

# North East Lincolnshire VCSE Health Inequalities Funding 2024

**Applicant Organisation**

**Programme/Project Title**

**Is this programme/project currently operating or will this be an entirely new initiative?**

**New**       **Currently Operating**

**Is this programme/project dependent on obtaining this funding or are there potentially alternative sources of funding?**

**Please indicate which of the following health determinants does your proposed programme/project address (tick all that apply):**

- Money and Resources**
- Good Work**
- Family, Friends & Communities**
- Transport**
- Our Surroundings/Place**
- Education & Skills**
- The Food We Eat**
- Housing**
- Other**  Please specify: \_\_\_\_\_

**Summary of Proposed Programme (include how the programme will address health inequalities and the geographical area(s) that will be covered by the programme) (max 500 words)**

**Funding Requested (to include description of how it will be used and timescales) (max. £20,000):**

**Will you provide quarterly reports describing progress with the programme and detailing spending?**

Yes  No

**Will you be willing to participate in an evaluation of the programme?**

Yes  No

**Signed (on behalf of organisation):**

**Date:**

**Please return completed form to [navigo.hosting-nelhcpteam@nhs.net](mailto:navigo.hosting-nelhcpteam@nhs.net) by November 8<sup>th</sup> 2024.**