



 Manchester Health & Care Commissioning

A partnership between Manchester City Council and NHS Manchester CCG



The Manchester Social Prescribing Development Fund



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AIM OF THE FUND

The Manchester Social Prescribing Development Fund aims to support new and established groups and organisations to build capacity and deliver projects to support the Be Well's social prescribing service to people over the age of 18. The fund will support Be Well clients in improving or managing their health and wellbeing.

Applications must demonstrate how they meet one or more of the following aims of the fund:

1. **Enabling** – working with community groups to quickly and easily scale up provision that is overused.
2. **Responding** to opportunities and gaps identified within our communities.
3. **Connecting** – reaching community groups not yet involved in the provision of support to clients of social prescribing services.
4. **Targeting** specific communities or communities of interest.
5. **Building** – adding value and strengthening a local infrastructure.

FUNDING LEVELS

There are 3 levels of grant funding available as shown in the table below. Please ensure you apply for the level of funding that is appropriate for your group or organisation.

Grant name		
Micro Grant Up to £1,000	Open to new and existing groups and organisations.	Income must be below £50,000
Medium Grant Up to £10,000	Open to new and existing groups or organisations.	Income must be below £200,000
Exceptional Grant Above £10,000	Must be established over 2 years.	Income must be typically under £500,000.

The Expression of Interest form is mandatory for anyone thinking of applying for the Manchester Social Prescribing Development Funding. **We will use the information you provide in the Expression of Interest form to decide whether to invite you to submit a full application.**

Please refer to the Manchester Social Prescribing Development Fund Guidance notes on the Big Life Group website, www.thebiglifegroup.com/socialprescribing.

For further information about this fund, please contact Naheed Akhtar at Naheed.Akhtar@thebiglifegroup.com or on **07423 668060**, or email socialprescribing@thebiglifegroup.com

Manchester Social Prescribing Development Fund
2020/2021

Date received

Expression of Interest Form

SECTION 1 – NAME OF PROJECT

Name of project

Your Name

SECTION 2 - APPLICANT DETAILS

Name of
organisation

Address of
organisation

Contact email and
telephone number

Date organisation
established and
company/charity
number

Details of annual
income

2020/21

2019/20

SECTION 3 – ABOUT YOUR ORGANISATION

SECTION 4 - HOW DID YOU HEAR ABOUT THIS FUNDING?

SECTION 5 - HOW DID YOU COME UP WITH THE IDEA – WHO WAS INVOLVED?

SECTION 6 – ABOUT THE PROJECT

Please provide details of the proposed project and the benefits that this project will bring for participants, organisation, group, or wider community.

Please describe how the proposed activity will link in with and support clients of the Be Well service.

Please also confirm which of the 5 aims of the fund you will address (please refer to the background and guidance document at www.thebiglifegroup.com/socialprescribing

All activity must be Covid-19 risk assessed and undertaken in line with government guidance. (Maximum 750 words)

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SECTION 7 – WHERE WILL YOUR ACTIVITY TAKE PLACE?

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SECTION 8 – HOW MANY BE WELL CLIENTS WILL YOU SUPPORT?

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Is this a new project?		If existing, what will you use the funding for?	
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SECTION 5 – PROJECT FINANCES

a) Cost of project

b) Amount of grant required

Please send your completed application form to:
socialprescribing@thebiglifegroup.com