**West Sussex County Council: Sexual Health & Wellbeing**

**Community Engagement & Co-Production Programme**

**Application Form**

**\*\*\***Please read the guidance notes before completing this application form.

1. **About you and your organisation**

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| **Name of organisation applying for funding** |  |
| **Please state your organisation’s annual income (last financial year)** |  |

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| **Provide a description of your organisation, who it serves and what it does (you may want to talk about your organisation’s mission and vision, location, services, and beneficiary groups)** (up to 300 words) |
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| **Organisation’s legal structure**  |
| Please tick:* Constituted community group
* Registered charity and company limited by guarantee
* Registered charity
* Charitable Incorporated Organisation
* Community Interest Company limited by guarantee
* I’m not sure / Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Number of staff, trustees and volunteers** |
| Staff (full time and part time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trustees/committee members \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Volunteers (excluding trustees and committee members) \_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Name of person making this application** |  |
| **Role in the organisation** |  |
| **Contact details (telephone and email)** |  |

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| **Are you applying in partnership?** | YES / NO (please select option) |
| **If yes, name of partner organisation/s** |  |
| **Contact details for partner organisations (contact name, telephone, and email)** |  |

1. **Why you are making this application.**

The proposed aims and impacts of this programme are to:

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| Increase regular chlamydia screening amongst young women and other people with a womb or ovaries.  |
| Reduce the risks and harms of sexually transmitted infections (STIs) through promoting the value and accessibility of screening for STIs as a part of general good health.  |
| Promote condom use and access to condom schemes  |
| Promote HIV testing, safer sex and the use of HIV pre and post prophylaxis (PrEP and PEP)  |
| Promote contraceptive and reproductive health and rights, through raising awareness of contraception choices, and support people to make choices that are right for them.  |
| Promote understanding of consent and mutually respectful relationships  |

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| **Please outline (a) why your organisation is applying to be involved in this programme and (b) how your organisation intends to draw upon its existing knowledge and expertise to help effectively deliver the programme aims and impacts listed above** (up to 700 words) |
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| **Please outline your organisation’s existing connections, relationships, and service delivery in West Sussex, particularly in the Crawley, Worthing, Bognor Regis and Littlehampton areas. Applicants are expected to have established relationships and service delivery in those areas, serving one or more of the communities that are prioritised by this programme (**up to 300 words) |
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1. **Your indicative budget**

You can apply for up to **£8,000 (or £8,000 per organisation if you’re applying in partnership)**. Final budgets will be developed after your activities have been discussed and agreed upon with WSCC. For this application, please refer to the programme activities listed in the guidance notes and complete this table to indicate how you anticipate using the funds:

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| --- | --- |
| **Item** | **Anticipated Cost**  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

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| **Use this space if you want to explain items in your budget, or how you have arrived at the above costs** |
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1. **Declaration**

We require two signatures for us to be able to accept your application - one by the person making this application and one by the chair (or another trustee) of your organisation. Please sign in the boxes below.

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| **DECLARATION**Name of organisation applying for funding: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_We, the undersigned, confirm that:1. We are authorised to make an application on behalf of the above organisation
2. We certify that the information contained in the corresponding application is correct
3. If the information in this application changes in any way we will inform Community Works
 |
| Name of person making the application | Signature  | Date  |
| Name of chair (or trustee) | Signature  | Date  |

Your application will only be considered if this declaration form is signed and received by Community Works. We recommend saving a copy of this form for your records.

Submit your application to Magda Pasiut: magda@communityworks.org.uk **by midday on 13th May 2025.** If you require more information or assistance to complete your application, please contact Magda.

**Data Protection**

The information you provide in this form will be treated as confidential and will be held and processed in accordance with current data legislation and will not be made public.

We will use it to process your application for funding and to communicate with you in the future on items relating to this application or the funded programme.

If you’re not a member of Community Works, Crawley Community Action or Voluntary Action Arun & Chichester, we may contact you to provide information on membership options and the support we have available for voluntary and community organisations. Please sign and date here if you’d like to receive this information:

**Name:**

**Signature:**

**Date:**