|  |
| --- |
| **1. Applicant Organisation details** |
| Organisation name | Click here to enter text. |
| Charity/ company number, (as appropriate) | Click here to enter text. |
| Organisation address (including postcode) | Click here to enter text. |
| Website | Click here to enter text. |
| Brief description of the organisation | Click here to enter text. |
| Annual income and expenditure last financial year | Click here to enter text. |
| Number of individual service users per year whole organisation) | Click here to enter text. |
| **2. Project contact details**Who is your main contact for your project? |
| Name | Click here to enter text. |
| Tel. Work | Click here to enter text. |
| Tel. Mobile | Click here to enter text. |
| E-mail address | Click here to enter text. |

|  |
| --- |
| **3. Project Details** |
| Project name | Click here to enter text. |
| Project address including post code (if different from organisation address) | Click here to enter text. |
| Describe your project in under 500 words. Including what your project is, what it aims to achieve, the people who would be helped and how you would deliver it. | Click here to enter text. |
| How many people do you think will get help from this project? | Click here to enter text. |
| How will your project help prevent diabetes or improve the health and wellbeing of people living with diabetes? | Click here to enter text. |
| How could you measure success? | Click here to enter text. |
| **4. Project Costs** |
| List your project costs | £ Click here to enter text. |
| How much money do you want from Healthwatch Darlington and Darlington Borough Council | £ Click here to enter text. |
| **5. Project Timings** |
|  |
| Project Timing Start | Click here to enter text. |
| Project Timing Finish | Click here to enter text. |
| **6. Project Payments** |
| Enter below the details of the bank account where money should be transferred if you are successful |
| Name of Account | Click here to enter text. |
| Sort Code | Click here to enter text. |
| Bank Name | Click here to enter text. |
| Account Number | Click here to enter text. |
| **7. Applicant Details**  |
| Name of Person completing the form | Click here to enter text. |
| Signed (on behalf of Applicant Organisation) |  |
| Position | Click here to enter text. |

**8. Supporting Documents**

|  |  |
| --- | --- |
| Have you provided any supporting documents with your application?For example, a video or audio recording, budget, project plan, etc. | Click here to enter text. |

The deadline to apply is Friday 12th May 2023.

Please send all applications to info@healthwatchdarlington.co.uk or by post to

Healthwatch Darlington Limited

Sterling House

22 St Cuthbert’s Way

Darlington

DL1 1GB