**Blood Pressure Awareness Raising & Testing in Community Settings Grants Scheme**

**Expression of Interest Form**

Please return this form to Lydia.Robson@leeds.gov.uk by 5pm on Monday 9th December

**Contact Details**

|  |  |
| --- | --- |
| Your full name |  |
| Organisation name |  |
| Email address |  |
| Phone number |  |

**Project Idea and Summary**

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| --- | --- |
| 1. **Which level of grant funding are you applying for?** | Small grant (up to £1,000)  Medium grant (up to £3,000)  Large grant (up to £5,000)  *Please note the minimum requirements for each tier in the guidance notes on page 4.* |
| 1. **Which Local Care Partnership area does your organisation/group belong to?** | Armley  Beeston & Middleton  Bramley, Wortley & Middleton |
| 1. **Please summarise your project proposal.**  * How will your project raise awareness of high blood pressure? * How will you test people’s blood pressure in community settings? |  |
| 1. **Where will your project be delivered?** In what setting(s)? |  |
| 1. **When will your project take place?** Please provide timescales. |  |
| 1. **Which of the target population(s) are you aiming to reach?** Please tick all that apply. | Those who live in the most deprived areas of Leeds.  People who smoke.  People living with obesity (BMI over 30).  People from Black African, African Caribbean or South Asian heritage.  Men. |
| 1. **Please provide more details about your selected target population(s). How will you reach them?** |  |
| 1. **How many people are you aiming to reach over the course of the project?** |  |
| 1. **How many activities/sessions will be delivered over the course of your project?** |  |
| 1. **How will you ensure the sustainability of your approach past the point of the grant funding?** |  |
| 1. **If you will be working in partnership with someone**, **please let us know.** |  |
| 1. **To allow us to capture the outputs of the project, we require you to capture the following data:**  * How many people did you reach? * Demographics, e.g. age group, gender, etc. * Rough date of their last blood pressure check. * Blood pressure reading levels. * Where were they signposted to if they had a high blood pressure reading? * Any other feedback.   **Please tell us how you will do this.**  You do not have to capture any personal details. |  |
| 1. **How will you know the difference your project has made?** How will you evaluate/ evidence this? |  |

**Budget**

Please provide a breakdown of costs for your project.

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| --- | --- |
| **Item or activity** | **Amount requested (£)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

I confirm that I have read and agree to the funding guidance (see next page)

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant** |  | **Date** |  |

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| **Blood Pressure Awareness Raising & Testing in Community Settings**  **Funding Guidance** |

**Project Objectives:**

* Raise awareness of the important role blood pressure plays in our health.
* Help communities to better understand risks, signs and symptoms of high blood pressure.
* Improve access to blood pressure reading equipment locally and normalise regular BP reading.
* Help communities to ‘know their numbers’ by undertaking blood pressure testing.
* Improve people’s knowledge of where to access local resources and services.
* Enable community partners to be equipped with the knowledge and skills to signpost to pathways that support health.
* Promote and encourage uptake to the NHS Health Check programme where applicable.
* Ensure the project is accessible to those most likely to experience health inequalities and poor health outcomes.

**Requirements:**

* Your organisation will undertake the project as set out in your funding application and will complete all activity before 31st March 2025.
* You must be available to attend the training session taking place on Wednesday 8th January 2025.
* Your project must be accessible to all and there be equity of service.
* Your project must reach one or more of the target populations.
* You should consider the sustainability of your project past the grant end date.
* A short evaluation of your project must be completed to a satisfactory standard and include all the information requested. A template will be provided by Leeds Public Health.
* Project spend must be documented and proof of spend (receipts/signed volunteer payments etc) need to be saved.
* Your organisation will ensure that all necessary approvals and levels of public liability insurance are in place for any activities it is undertaking as part of the project.
* Your organisation will comply with all relevant legislation including Health and Safety, Child Protection, and Equality and Diversity.

**Funding:**

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| --- | --- |
| **Grant level** | **Requirements over the 3 month grant period** |
| Up to £1,000 | No set minimum – please outline your own target of how many people you aim to reach and how you have arrived at this number in Q8. |
| Up to £3,000 | You must reach a minimum of 75 people. |
| Up to £5,000 | You must reach a minimum of 100 people. |

* The funding must be used to deliver activity which meets the above project objectives and delivered within the project timescales (8th January – 31st March 2025).
* Half of the funding will be allocated upon approval, with the second half allocated upon completion of a short evaluation.