



**Aberdeenshire Health and Social Care Partnership
Health and Social Care Partnership Grant Funding
Application Form**

Name of Service or Project:

Organisation Information

Organisation Name:	
Address:	
Contact Person:	
Contact Number:	
Email:	
Website:	

Your Application

Amount requested from the Health and Social Care Partnership

Are you a local or national organisation

Please detail the services your organisation/group provides in Aberdeenshire

- Include the costs which will be covered by the funding requested
- Explain why the funding you have applied for is important
- How do you know there is a need for this service?



How many individuals in Aberdeenshire will directly benefit from your service, project or activity?
Please detail which client group(s) will benefit

Links to Strategic Priorities

Please provide information regarding how your project or group will contribute to the strategic themes and priorities of the Health and Social Care Partnership.

Theme	Priority	Evidence how your project/activity will meet the relevant priority and what outcomes will be achieved for clients
Theme: Partners within health and social care at individual, professional and community level	Priority 1: Meaningful engagement with all stakeholders to optimise effective planning and use of resources	
	Priority 2: Developing the support mechanisms that enable people to have improved health and wellbeing	
	Priority 3: Empowering the workforce	
	Priority 4: Ensuring quality through safe, effective and sustainable service provision	



Theme: The best of health and care for everyone	Priority 1: Reducing inequalities to provide equitable outcomes for our communities	
	Priority 2: Involving people as partners with early identification, management and appropriate support to promote recovery and achieve their potential	
	Priority 3: Public protection	
	Priority 4: Prevention and early intervention to promote healthy lifestyles and resilient communities	
	Priority 5: Development of services that are fit for the future	
	Priority 6: The most appropriate and effective use of acute and community resources	
Please explain how your project would continue or your exit strategy should you not be successful in receiving continued funding following the 3 years which is covered by this application?		



Financial Profile

Please provide information regarding:

- Income and Expenditure
- Restricted Funds (unspent money from restricted grants where the donor has specified what the money must be spent on)
- Unrestricted Funds (money that can be spent on anything which furthers the objectives of the group)
- Designated Funds (part of the unrestricted funds which are earmarked for a particular project)
- Your organisations reserves policy is

Details of other funding – Please give details of other funding applied for

Organisations applied to	Amount applied for	Confirmed Y/N

Applicant’s Statement:

I confirm that all information provided in this application, and in any supporting material is truthful and accurate. I undertake to inform Aberdeenshire Health and Social Care Partnership immediately and with full details if any changes in circumstances require the application or the supporting material to be amended.

Signature:	
Name:	
Position:	
Date:	