

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>	Charles Kwaku-Odoi Chief Officer Caribbean & African Health Network
CONTACT NUMBER	07575 579377
EMAIL ADDRESS	charlesk@cahn.org.uk
SUBMITTING ORGANISATION	Caribbean & African Health network (CAHN)
PARTNER ORGANISATION(S) <i>(if a joint bid)</i>	
DATE SUBMITTED	31 st August 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>	X 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

Caribbean & African Immunisation and Vaccination Engagement Programme (CAIVEP)

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?

Tackling vaccine / immunisation hesitancy

Initiatives to address known barriers and issues around hesitancy, 'anti-vaccination' beliefs and misinformation around all vaccines and immunisations.

The vision for the Caribbean & African Health Network is to reduce health inequities and improve access and outcomes for the Caribbean and African community. The Black community face a significant number of barriers to improvements to health and wellbeing resulting from a historical and current mistreatment across agencies. This includes systemic racial injustice and discrimination in the criminal justice system, housing, education, transportation, safe neighbourhoods/environments, health and employment. We know that these social determinants play a significant role in our community's health where we are more likely to suffer with chronic conditions and comorbidities such as heart disease, certain cancers, obesity, diabetes, kidney disease, and respiratory disorders such as asthma and now Long Covid.

This has created for Black people (wherever they have been placed from slavery) an infused sense of injustice and mistrust towards authorities who they do not believe are there to serve in their best interest and therefore the perception that there is less value attached to Black bodies. There are limited number of Black people that come forward to participate in research trials due to mistrust and there is the fear that vaccines and immunisations are unsafe. This inherent mistrust is felt across a widespread of immunisations and vaccines but also in engagement with preventative services such as cancer screening, blood and organ donation, western medicines and other activities that could ultimately improve the health and wellbeing of the community. We have witnessed this vaccine hesitancy prior to COVID however it has been brought to the attention of system leaders in a more stark way since the pandemic of 2020 (Tan et al., 2021) reported that there was consistently reduced vaccination uptake of 72% in Black Caribbean and Black African populations.

Our Proposal

This proposal aims to increase vaccination and immunisation uptake in the Black Caribbean and African community across the City of Salford. It will focus on reducing fear of vaccination and immunisation by increasing health literacy, use of Black represented and trusted community buddies and production of a high-quality film that presents a range of film sets of Caribbean and African life. This will include the religion, upbringing, migration, and language and its influence on health decision making around vaccination and immunisation. The outputs will be centred on how this approach can enable better engagement in vaccination and immunisation through the codesign, coproduction and co-

owning this journey to improved engagement. The impact of people’s lived experiences that reap the mistrust and how the community can work together to build trust, community assets through buddies across Salford is key to improving health and wellbeing over a sustainable period of time.

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:	To recruit, train and equip a cohort of 14 vaccine and immunisation buddies based across Salford.
Objective 2:	To work with 14 Black Caribbean and African people to produce a learning pack for buddies training around vaccine and immunisations.
Objective 3:	To co-produce a 45-minute film that creatively acts out the benefits and outcomes of engagement with vaccines and immunisations.
Objective 4:	To utilise vaccination and immunisation buddies in piloting targeted vaccination and immunization clinics in trusted spaces such as community centres and churches.
Objective 5:	

Comments:

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?
Black Caribbean & African people	Increased engagement with vaccination and immunization to reduce negative effects of disease and illnesses

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:

7) PLEASE EXPLAIN HOW THIS PROPOSAL IS “INNOVATIVE”

The idea for change and improved engagement with vaccination and immunisation is indeed a novel idea to solve a longstanding Black people challenge that has not been addressed in Salford. It adopts a creative approach to involve those affected by the issues that influence their engagement and enables coproduction and codesign of the problem in a way that involves the creative aspect of Black peoples lives. The proposal recognises the way that Black people engage with information and in addition those socio-economic factors that can deter people from actively listening and taking part in the solution. Using people.

It is evident that tackling vaccine hesitancy especially within specific groups as seen during the recent COVID-19 pandemic presents a major challenge. Routine methods and processes adopted to increase vaccine uptake often proved futile as there were long-standing issues which seemed not to be considered. Recent evidence has buttressed the need to utilise innovative techniques such as the one presented in this proposal to address these longstanding difficulties in reaching communities. In conveying messages around somewhat controversial topics such as vaccination, it is imperative to use trusted networks and channels which the targeted audience can actively relate to.

Furthermore, a unique presentation of this project is the opportunity to co-produce a material with community members, research evidence and system partners. Incorporating these varying life experiences and views would see us develop a genuine robust film that people is representative of the actual events and help soften the stance on the historical issues which have been highlighted in the past.

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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 type="checkbox"/>	Frailty and ageing
<input type="checkbox"/>	Screening
<input checked="" 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 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	Design, plan, publicise and recruitment of training buddies, project team and volunteers
2 months	Undertake four focus group discussions with participants of varying demographic to consult and generate public input to the project
3 months:	Training of the Vaccine and Immunisation buddies & 1 st Project report to Salford ICP
4 months	Engagement and Media training of the buddies in getting them ready for filming and production
6 months:	Commencement of Film production (scripting and role distribution) & 2 nd Project Report to Salford ICP
9 months:	3 rd Project Report to Salford ICP
12 months:	Film screening celebration event and final project report

11) HOW IS THE PROJECT GOING TO BE MANAGED?

We would establish a project steering group made up of at least 10 people meeting on quarterly basis i.e.

3 CAHN representatives (Chief Officer, Health Partnerships & Policy Manager, and Project Manager). These roles will have staff dedicated allocated time to the delivery of the project. The existing staff in these roles will bring their skills and experiences to the project

3 Community and faith representatives - community and faith leader, young people from grassroot communities, professional community film production company)

3 Black Clinicians (doctors and nurses)

1 Representative from Salford City Council/Salford CCG.

There will be a project delivery team of Project Manager, Project Administrator and volunteers delivering project activities within agreed timescales.

The Project Manager will ensure the project delivered within agreed timescales and budget. The PM would also have responsibility for promotion, advertising and recruitment of participants, management of ethical processes, organizing events as well as the monitoring and evaluation. Internal reporting and governance processes for this project will be overseen by our compliance manager whose role it is to ensure projects follow strict governance processes and follow the timescales indicated on a regular basis. This work fits our overarching aim to address equity gaps and improve outcomes for the Black community. This will help this work to be maintained over the long term.

We will have a steering committee of partners who will sign a delivery contract such as the film production company. An external consultant would be commissioned to write up impact report which would include cases studies, quantitative and qualitative information.

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?

We have a Corporate Delivery and Compliance Manager who would work closely with our internal Data Scientist & Insight Officer to be undertake the monitoring and evaluation of the project.

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

Status reports would be generated bi-monthly to measure the progress of the outlined deliverables. Additionally, the measurable outcomes outlined in the project plan would be RAG rated during the course of the project. This is imperative to ensure the project remains on track and presentable opportunities for improvement during the lifecycle of the project can be considered.

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 information on specific conditions or about healthy living.	DHTs describing a condition and its treatment. Apps providing advice for healthy 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?

Low engagement from groups	We will seek to engage with community and faith leaders and obtain their support at mobilisation phase of the programme. Engagement costs are built into the budget.
Low uptake of Peer Support sessions	We have already established some key ambassadors and connectors in Salford that have shown an interest in this piece of work. We would develop the steering group with key influencers and use our Salford Black Leaders Network, Churches, Salford CVS and other networks.
Low uptake of health buddy programme	Ensure that buddies fully understand their role and what is expected of them. Provision made to pay expenses as well support buddy-led initiatives in small groups and in faith settings.
Vaccination and Immunisation hubs require collaboration with the NHS-other priorities may create time constraints for the health care professionals	We will utilize where we can our existing relationships with pharmacies, GP practices and our own clinicians across Salford to support this work within the hubs
Lockdown	Another wave of the pandemic with high infection rates and lockdown will prevent us from delivering on the film aspect of the project. For other aspects we would have to move everything to virtual delivery with digital engagement with the Caribbean & African community in Salford



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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

£90,250

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

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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.

Activity	Amount
Recruitment, training & support for 14 Vaccination and Immunisation Buddies	£4,800
4 focused groups – organising, venue, refreshment, travel – in English and French	£2,600
Reimbursement for Training sessions for 14 Vaccination and Immunisation Buddies x 2 days @£150	£4,200
Culturally competent Vaccination and Immunisation digital assets - resources development, design & printing	£5,000
Operational Lead – 3 days PT for 12 months @£1,820/month	£21,840
Equipment to enable digital inclusion x6 tablets @ £250 (£1,500) plus data support over 12 months – (£1,440)	£2,940
Programme Administrator- 2 days PT @£910/month	£10,920
Media Training, Filming, Production and screening at celebration event	£18,600
Publicity and social media - development	£2,450
Evaluation and Monitoring	£6,700
Launch and Celebration events	£1,950
Vaccination and Immunisation Buddies pilots sessions (3-4 hours) – venue, refreshment £750 x3 Preparation, recruitment, publicity	£2,250
Management Costs	£6,000
Total	£90,250

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

Low uptake of vaccination and immunisation costs lives and creates a burden for the NHS and the lives of others. Caribbean and African people are significantly more likely to have underlying health conditions that affect outcomes if unvaccinated. Low uptake of vaccination and immunisations also pose a public health risk to society. This project could also see a return on investment through the Black community adopting different lifestyle practices which are sustained through buddies championing healthy behaviours and engagement.

This project provides a return on investment as it will increase if people from the community are to live well and prevent poor health, they are likely to contribute to society through work and reduce the demand on NHS services

Interventions to increase vaccine uptake in Black communities require a multifaceted and multimodal approach and targeted interventions that are designed to meet the specific needs of our communities recognising they are not homogenous. These include: the use of trusted clinicians and community health and faith leaders (buddies) recommending and offering vaccines and immunisations that are safe. It also requires the development of clear information on how the vaccines work and on potential vaccine side effects; use of a range of educational resources - educational information and our lived experience narrative film production - in multiple languages to increase awareness of risk, efficacy of vaccine and to tackle disinformation; engagement work to identify the appropriate settings. This project via the NHS to improve engagement would be more resource intensive but we will utilise assets in our community and within community spaces to meet the goals of the project.

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?

We will use the interim evaluation and learning as evidence for future investment to sustain and scale up the programme. Our ongoing collaboration with Salford City Council, Northern Care Alliance, Salford Integrated Care Partnership and other stakeholders mean there is opportunity to attract additional resources to do further work following the initial phase.

The trained buddies will form a peer support network and will be supported to maintain engagement with our community around vaccination and immunisation. They will be equipped as leaders who would use the tailored resources to support engagement especially around the time of the flu vaccinations sessions.

The tailored resources produced during the programme will be available to health bodies and community groups for use as resources beyond the 12 months.

By building capacity within the community there could be smaller (informal) support groups developed that connects and feed into a bigger CAHN initiative. We will also

continue to build relationships with local community centres, churches and community organisations who may be offer subsidised or free space for future delivery sessions.

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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	
If 'yes', please tick below which of the personal and sensitive data items the asset / system /project will process.	
<p><u>Personal Data Items</u></p> <input checked="" type="checkbox"/> Forename(s) <input checked="" type="checkbox"/> Surname <input type="checkbox"/> Address <input checked="" type="checkbox"/> Postcode <input type="checkbox"/> Date of Birth <input type="checkbox"/> Home Telephone Number <input checked="" type="checkbox"/> Mobile Telephone Number <input type="checkbox"/> Other Contact Number <input type="checkbox"/> GP Name and Address <input 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 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?

Our programme will run in line with our Equality, Diversity and Inclusion policy. This will be inclusive and although the focus is on the Black Caribbean and African community, no one will be turned away from the programme activities and events.

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

This project provides great benefit to the social value cause within Salford:

- 1) **Jobs:** Every stage of this project presents an opportunity to Promoting local skills and employment. From the research phase, to the production and the final outputs. There are several employment opportunities which would be available during the project's lifecycle.
- 2) **Growth:** In Supporting the growth of responsible local businesses and ensuring the originality of the project. Priority would be given to Salford borough in purchasing consumables that would be utilized on delivering the project.
- 3) **Social:** The production and output of the file would undoubtedly foster a healthier, safer and more resilient community within Salford.
- 4) **Environment:** Providing cleaner and greener spaces, promoting sustainable procurement and safeguarding the planet
- 5) **Innovation:** The co-production and delivery of this project would see the production of new ideas and social innovation. This hallmark project with undoubtedly she the light of various non-conventional means to reach communities and improve their health literacy.

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SECTION SEVEN: OPERATIONAL DETAILS

25) REGISTERED DETAILS OF BIDDING ORGANISATION/s

Name of Organisation	Registered Address	Organisation Type
Caribbean & African Health Network CIC	Transformation Community Resource Centre, 1 st Floor, Richmond House 11 Richmond Grove Manchester M13 0LN	Registered CIC

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

Caribbean & African Health Network (CAHN)

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

(Please complete all sections)

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

Name	Charles Kwaku-Odoi
Job Title	Chief Officer
Organisation	Caribbean & African Health Network (CAHN)
Email Address	charlesk@cahn.org.uk
Telephone Number	07575 579377

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

Name	<i>Percy Akudo</i>
Job Title	<i>Business Development and Impact Manager</i>
Organisation	<i>Caribbean & African Health Network (CAHN)</i>
Email Address	<i>percy@cahn.org.uk</i>
Telephone Number	<i>07385 095308</i>

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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

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