



## Annual Development Fund 2013/2014

# Monitoring information

To help us find out who the development funding is reaching, please complete and return this form with your application form.

We will not use this information to assess your application form.

### 1. Tell us the ethnic background of the people you work with. (Please tick as many boxes as you wish.)

#### White

- ☐ British  
(including Scottish, English and Welsh)
- ☐ Irish
- ☐ Any other white background

#### Mixed

- ☐ Mixed ethnic background

#### Asian or Asian British

- ☐ Asian British (including Asian Scottish)
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background

#### Black or black British

- ☐ Black British (including black Scottish)
- ☐ Caribbean
- ☐ African
- ☐ Any other black background

#### Other ethnic background

- ☐ Chinese British  
(including Chinese Scottish)
- ☐ Chinese
- ☐ Any other Chinese background
- ☐ Other ethnic group

### 2. What is the gender of the people you work with? (Please tick one box only.)

- ☐ Males and females
- ☐ Male
- ☐ Female

### 3. What is the age of the people you work with? (Please tick any boxes that apply.)

- ☐ All ages ☐ 25 to 49 years
- ☐ 0 to 4 years ☐ 50 to 69 years
- ☐ 5 to 11 years ☐ 70+
- ☐ 12 to 24 years

### 4. Are most of (more than half) the people you work with disabled? (Please tick yes or no.)

- ☐ Yes ☐ No

### 5. Are most of (more than half) the people you work with lesbian, gay, bisexual or transgender? (Please tick yes or no.)

- ☐ Yes ☐ No

### 6. Are most of (more than half) the people you work with of a specific faith? (Christian, Muslim, Hindu, etc) (Please tick yes or no.)

- ☐ Yes ☐ No





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# Application form

**Please read the guidance notes before filling in the form.**

There are also notes next to each question to help you.

A large-print version is also available on our website, or call us for a copy.

## 1 Your group or agency

Please tell us the name and full address of the group or agency that will receive the funding if your application succeeds.

The contact person must be reasonably easy for us to contact and must be directly involved in the proposed work.

**Name of your group or agency** .....

**Address and postcode** .....

.....  
.....

**Tel** ..... **Email** .....

**Web** .....

**Contact person** .....

**Position or job title** .....

**Address and postcode of contact person** (if different from your group or agency's address)

.....  
.....  
.....

**Tel** ..... **Email** .....

## 2 About your group or agency

Please tell us briefly:

- about the **main activities** of your group
- **who** benefits from its work
- **how** your group is managed.

Please include information about any **food-related activities** you already provide, such as snacks or meals, cookery classes, food co-ops, growing.

Please tell us briefly about your group or agency

## 3 Paperwork and management

Please tick the relevant boxes to show what procedures your group or agency has, or intends to have

Constitution or governing document

☐ Has

☐ Intends

Bank account (this is required)

☐ Has

Steering group, management committee or similar

☐ Has

☐ Intends

Minutes of meetings

☐ Has

☐ Intends

Financial procedures

☐ Has

☐ Intends

Final evaluation of this work

☐ Intends

## 4 About the food and health activities you are planning

Please give us a short title of your project.

Tell us briefly about the **people** who will take part in this work. This could include volunteers and staff, as well as people who use your services.

If you receive funding from us, what **food and health activities** will you set up? Tell us how you will develop or deliver the work.

If you have told us in Q2 about any existing food-related activities, please tell us about any plans you have to develop them.

We expect you to **spend** the money by September 2014.

**What is the name of your planned work?**

**Who will benefit from this work?**

**Please give a brief description of this planned work.**

**When do you plan to spend the money?**

Tell us how you know there is a **need** for this work. This could include information you have gathered from speaking with people who use or might use your services.

**How do you know this work is needed and wanted?**

Tell us how this work will **help achieve the goals of** one or more of these **policies**. The Guidance Notes tell you more about these goals.

**How will your activities contribute to meeting the outcomes or targets of one or more of the following Scottish policies?**

Preventing Overweight and Obesity in Scotland Route Map and Route Map Action Plan; the Maternal and Infant Nutrition Framework; and the National Food and Drink Policy?

Tell us how your planned food activities support your **other work or bring other benefits to participants.**

This could include health issues such as mental health, and developing skills such as parenting, budgeting and life skills.

Tell us if you have any ideas or plans about how you could **continue** some or all of the activities after spending the money we provide.

Tell us how you plan to learn from, monitor or evaluate the work.

**Please continue on a single A4 sheet (one side only or around 400 words) if you need to, and attach it securely to your form.**

**Will your activities make a difference in other areas of your work?**

**Do you have any long-term plans for the future of this work?**

**How will you find out what difference your work has made?**

**Have you attached another sheet?**

Yes ☐ No ☐ (mark with a cross X)

## 5 Money

Try to give an accurate costing. Find out the going rate for goods or services. If you need money to buy food, please tell us what food you plan to buy.

**How much money do you want from us? Please give us a breakdown of costs.**

The amount must be between £500 and £3,000. TOTAL .....

## 6 Help from others

Please include **advice** and **support** from other organisations or partners as well as **money** or **help in kind** (such as staff time, equipment, facilities, crèche). Tell us if this help depends on you receiving this funding.

**Do you intend to get help from anyone else for this work?**

Yes ☐ No ☐ (mark with a cross X)

**If yes, please give details**



## 7 Referee

We will follow up all references for successful applicants.

Your referee should be someone who has a good understanding of your application and your group, but who is not part of your group or agency. He or she could be a community dietitian, community worker, local councillor, health promotion specialist, etc.

**Name of referee** .....

**Position or job title** .....

**Address and postcode** .....

.....

**Tel** .....

**Email** .....

**Closing date: Friday 9 August, 5pm.**  
**Faxed or late applications will not be accepted.**

**Please return to:**  
**Annual Development Fund**  
**Community Food and Health (Scotland)**  
**NHS Health Scotland, Meridian Court**  
**5 Cadogan Street, Glasgow G2 6QE**

**Emailed applications must be sent to:**  
**nhs.HealthScotland-CFHS@nhs.net**

Tel: 0141 414 2890  
[www.communityfoodandhealth.org.uk](http://www.communityfoodandhealth.org.uk)

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### Do you want to sign up to hear about food and health work?

Community Food and Health (Scotland) produces a free newsletter, Fare Choice, and a monthly e-bulletin, which can help you keep up to date with current food policy, what other food and health projects are doing, funding opportunities, events and latest publications.

☐ Tick here if you would like to receive Fare Choice.

☐ Tick here if you would like to receive our e-bulletin.