



# VCS Challenge Fund

## Healthy Neighbourhoods Challenge Fund - Application Form

Apply here for the Healthy Neighbourhoods VCS Challenge Fund.

The application deadline is Friday 30 January 2026 at 5.00pm.  
All applications must arrive by this date and time.

### About your group or organisation

#### 1. Lead applicant title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Mx

☐ Other (please specify)

#### \* 2. Lead applicant name

First name

Last name

#### \* 3. Lead applicant's email address

Email address

**\* 4. Lead applicant's contact telephone number**

**\* 5. Organisation name**

**6. If your organisation has a previous name or is known as something different to your legal name, what is this?**

**7. Is your organisation a subsidiary of or affiliated to another organisation?**

☐ Yes

☐ No

**8. If yes, please provide details of the parent or affiliate organisation**

**\* 9. Organisation address**

Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Borough	<input type="text"/>
City	<input type="text"/>
Postcode	<input type="text"/>

**10. Address where main activities are held (if different from above)**

Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Borough	<input type="text"/>
City	<input type="text"/>
Postcode	<input type="text"/>

## 11. Website address

## 12. Social media

Facebook

X / Twitter

Instagram

YouTube

LinkedIn

## \* 13. Organisation type

- ☐ Registered charity
- ☐ Charitable Incorporated Organisation (CIO)
- ☐ Community Interest Company (CIC)
- ☐ Community group
- ☐ Company Limited by Guarantee (set up for charitable purposes)
- ☐ Community Benefit Society
- ☐ Other (please specify)

## 14. Charity number (if applicable)

## 15. Company number (if applicable)

**\* 16. When was your organisation established?**

Date

Date

DD/MM/YYYY

**\* 17. What does your organisation do on a day-to-day basis? (max. 150 words)**

**\* 18. Are you able to provide a copy of your full (not abbreviated) accounts for the last financial year?**

☐ Yes

☐ No

**19. Can you provide your latest management accounts or budget for the current financial year?**

☐ Yes

☐ No

**20. Please upload a document of your full accounts for the last financial year and/or management accounts and/or budget for the current financial year (if available).**

If you have any troubles uploading, please send the file to [hello@haringeycollaborative.org](mailto:hello@haringeycollaborative.org) with the subject 'Healthy Neighbourhoods Challenge Fund'

Choose File

Choose File

No file chosen

**21. Optional additional document upload**

Choose File

Choose File

No file chosen

**22. If you are unable to provide your full accounts, we will need details of your bank account so that we can run a credit check.**

Individual /  
Organisation  
name of bank  
account holder

Bank account  
number

Bank account sort  
code

**23. Please select an option to confirm that you consent for us to run a credit check using the bank details provided. This is required only for organisations who are not able to provide full accounts.**

- ☐ Yes, I consent to a credit check
- ☐ No, I do not consent to a credit check



***VCS Challenge Fund***

## **Healthy Neighbourhoods Challenge Fund - Application Form About your project**

**\* 24. What is the name of your project?**

**\* 25. How much funding are you requesting? (please enter an amount in £)**

**Note: Please check the application guidance for details of funding available (maximum £10,000 per organisation)**

**\* 26. Please give a detailed breakdown of your budget - what are the main things you will spend money on. Provide a bullet point list (max. 100 words)**

**Note: In your budget, you are required to allocate £1,500 of staff time to participate in Neighbourhoods-related capacity building. Including:**

- Theory of Change and impact measurement (onboarding session)
- Introduction to Neighbourhoods working session
- Health awareness linked to Neighbourhoods priorities
- Sharing information in your communities about key health messages, and support to signpost/ refer at risk populations
- Involvement in co-designing targeted engagement and awareness raising initiatives

**\* 27. Please note, all Healthy Neighbourhoods Projects should start on the 2nd March and end on the 31st August 2026**

☐ Yes, I confirm these project delivery dates

☐ If you have any issues with these delivery dates, please specify

**\* 28. Does your project address any of the following Health Priorities?**

☐ Hypertension and heart health

☐ Respiratory conditions

☐ Diabetes

☐ Mental health and wellbeing

☐ Housing-related determinants of health

☐ Older people experiencing isolation

**\* 29. How will the work be delivered? Specifically, what will you do? (max. 200 words)**

**Please be as specific as possible about the activities you will deliver in your project. Where possible, include details of how many and/or how often these activities will take place.**

**\* 30. This fund prioritises projects delivered in more deprived areas of Haringey.**

**Please tell us, where in Haringey your project activities will take place (e.g. ward, neighbourhood, or postcode areas) (max 50 words)**

**\* 31. This fund prioritises projects that benefit residents living in more deprived areas of Haringey.**

**Please tell us, where the majority of your beneficiaries live (please be as specific as possible, e.g. ward or postcode) (max 50 words)**

**\* 32. Who will your project benefit? (please select all that apply)**

- ☐ Children / young people and/or their parents
- ☐ Disabled people
- ☐ Faith groups
- ☐ Homeless and rough sleepers
- ☐ Older people (e.g. 50+)
- ☐ People experiencing mental health challenges
- ☐ People with learning disabilities
- ☐ Racialised communities
- ☐ Women and girls
- ☐ Other (please specify)

**\* 33. Please tell us more about the people who will benefit from your project (max. 100 words)**

**\* 34. Which of the broad target outcomes will your project address? (please select all that apply)**

**By outcomes we mean the changes, benefits, learning or other effects your project will deliver.**

- ☐ Improve resident health and wellbeing. Empower people to support their own health/wellbeing, to live healthier lifestyles
- ☐ Address health inequalities by supporting vulnerable populations, socially isolated people, digitally excluded
- ☐ Increase the ‘health literacy’ of the communities being supported. Help residents become more confident engaging with health systems (resident engagement)
- ☐ Improved access to health information and preventative care.



**35. Based on the broad outcome areas you selected above in Question 34, specifically what do you hope to achieve? (max. 200 words)**

**\* 36. Why is your organisation the right one to deliver this project? (max. 200 words)**

**Please describe any skills, knowledge, experience, relationships or other resources that will help you to deliver the project.**

**\* 37. What skills, knowledge, relationships or other resources would you like to receive from Haringey Community Collaborative during your project? (please select all that apply)**

- ☐ Income generation - e.g. fundraising
- ☐ Governance
- ☐ Account / financial management
- ☐ Volunteer recruitment / management
- ☐ Staff and operational management
- ☐ Bid writing
- ☐ Marketing and communications
- ☐ Information technology
- ☐ Volunteer recruitment / management
- ☐ Other (please specify)

Thank you for completing the form. Please use the 'Submit' button below to submit your application.