**SMALL IDEAS, BIG IMPACT FUND**  **Application Form**

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| **SECTION ONE** | |
|  |  |
| Email Address  (we will contact you via email wherever possible) |  |
|  |  |
| Title |  |
|  |  |
| First name |  |
|  |  |
| Surname |  |
|  |  |
| Name of group or organisation |  |
|  |  |
| Position in Organisation  (if applicable) |  |
|  |  |
| Contact Address |  |
|  |  |
| Postcode |  |
|  |  |
| Telephone Number  (We can talk on the phone if you don’t always have access to emails) |  |
|  |  |
| Charity number (if applicable) |  |
|  |  |
| Company number (if applicable) |  |
|  |  |
| Website address (if you have one) |  |
|  |  |
| Social media page(s)  (if you have one) |  |
| **SECTION TWO** | |
|  |  |
| 1. Tell us what you do and how you are currently involved with older people and food?  (if applicable) |  |
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| 2. Tell us how many older people you have contact with? |  |
|  |  |
| 3. What area of Scotland do your work or activities take place in? Please tell us what neighbourhood, village, town, region (or regions) your work or activities cover? |  |
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|  |  |
| **SECTION THREE** | |
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| 1. What will you call this project/activity? |  |
|  |  |
| 2. How much total funding do you need? (max £5,000)  Please provide a breakdown of costs. Suggested headings:   * Volunteer Expenses * Venue hire * Equipment * Resources/consumables * Admin e.g. postage, stationery   (you can send this as a separate sheet if this is easier) |  |
|  |  |
| 3. Please outline simply how you plan to spend the money. |  |
|  |  |
| 4. How many older people do you estimate will benefit from this project? |  |
|  |  |
| 5. How will the funding help older people to eat well, age well and live well? |  |
|  |  |
| 6. Tell us how you will know if your small idea has helped the lives of older people? |  |
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| 7. This work must be completed by **28/02/2020** | |
| When will your project start? |  |
|  |  |
| When will your project end? |  |
|  |  |
| 8. If you are successful, you will need to measure the impact of your project. Tell us simply how you will do this.  *Impact means the difference your project/activity has made to individuals, groups and communities specifically on reducing the risk of and incidence of malnutrition among older people living at home. We can support you in measuring the impact of your project.* |  |
|  |  |
| 9. If you are successful we will ask you to provide evidence from your project, this could include photographs, any publicity material, or comments from older people involved.  Would you be happy to provide this evidence? | Yes No |

|  |  |
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| **DECLARATION** | |
|  |  |
| Signature of person making the Small Ideas Big Impact Application  (or type your name here if you do not have an electronic signature) |  |
|  | Note: By submitting this proposal signing here you are agreeing that Food Train can store the information you have provided in this application for the purposes of administering and reporting the Small Ideas Big Impact Fund, and reporting within the broader work of Eat Well Age Well.  We will not pass on your information to third parties without your permission and you can ask us at any time to view the information we hold on you.  <https://www.eatwellagewell.org.uk/privacy-policy> |
|  |  |
| Date |  |

Please send completed application forms to: [hello@eatwellagewell.org.uk](mailto:hello@eatwellagewell.org.uk)

Alternatively, you can post your completed application to:

Eat Well Age Well

111 Oxgangs Road North

Edinburgh

EH14 1ED