



Innovation Project Application Form

Salford Innovation and Improvement Fund Locality Call 2022/2023

Each question in this application form is very specific about the information required. **Please ensure that you read the separate ‘Application Guidance’ document carefully, complete all sections of this form and provide all the information requested.** Please ensure that any abbreviations/acronyms are explained at the start of the application; they may then be abbreviated throughout the remainder of the application.

SUBMISSION DETAILS

SUBMITTED BY <i>(name, role, org.)</i>	Tim Emerton, Income Generation Lead, George House Trust
CONTACT NUMBER	0161 274 4499
EMAIL ADDRESS	tim@ght.org.uk
SUBMITTING ORGANISATION	George House Trust
PARTNER ORGANISATION(S) <i>(if a joint bid)</i>	
DATE SUBMITTED	31/08/2022

<i>Details of how to complete each section of this form correctly are found in the Application Guidance document. Please confirm that you have followed this guidance</i>	<input checked="" type="checkbox"/> I have read and followed the Innovation Fund Application Guidance document
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SECTION ONE: PROPOSAL OUTLINE

1) NAME OF YOUR PROPOSED PROJECT

Age+ in Salford

2) SUMMARY OF PROPOSAL

What are you proposing to do and why? What need are you addressing and what evidence can you provide of that need?

George House Trust's Age+ project is for people over the age of 55 who are living with HIV. HIV is a treatable condition and people diagnosed early and on effective treatment can expect to have a normal life expectancy. But an ever-growing ageing population of people living with HIV means support services need to change and adapt to meet people's diverse needs. For many older people living with HIV, quality of life is low. Poverty is a significant issue – a report by the Terrence Higgins Trust found that 58% of people living with HIV aged 50+ were defined as living on or below the poverty line, double levels seen in the general population. This can make medication adherence and viral suppression difficult, and this can negatively affect an individual's health. For people living longer with HIV, age related co-morbidities are a threat, including frailty, as well as social isolation and loneliness. According to Public Health England data, Salford as a local authority area has the second-highest number of people living with HIV in the North West, highlighting a clear need for services well suited to people's needs.

In order to respond to this and improve frailty and reduce isolation, George House Trust's Age+ in Salford project plans to deliver a range of activities and support services to older people living with HIV in Salford. Age+ provides support and services, empowering people to live confidently with HIV into older age, to learn and adapt new skills and interests, to engage with volunteering opportunities both here at George House Trust and externally in our local communities and to feel better supported. Activities and events include one to one support, HIV-focused and general health information sessions, peer support groups, creative and health and wellbeing workshops, cultural activities and visits to local events and attractions including museums and galleries.

In Manchester, Age+ has good, longstanding relationships with clinics. We have worked successfully with the Hathersage Integrated Sexual Health and Contraception Service Frailty Clinic since June 2021, receiving referrals which have enabled us to engage with some of the most physically frail older people living with HIV, providing support.

Our partnership with the Hathersage means that there is an opportunity for service users to receive interdisciplinary care and support from both organisations. Patient care through the Frailty Clinic covers mental health, cognition, general lifestyle and wellbeing, social issues, drug interactions, falls risks/bone health as well as HIV care. Following Multi-Disciplinary Team discussion, patients are then referred to Age+ for further social and wellbeing support where appropriate.

Feedback from the Hathersage has been positive, with nurses reporting having George House Trust as a partner meant they could confidently refer people onto for more holistic support and the opportunity to access social activities was therefore highly valued.

From our perspective, the referral relationship works well and given that people have been formally assessed by the Frailty Clinic and identified as needing extra support, this is a

good way of reaching some of the older people who most need support but may be less likely to access Age+ independently.

After consultations with HIV consultants based at Shine Sexual Health Clinic in Salford, we have an agreement for them to refer any older people living with HIV. Dr Benjamin Goorney from Salford Shine said “As our HIV cohort is ageing frailty issues come to the fore. Myself and Dr Perez would be happy to collaborate with this project.”

Alongside providing support to these older people living with HIV, and the 76 older people in Salford who have previously engaged with our services, we expect to reach and support more older people living with HIV in the area.

We plan to deliver information sessions and activities in Salford, working together with project partners (including, but yet to be confirmed, Age UK, The Alzheimer’s Society and Manchester Mind). We plan to offer 6 meetings in Salford, for Salford residents over the 12 months of the project. We also plan to offer Telephone Buddies for service users, which is an existing service here at George House Trust. A service user, who is often feeling lonely and isolated is matched with a volunteer for a weekly telephone conversation. They also have opportunities to meet up with their Buddies at selected Age+ events. We would also offer Volunteer Drivers to engage service users with poor mobility, to enable them to engage better with appointments and services. A Project Advisory Group (PAG) made up of service users from Salford, would provide a steer on the project.

Our work in Manchester has demonstrated a positive impact on confidence and supporting older people living with HIV to maintain a healthy lifestyle. We expect that people accessing our services in Salford will report a range of positive outcomes including: improved physical and mental wellbeing, reduced feelings of social isolation and increased social connectivity, reduced anxiety around growing older with HIV, increased confidence to manage HIV well, and increased confidence in being able to attend clinical services as and when needed.

3) KEY OBJECTIVES: WHAT ARE YOU TRYING TO ACHIEVE?

(Key things that need to happen for the project to be considered successful)

These objectives need to be **SMART (Specific, Measurable, Achievable, Realistic and Timed)**. Project objectives and associated payments need to be completed within the 12 month period after the agreed project start date.

If the project has more than five objectives, please list additional objectives in the comments section.

Objective 1:	A strengthened relationship with Shine Clinic and clinic staff with regular referrals to George House Trust
Objective 2:	6 meetings in Salford for Salford older residents living with HIV
Objective 3:	Older people living with HIV report reduced social isolation
Objective 4:	Older people living with HIV report increased confidence in ageing with HIV
Objective 5:	Using learning from this pilot to develop a replicable model for other boroughs in Greater Manchester and beyond

Comments:



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4) WHICH CITIZENS / PATIENTS / COMMUNITIES / VULNERABLE GROUPS WITHIN SALFORD WILL SEE A BENEFIT AS A RESULT OF THIS PROPOSAL?

Group/s	What benefit/s will be realised for this particular group?
People aged 55 and over and are living with HIV, who are in Salford.	The benefit received from this project will primarily focus on engagement with support and services, both statutory and voluntary. People are living longer with HIV, but are more likely to be socially isolated, are more likely to struggle financially, may have co-morbidities alongside their HIV (72% of people diagnosed with HIV have at least one other health condition), are more likely to have psychosocial needs, and are likely to experience stigma and discrimination, particularly self-stigma. We expect our work will positively address each of these areas, depending on each individual's own situation.
Statutory and voluntary organisations	Improvements in levels of knowledge about HIV and how best to serve the specific needs of people living with HIV today.

5) HAVE YOU PREVIOUSLY SUBMITTED ANY APPLICATIONS FOR FUNDING TO DELIVER THIS PARTICULAR INNOVATION WITHIN SALFORD?

Please tick the relevant box, and provide details where necessary

		Details
<input checked="" type="checkbox"/>	No	
<input type="checkbox"/>	Yes – and it was not funded	
<input type="checkbox"/>	Yes – and it was funded	

6) HAS YOUR PROPOSED IDEA BEEN IMPLEMENTED OUTSIDE OF SALFORD PRIOR TO THIS APPLICATION?

(If yes, please state where, when and provide details of the impact of this in the comments section below)

Yes
 No

Comments:
Partnership with Hathersage Clinic as described in section 1.



7) PLEASE EXPLAIN HOW THIS PROPOSAL IS “INNOVATIVE”

This project is an innovation for Salford because – while it has worked well through our partnership with the Hathersage clinic – it would be new to Salford. Speaking to the HIV consultants based at Shine Sexual Health Clinic in Salford, both are very positive about being involved with a potential project in Salford. They are willing to get involved through referring any older person living with HIV who may benefit from support, and they’re also willing to promote the potential project and the services and support we will offer.

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SECTION TWO: ALIGNMENT WITH SALFORD LOCALITY PRIORITIES

8) WHICH OF THE 2022-23 INNOVATION PRIORITIES DOES YOUR PROPOSAL ADDRESS?

(This year's Innovation Priorities are summarised below. Please tick the **ONE** most relevant box for the priority area your proposal aligns with.)

2022-23 Innovation and Improvement Themes	
<input type="checkbox"/>	Neighbourhood based care
<input type="checkbox"/>	Safer Salford Care Homes and Domiciliary Care
<input type="checkbox"/>	Workforce Transformation
<input type="checkbox"/>	Sexual Health
<input checked="" type="checkbox"/>	Frailty and ageing
<input type="checkbox"/>	Screening
<input type="checkbox"/>	Tackling vaccine / immunisation hesitancy

A full breakdown of these themes is available in the separate Application Guidance document.

NONE / OTHER	<input type="checkbox"/>	Please select this option if your proposal does not clearly align to any of the above priority topics, but you believe it addresses a current un-met need
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9) WHICH OF OUR CORE INNOVATION PRINCIPLE/S DOES YOUR PROPOSAL EVIDENCE?

(Please tick all that apply)

<input type="checkbox"/>	Exploiting the use of Technology and Digital Innovation
<input checked="" type="checkbox"/>	Partnership Working - Developing links between Health & Social Care and external organisations that are looking to test and evaluate innovative solutions in this field
<input type="checkbox"/>	Neighbourhood Working - Developing, delivering and structuring Health & Social Care within the 5 Salford Neighbourhoods / GP Networks
<input checked="" type="checkbox"/>	Addressing Health Inequalities and Wider Determinants of Health
<input type="checkbox"/>	Improving the Environmental Sustainability of care

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SECTION THREE: PROJECT DELIVERY

10) KEY PROJECT TIMESCALES

(What is expected to happen, when?)

Month 1	Mobilisation, including: Processes – clarifying process of referral to George House Trust services, establishing structure of working practices with other local voluntary partner orgs in Salford (e.g. Age UK). Service offer communication – to both potential service users, and statutory and voluntary organisations. Evaluation – establish plan for this including ongoing working elements needed.
3 months:	Project Delivery
6 months:	Project Delivery, sustainability and funding review
9 months:	Project Delivery, sustainability and funding work
12 months:	Project Delivery, sustainability and funding work, evaluation completed and learning shared

11) HOW IS THE PROJECT GOING TO BE MANAGED?

This project will be managed by the George House Trust services team, overseen by our Age+ Project Coordinator, who oversees our current Age+ work. They will be line managed by our Director of Services, with support from other George House Trust staff, and volunteers as and when appropriate. Service provision is monitored and discussed by our Board of Trustees, who hold ultimate responsibility for our organisation's activities.

12) HOW WILL YOU MEASURE AND EVALUATE YOUR PROJECT?

A) Does your proposal involve an external / independent evaluation?

- Yes
 No

B) Who will be carrying out the evaluation of this project?

George House Trust staff, led by the Age+ Project Coordinator.

C) Please outline your plan for measurement and evaluation of the project

The Age+ project coordinator will gather feedback from participants throughout the duration of the project. Through this and other routes, we intend to hear the voices of people living with HIV and adjust the programme dynamically based on learning from the evaluation.

Change will be measured in several key areas including:

- Improved emotional health and wellbeing
- Improved confidence

- Improved knowledge and understanding of HIV
- Improved overall health
- Reduced isolation and loneliness
- Improved engagement with HIV treatment and clinical support

Both qualitative and quantitative data will be collected to evidence both participation and change, through:

- Pre- and post- engagement surveys, and post event evaluation surveys
- Focus groups
- Organisation’s annual service user survey
- Engagement and return rates
- Ongoing feedback from service users to Age+ Project Coordinator and other staff as appropriate

During the year ongoing evaluations and monitoring data will be recorded and reported quarterly to the Project Advisory Group. Other evaluations and monitoring data will be made available to the Innovation Fund, and other stakeholders as needed.

13) WILL THE PROJECT REQUIRE A CHANGE TO AN ESTABLISHED CARE PATHWAY?

If you are currently unable to assess if the activity will require a change to an established pathway, please indicate so using the Don't Know option. Applications selected to progress will be able to work with their sponsor to establish this.

- Yes
- No
- Don't Know

If Yes, please provide details of the existing care pathway and explain how your project will require a change to this.

14) IS THIS A DIGITAL HEALTH TECHNOLOGY (DHT)?

- Yes
- No

IF YES, please answer the below questions:

A) How would you categorize the function of this Digital Health Technology (DHT)?

*(tick **ONE** option only)*

	Functional Classification	Description	Examples May Include
<input type="checkbox"/>	System service	Improves system efficiency . Unlikely to have direct and measurable individual patient outcomes.	Back office systems, Electronic prescribing, health record platforms, Ward management systems.
<input type="checkbox"/>	Inform	Provides information and resources to patients or the public. Can include	DHTs describing a condition and its treatment. Apps providing advice for healthy

		information on specific conditions or about healthy living.	lifestyles (such as recipes). Apps that signpost to other services.
<input type="checkbox"/>	Health Diaries	Allows users to record health parameters to create health diaries. This information is not shared with or sent to others.	Health tracking information such as from fitness wearables. Symptom or mood diaries. No data transmitted.
<input type="checkbox"/>	Communicate	Allows 2-way communication between users and professionals, carers, third party organisations or peers. Clinical advice is provided by a professional using the DHT, not by the DHT itself.	Instant messaging apps for health and social care. Video conference-style consultation software. Platforms for communication with carers or professionals.
<input type="checkbox"/>	Preventative behaviour change	Designed to improve health behaviours to prevent ill health consequences associated with smoking, eating, alcohol use, sexual health, sleeping and exercise. Based on accepted behaviour change theories	Smoking cessation DHTs and those used as part of weight loss programmes. DHTs marketed as aids to good sleep habits.
<input type="checkbox"/>	Self-manage	Aims to help people with a diagnosed condition to manage their health . May include symptom tracking function that connects with a healthcare professional	DHTs that allow users to record, and optionally to send, data to a healthcare professional to improve management of their condition.
<input type="checkbox"/>	Treat	Provides treatment for a diagnosed condition (such as CBT for anxiety), or guides treatment decisions.	DHTs for treating mental health or other conditions. Clinician-facing apps that advise on treatments in certain situations. Electronic prescribing systems that provide patient-level advice on prescribing.
<input type="checkbox"/>	Active Monitoring	Automatically records information and transmits the data to a professional, carer or third-party organisation, without any input from the user, to inform clinical management decisions.	DHTs linked to devices such as implants, sensors worn on the body or in the ward/home/care setting. Data automatically transmitted through for remote monitoring.
<input type="checkbox"/>	Calculate	Tools that perform clinical calculations that are likely to affect clinical care decisions.	DHTs for use by clinicians, professionals or users to calculate parameters pertaining to care, such as early warning system software.
<input type="checkbox"/>	Diagnose	Uses data to diagnose a condition in a patient, or to guide a diagnostic decision made by a healthcare professional.	DHTs that diagnose specified clinical conditions using clinical data. AI systems making diagnostic or triage decisions.

Functional Classifications from NICE Evidence Standards Framework for Digital Health Technologies (April 2021)

B) Does the Digital Health Technology have a CE mark?

- Yes
 No

C) Is the Digital Health Technology classed as a medical device?

- Yes
 No

If yes, please state classification and whether currently approved by MHRA

15) WILL YOUR PROPOSED PROJECT ACTIVITY REQUIRE ACCESS TO, CHANGES TO, OR INTEGRATION WITH, EXISTING IT SYSTEMS TO ENABLE DELIVERY?

- Yes
 No
 Don't Know

Please only select the 'Don't Know' option if you are currently unable to assess whether the activity will require access or changes to IT systems or infrastructure. If selected for progression, you will need to engage the relevant IT departments of pilot sites to complete this assessment and establish any requirements prior to achieving final sign-off for funding.

If Yes, please answer the below questions:

- A) Which system/s or infrastructure will you require access to, changes to, or integration with?
- B) What changes / integrations are required, and the timescales needed for this?
- C) Who owns or manages this system / infrastructure?
- D) How have you engaged with the relevant system owners / managers / IT departments so far to determine the feasibility of making these necessary changes?

16) WHAT RISKS HAVE YOU IDENTIFIED FOR THIS PROJECT, AND HOW WILL YOU MITIGATE THEM?

George House Trust's organisational risk register outlines the major risks that the charity – and therefore the Age+ work in Salford - is exposed to, together with clear actions for mitigating the individual risks. Progress against risks is reviewed regularly by the Governance and Risk committee and an update on risk is provided at each full board of Trustees meeting, highlighting risk escalations and the addition and removal of risks, in addition to providing the full risk register for the perusal of trustees. A comprehensive review of all risks in the organisational risk register with trustees is completed annually at a trustee meeting. George House Trust's trustees have considered the major risks to which the charity is exposed and satisfied themselves that the systems and procedures are in-place in order to effectively prepare for and manage those risks. The risk register is comprehensive and is available on request.

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SECTION FOUR: BUDGET & FINANCE

17) WHAT IS THE TOTAL AMOUNT OF FUNDING YOU ARE REQUESTING?

This must be a set figure – requests for variable amounts will not be accepted. Please ensure the amount stated is fully inclusive of all VAT

£13,679

Payment schedules for successfully funded projects will be finalised prior to sign-off. The typical arrangement is to pay 50% of awarded funds up front, with the remaining 50% released upon receipt of a successful 6-month project update report. If you would require any different payment schedule or arrangement, please give details below

18) PLEASE PROVIDE A FULL BREAKDOWN OF HOW THE REQUESTED FUNDS WILL BE UTILISED

Please include a comprehensive budget, ensuring you include VAT where applicable.

People		
Age+ Coordinator staff time	0.2 FTE, salary, NI and pension	£6,150
Overheads	IT, payroll, training, HR	£762
Management	Services director supervision, leadership and strategy	£742
Service delivery		
Group activities	Speakers, activity costs	£400
Hospitality	Refreshments and venue hire for service user meetings in Salford	£1500
Travel	Service user travel inc volunteer costs	£600
Travel	George House Trust staff travel	£500
Translation services	In person, remote, written	£500
Project Advisory Group meeting	Hospitality and venue	£500
Literature for service users	Copywriting, design, print, distribution	£1,125
Training	HIV awareness training for agencies	£200
Sharing learning and Service promotion		
Sharing our learning event	An event reflecting on the project and encouraging those in other boroughs to engage with it	£700

19) HOW WILL THE PROJECT ACHIEVE A RETURN ON INVESTMENT / COST BENEFIT?

We expect that by accessing our services, older people living with HIV will see benefits to health and wellbeing, meaning that people are less likely to need to access other services provided by Salford Integrated Care Partnership, thus offering cost savings, both in the duration of the 12 months of the project, and into the future. For example, we know that

loneliness and social isolation are harmful to health, so offering increased opportunity for social interactivity can and will have a cost benefit for Salford Integrated Care Partnership. Increased work and visibility in the community will also have added social value of addressing stigma and discrimination in the area.

20) WHAT COMES NEXT AFTER THIS FUNDING? HOW WILL YOU ENSURE THAT ACTIVITIES, OR RESULTS, ARE SUSTAINABLE AFTER THE 12 MONTH FUNDED PERIOD HAS ENDED?

While we are clear on the success of this work in Manchester, this pilot in Salford will be important to gather further evidence on the effectiveness of the service we offer and the difference it makes to older people living with HIV. The inclusion of an external evaluation in the project will be a key part of this. Assuming that this work is successful, the evidence gathered from this pilot project will support us to pursue funding opportunities. We would like to explore the possibility of commissioning or recurrent funding at the end of the 12 month pilot for this work from Salford ICP. Otherwise we will hold discussions with a range of other eligible funders, both statutory and private.

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SECTION FIVE: DATA PRIVACY IMPACT ASSESSMENT

21) WILL THE PROJECT COLLECT / USE / PROCESS PERSONAL CONFIDENTIAL DATA?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If 'yes', please tick below which of the personal and sensitive data items the asset / system /project will process.</i>	
<p><u>Personal Data Items</u></p> <input checked="" type="checkbox"/> Forename(s) <input checked="" type="checkbox"/> Surname <input checked="" type="checkbox"/> Address <input checked="" type="checkbox"/> Postcode <input checked="" type="checkbox"/> Date of Birth <input checked="" type="checkbox"/> Home Telephone Number <input checked="" type="checkbox"/> Mobile Telephone Number <input checked="" type="checkbox"/> Other Contact Number <input type="checkbox"/> GP Name and Address <input checked="" type="checkbox"/> Legal Representative Name (Next of Kin) <input type="checkbox"/> NHS Number <input type="checkbox"/> National Insurance Number <input checked="" type="checkbox"/> Photographs / Pictures of persons <input type="checkbox"/> Other – please state below: <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	<p><u>Sensitive Data Items</u></p> <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Religion <input checked="" type="checkbox"/> Ethnic Origin <input checked="" type="checkbox"/> Medical Information <input checked="" type="checkbox"/> Occupation / Employment <input type="checkbox"/> Other – please state below: <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>
<p><i>A Data Privacy Impact Assessment (DPIA) form will need to be completed if your proposal is shortlisted to Interview.</i></p> <ul style="list-style-type: none"> <i>If Yes is selected, a full DPIA will need to be completed</i> <i>If No is selected, the DPIA only needs to be completed up to Screen 5</i> 	

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SECTION SIX: SOCIAL VALUE, EQUALITY AND INCLUSION

22) EQUALITY & DIVERSITY POLICY AND COMPLIANCE

A) Do you have an up-to-date Equal Opportunities (or equivalent) Policy in place?

- Yes
- No

B) Have you been involved in any Equality Act 2010 litigation breaches in the last 3 years?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <i>If Yes, please give details here</i> |
| <input checked="" type="checkbox"/> No | |

23) PLEASE DESCRIBE HOW THIS PROJECT WILL ENSURE THE RIGHTS OF PROTECTED CHARACTERISTICS IN PARTICIPANTS, AND CONTRIBUTE TOWARDS TACKLING HEALTH INEQUALITIES IN SALFORD?

We know that people living with HIV face health inequalities, affecting different population groups disproportionately. We have experience in working well with different groups in ways that are accessible. In our wider work we offer programmes tailored to specific groups that have been more difficult to reach, including: an African men’s engagement programme, a women’s service and an intensive support programme for people least likely to be engaged with statutory (e.g. NHS) and voluntary services. This experience will feed into our work in Salford and enables us to serve older people living HIV well and in a way that meets people’s varying needs. This programme is designed to be a safe space for those aged 55 and over. Accessibility is a key part of this, with support offered both in person and remotely depending on people’s needs, and for those who face accessibility barriers (e.g. mobility), we work to ensure that these barriers are overcome, for instance through our volunteer driver service to support people to attend in person meetings or appointments.

24) ADDED SOCIAL VALUE: WHAT OTHER SOCIAL, ENVIRONMENTAL OR ECONOMIC BENEFIT/s WILL SALFORD RECEIVE THROUGH THIS PROJECT?

George House Trust is committed to maximising social value through taking account of the wider economic, social and environmental effects of our organisational actions. We aim to contribute to broader social outcomes from the work that we do and make the world within which we work a better place for everyone. The volunteer opportunities available to people and our wider community benefit has been recognised through our organisation receiving the Queens Award for Voluntary Service. Through our work we connect people living with HIV to new skills, development and employment opportunities, as well as providing space for community organisations and networks to meet and build connections with our work and one another. Alongside this, George House Trust is an accredited Living Wage Employer, has been awarded the Investors in Volunteer Award and is signed up to the ‘Open to All’ system.





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SECTION SEVEN: OPERATIONAL DETAILS

25) REGISTERED DETAILS OF BIDDING ORGANISATION/s

Name of Organisation	Registered Address	Organisation Type
George House Trust	75-77 Ardwick Green North, Manchester, M12 6FX	Registered Charity

26) WHICH ORGANISATION WOULD THE GRANT FUNDS BE PAID TO?

Please note that funding will only be paid to registered organisations, and not to individuals

George House Trust

27) WHO WILL BE THE INDIVIDUAL/s RESPONSIBLE FOR THIS PROJECT?

(Please complete all sections)

SENIOR LEAD *(overall accountability and oversight of project)*

Name	Colin Armstead
Job Title	Services Director
Organisation	George House Trust
Email Address	colin@ght.org.uk
Telephone Number	0161 274 5663

OPERATIONAL LEAD *(day-to-day delivery of project)*

Name	Anna Hughes
Job Title	Age+ Project Coordinator
Organisation	George House Trust
Email Address	anna@ght.org.uk
Telephone Number	0161 546 3540

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SECTION EIGHT: APPLICANT AGREEMENT

28) PLEASE CONFIRM THAT IF YOUR PROPOSAL IS ACCEPTED YOU ARE AWARE OF, AND AGREE TO, THE FOLLOWING CONDITIONS:

Applicants must tick all boxes to indicate that they agree to all conditions

<input checked="" type="checkbox"/>	Bidding organisation must be able to confirm a commencement date for the project within 2 months of receiving funding approval or approval may be withdrawn
<input checked="" type="checkbox"/>	Completion of a 6 month (mid-point) project update report, presented to the Innovation and Research Oversight Group (IROG) and relevant Sponsoring Strategy Group
<input checked="" type="checkbox"/>	Completion of a 12 month (final) evaluation report, presented to IROG and the relevant Sponsoring Strategy Group

29) PLEASE CONFIRM THAT YOU HAVE READ AND ACCEPT THE TERMS AND CONDITIONS

- I have read and accept the Salford Innovation & Improvement Fund Terms & Conditions

End of Application

Your completed application form, along with any requested additional information, should now be submitted via email to innovation.salfordccg@nhs.net

You will receive confirmation of receipt within three working days, along with a unique Bid Reference for managing your application and for on-going communication regarding your proposal.

Applications can be withdrawn at any time, for any reason, by contacting innovation.salfordccg@nhs.net with your Bid Reference

MAILING LIST

Want to be notified when we release new Innovation & Improvement funding opportunities?

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