**Tobacco LTP Implementation Support Grant**

**Document 2 – Grant Application Questionnaire**

September 2022

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| **SECTION 1:** **APPLICANT’S DETAILS** | | |
| **Please give the details of the main contact in the organisation applying for the grant** | | |
| **First name:** |  | |
| **Surname:** |  | |
| **Role in organisation** |  | |
| **E-mail address:** |  | |
| **Contact Numbers:** | **Landline:** |  |
|  | **Mobile:** |  |

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| **SECTION 2: ORGANISATION’S DETAILS** | | | |
| **Name of organisation:** |  | | |
| **Address:** |  | | |
| **Is the organisation a registered charity?** | Yes/No | **Registered Charity Number:** |  |
| **Is the organisation a registered company?** | Yes/No | **Registered Company Number:** |  |
| **NB. If the organisation is not registered with the Charity Commission or Companies House then a copy of the articles of association / memorandum of association must be submitted with the application form.** | | | |

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| **SECTION 3: PARTNER AGENCIES** | | | | | |
| **Are you applying as a lead agency within a partnership or consortium? If so, please respond to the questions below. If not, please proceed to section 4.**  **NB. All partner agencies must be voluntary organisations as defined under Section 275 of the NHS Act 2006 (as amended by the Social Care Act 2012).** | | | | | |
| **Are you applying as a lead agency of a pre-existing consortium? If so, please provide the name of the consortium, together with information on the constituent organisations** | | | | | Yes/No |
| **Name of consortium:** |  | | | | |
| **Are you the lead agency for a group of bidders coming together specifically for this programme? If so, please provide details of your planned partnership arrangements together with information on the other participating organisations.** | | | | | Yes/No |
| **Details of planned partnership arrangements e.g. sub-contracting or other Special Purpose Vehicle (please specify the latter)** | | |  | | |
| **ORGANISATION 1** | | | | | |
| **Name of organisation:** |  | | | | |
| **Address:** |  | | | | |
| **Is the organisation a registered charity?** | Yes/No | **Registered Charity Number:** | |  | |
| **Is the organisation a registered company?** | Yes/No | **Registered Company Number:** | |  | |
| **ORGANISATION 2** | | | | | |
| **Name of organisation:** |  | | | | |
| **Address:** |  | | | | |
| **Is the organisation a registered charity?** | Yes/No | **Registered Charity Number:** | |  | |
| **Is the organisation a registered company?** | Yes/No | **Registered Company Number:** | |  | |
| **ORGANISATION 3** | | | | | |
| **Name of organisation:** |  | | | | |
| **Address:** |  | | | | |
| **Is the organisation a registered charity?** | Yes/No | **Registered Charity Number:** | | |  |
| **Is the organisation a registered company?** | Yes/No | **Registered Company Number:** | | |  |
| **ORGANISATION 4** | | | | | |
| **Name of organisation** |  | | | | |
| **Address:** |  | | | | |
| **Is the organisation a registered charity?** | Yes/No | **Registered Charity Number:** | | |  |
| **Is the organisation a registered company?** | Yes/No | **Registered Company Number:** | | |  |
| **ORGANISATION 5** | | | | | |
| **Name of organisation:** |  | | | | |
| **Address:** |  | | | | |
| **Is the organisation a registered charity?** | Yes/No | **Registered Charity Number:** | | |  |
| **Is the organisation a registered company?** | Yes/No | **Registered Company Number:** | | |  |
| **Applications that propose six or more organisations should amend the form in order to provide the above information for all organisations party to the application.** | | | | | |

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| **SECTION 4: PROJECT OVERVIEW** | | | | |
| **Project name:** | | | Tobacco LTP Implementation Support Grant | |
| **Brief summary of bid:** | (50 - 100 words - not scored) | | | |
| **Amount of funding requested** | | | | |
| **2022/23 – full year costs** | | | £55,000 | |
| **2022/24 – full year costs** | | | £40,000 | |
| **Total:** | | | **£95,000 (fixed)** | |
| **Key dates and timeline:** | | | | |
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| **Project start date:** | |  | **Project completion date:** | 31 March 2024 (fixed) |

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| **SECTION 5: DETAILS OF PROPOSAL** | |
| **QUESTION 1: Response should be no more than 500 words** | **25% of quality score** |
| What relevant experience and expertise in supporting delivery of tobacco policy, including engaging NHS organisations and stakeholders, at a national and local level would you bring to the delivery of the grant? | |
| **Question 2: Response should be no more than 800 words** | **40% of quality score** |
| How would you deliver the outcomes planned for this grant relating to supporting delivery of the tobacco LTP commitments? | |
| **Question 3: Response should be no more than 500 words** | **25% of total score** |
| How would you deliver the outcomes planned for this grant relating to regional/sub regional tobacco structures? | |
| **Question 4: Response should be no more than 200 words** | **10% of total score** |
| How will you provide value for money in this grant? | |

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| **Pass/Fail** |
| **Name of receiving organisation** | | **2022/23** | **2023/24** |
| Your organisation/lead organisation | | £ | £ |
| Partner Org1 | | £ | £ |
| Partner Org 2 | | £ | £ |
| Partner Org 3 | | £ | £ |
| Partner Org 4 | | £ | £ |
| Partner Org 5 | | £ | £ |
| **Total** | | **£55,000** | **£40,000** |

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| **SECTION 7: OTHER INFORMATION** | |
| **Key documents:** | |
| **Please confirm your organisation has the following documents** | **Please tick box as applicable** |
| * **Safeguarding policy** |  |
| * **Equal opportunities policy** |  |
| * **Health and safety policy** |  |
| * **Up to date audited accounts** |  |
| NB. NHS England may request copies of these documents if your bid is being recommended for funding and/or is successful | |