

## Argyll and Bute Community Health Partnership Health and Wellbeing Fund

<b>Application for Funding 2015 - 2016</b>	
<b>Project Title:</b>	
<b>Brief Project description:</b>	
<b>Project Provider:</b>	
<b>Registered charity: Yes/No</b>	
<b>Main contact details</b>	<b>Name:</b>  <b>Tel Number:</b>  <b>Email:</b>
<b>Local Network:</b>	
<b>Level of HWF funding sought including breakdown of spending:</b>	
<b>Total =</b>	
<b>When will the project commence:</b>	
<b>When will the project be completed:</b>	
<b>Tick one main health priority your project meets:</b>	
Alcohol and drugs	
Early years (0-5 years)	
Health inequalities	
Healthy weight	
Mental wellbeing	
Older people	
Teenage transition (13 – 19 years)	
Tobacco	

<b>Tick any other priority (priorities) your project also meets:</b>		
Alcohol and drugs		
Early years (0-5 years)		
Health inequalities		
Healthy weight		
Mental wellbeing		
Older people		
Teenage transition (13 – 19 years)		
Tobacco		
<b>Who is the intended target group?</b>		
<b>What partners are involved?</b>		
<b>How was the need for the project identified?</b>		
<b>What is the rationale for this project or why is this project a good idea?</b>		
<b>Other funding applied for or allocated:</b>		
<b>Funder</b>	<b>Amount</b>	<b>Received Yes/No</b>
<b>Sustainability Plans:</b>		
<b>How will this project be sustained after the HIF allocation has been spent?</b>		

**What do you plan to do?**

**How will you evaluate the effectiveness of your activities?**

**What do you hope will be the outcome of your activities?**

**How will you know you have achieved these outcomes?**

**Please provide any other information you feel relevant for consideration:**

**Signature Applicant:**

**Date:**

**For office use only**

Date application considered by scoring panel:

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Criteria	Score Range	Weight	Score	
<b>A</b>	1-5	4		
<b>B</b>	1-5	4		
<b>C</b>	1-5	2		
<b>D</b>	1-5	3		
<b>E</b>	1-5	3		
<b>F</b>	1-5	2		
Total				

Further information requested:

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\_\_\_\_\_

Bid approved:

Yes  No