

**Cwm Taf Morgannwg Carers Grant 2022-23**

**APPLICATION FORM**

**Supporting Unpaid carers following hospital discharge**

In response to current pressures on health and social care caused by Covid 19 and the resulting impact on hospital discharge processes, Ministers have agreed that unpaid carers funding should focus on a single eligible activity - *supporting unpaid carers when the person they care for is discharged from hospital*. This change is intended to aid timely discharge of patients from hospital by supporting and involving their unpaid carers in the process.

Funding is aligned with the new Integrated Revenue Fund (RIF). The new fund will run from April 2022 to March 2027 and will further focus integrated delivery of health and social care services across Wales. The RIF focusses on delivering 6 models of care over the 5 years of the programme;

* + - * Community based care – *prevention and community coordination*
      * Community based care – *complex care closer to home*
      * Promoting good emotional health and well-being
      * Supporting families to stay together safely, and therapeutic support for care experienced children
      * Home from hospital services
      * Accommodation based solutions

The former Carers grant will focus on the Home from Hospital model of care.

The available funding for 2022/23 is **£161,000** and regional working is encouraged for this application.

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| **Contact Details** | |
| Organisation name |  |
| Address  Post Code |  |
| Contact name |  |
| Phone |  |
| Email |  |
| √Website |  |

1. **Checklist**

**In developing your project, please consider the following;**

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| **Question** | **Yes** | **No** |
| Will the successful delivery of the project contribute to the overall delivery of one of the Hospital to Home National Model of Care? |  |  |
| Will the project deliver integrated health and social care, creating an effective and seamless service experience? |  |  |
| Is the project delivering preventative measures by providing early intervention/de-escalation solutions? |  |  |
| Will the successful delivery of the project contribute towards creating system change? |  |  |
| Has the project been designed to meet an identified need as a result of the conclusions from the Population Needs Assessments? |  |  |
| Have the project deliverables been identified that are likely to meet the high level outcomes of the RIF? |  |  |
| Are there clear and robust plans in place to support the testing and review? |  |  |
| Is there clear commitment to securing match resources to support the effective embedding and mainstreaming of this project to ensure long term sustainability as Welsh Government Funds taper off? |  |  |

**\*Note whilst 2022/23 is a transition year applications are encouraged to focus on home from hospital.**

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| 1. **Your Project** |
| **Title:** |
| **Geographical Area Covered:** |
| **2a. Please tell us who you have engaged with in the development of this project (e.g. potential beneficiaries, community groups, Health Board, Local Authority, BAVO/VAMT/Interlink).**  **Who have you co-produced this application form with?**  **Who will be the delivery partners? (200 words max)** |

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| **2b. Please tell us what you hope to achieve. How will this project benefit the region? (500 words max)** |

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| **2c. Please briefly tell us what makes your project special. How is this project innovative? (200 words max)** |

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| **2d. Tell us how you will measure/evaluate your project achievements. (Please note, a 6 month monitoring visit will be undertaken on all successful projects).**  **What will be the outcomes for this project? How will this be evidenced? (200 words max)** |

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| **2e. Please provide brief detail of the exit strategy for this projects at the end of the one year funding. (200 words max)** |

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| **3. Project costs** | |
| 3a. How much will the total project cost? | **£** |
| 3b. Please provide a breakdown of the project costs |  |
| 3c. Will you be providing any match funding for this project? (including ‘in kind’ or volunteering) | Yes  No  If ‘Yes’ please provide details of the amount: |
| 3d. Will your project continue after the period you have requested funding for? | Yes  No  If ‘Yes’ explain how on-going costs will be met. Include a copy of your sustainability plan with your application. |

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| **4 Financial information** | |
| **4a. Please send us a copy of your most recently independently audited accounts or, if you are a small charity (with income less than £10,000 per annum) then only your most recent statement of income and expenditure is required.** | |
| **4b. Bank account details** | |
| Organisation Account Name |  |
| Bank/Building Society Name |  |
| Bank/Building Society Address |  |
| Sort Code |  |
| Account Number |  |
| Building Society Roll Number |  |
| **4c. Who from your organisation can sign cheques for this account?** | |
| Name Person 1 |  |
| Position |  |
| Name Person 2 |  |
| Position |  |
| Name Person 3 |  |
| Position |  |

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| 1. **Declaration** | |
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| Signatory 1 (Main contact)\* | |
| Name |  |
| Position |  |
| Date |  |
| Signature |  |
| Signatory 2 (Chairperson / Vice Chair / Treasurer – NOT the main contact)\* | |
| Name |  |
| Position |  |
| Date |  |
| Signature |  |
| Address  Post Code |  |
| Telephone |  |
| Email |  |
| \*Please note that if you are returning this form electronically and unsigned you will be bound by the declaration when we receive your application by email. | |

PLEASE NOTE: The following will be the scoring matrix for this application.

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| Question | Does the answer include: | Score out of / | Comments |
| 1 | Checklist | Max 8 points (dependent on number of criteria met) |  |
| 2a | Partners  Co-produced  Delivery partners | Max 5 points |  |
| 2b | Achieve  Benefit | Max 5 points |  |
| 2c | Project  Innovative | Max 5 points |  |
| 2d | Measure  Outcomes  Evidenced | Max 5 points |  |
| 2e | Exit Strategy | Max 5 points |  |
| Total score |  |  |  |
| Recommendation |  | | |