**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.

|  |  |
| --- | --- |
| **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.