Fund Application Form**

 

**Project Information**

|  |  |
| --- | --- |
| **Project Title:** |  |
| **Lead Organisation Name:** |  |
| **Contact Person:****Designation:** |  |
| **Address:** **Including Post Code** |  |
| **Telephone Number(s)** |  |
| **Email Address:** |  |
| **Web-site Address:** |  |
| **Type of organisation** *e.g. Charity*  |  |
| **Is your organisation independent or a branch of a larger organisation?** |  |

***Please provide a brief summary of your organisation and your main activities:***

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|  |

**Outline of Proposed Activity:**

***Please outline why this project is needed in South Lanarkshire and your local area.***

***What project activities will be carried out.***

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| --- | --- |
| **Proposed Start Date:** |  |
| **Proposed End Date:** |  |
| **Are your dates fixed or flexible?**  |  |

**Locality Details**

***Please tick which area’s your project will cover.***

|  |  |
| --- | --- |
|  | **All of South Lanarkshire** |
|  | **Cambuslang / Rutherglen** |
|  | **East Kilbride / Strathaven** |
|  | **Hamilton / Blantyre / Larkhall**  |
|  | **Clydesdale** |

***Beneficiary Monitoring***

***This project will mainly benefit, Please tick where appropriate:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Both men and women** |  | **Men** |
|  | **Women** |  | **Older people** |
|  | **People with disabilities** |  | **People with long term conditions** |
|  | **People with mental health difficulties.** |  |  |
|  | **Other (Please specify)**  |
| **Please specify targeted age group(s) if applicable.** |

***Please indicate how the proposal identifies with the criteria outlined below. Please tick at least one (You may tick more than one)***

|  |  |
| --- | --- |
|  | Projects where the main focus is on reducing isolation |
|  | Re-settling services, home readiness services, minor adaptations |
|  | Projects where the main focus is on targeting and reducing health inequalities, through early intervention and prevention |
|  | Collaborative delivery of Social Prescribing activities |
|  | Building the capability and quality of Social Enterprise in supporting Health and Social Care |

**Please outline how your project will meet the criteria you have selected above**

**Section 3: Financial**

***Please provide a copy of your organisation’s latest annual accounts or financial projections.***

**How much will your project cost and how much would you like from us?**

**Please provide details on the costs associated with your proposal, this should include; Staff costs, Capital items being requested and Management charge.**

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| --- | --- | --- |
| **Cost Area** | **Total Cost (£)** | **Amount from us (£)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Totals** |  |  |

**Signatures**

Note: Part or all of the information you supply may be held on computer. It will be used for the administration of the funding applications, and copies of the information may be provided to individuals or partner organisations that are helping us assess or monitor awards.

Your signature on this form is treated as confirmation that the Integrated Health and Social Care Partnership may use the information you have supplied to us under the terms of the Data Protection Act 1998.

The Integrated Health and Social Care Partnership may share information with other grant funders and partner agencies.

If you provide false or inaccurate information in your application or at any point in the life of the funding we award you and fraud is identified, we will provide details to fraud prevention agencies to prevent fraud and money laundering.

**Declaration**

By signing this application you confirm that:

* You are the legally responsible contact and aware of this application.
* The host organisation completed the application and will deliver the project.
* The information you have given is accurate and true
* Your application has been authorised by the governing body of your organisation (board or committee)
* You understand that if you make misleading statements or withhold information at any point, your application will be invalid and your organisation will be liable to repay any money you have received.
* You agree that you will feed back to Voluntary Action South Lanarkshire on a quarterly basis on progress using the appropriate paperwork within a timely manner or on request.

**I confirm that the information contained in this application and any accompanying attachments is accurate.**

|  |  |
| --- | --- |
| **Signature** |  |
| **Date:** |  |