



# Walking for Health Fund

## 2019 – 2020

### Expression of Interest Form

Before completing this form, please refer to the Walking for Health Fund’s Expression of Interest and Application Guidance Notes, which can be found on our website at [www.pathsforall.org.uk/walking-for-health/wfh-fund](http://www.pathsforall.org.uk/walking-for-health/wfh-fund). If your Expression of Interest Form is approved, an Application Form will be sent to you for completion at the next stage.

You are welcome to contact the Walking for Health Development Officer (DO) for your area to ask for assistance, discuss your ideas, clarify what the fund is looking for, or ask for advice. Their contact details can be downloaded from our website ([www.pathsforall.org.uk/resource/walking-for-health-development-officers](http://www.pathsforall.org.uk/resource/walking-for-health-development-officers)) or you can phone 01259 218888.

The completed Expression of Interest Form should be submitted to your Development Officer no later than **Friday 3<sup>rd</sup> May 2019** for feedback and advice on whether to proceed with a full application. We aim to respond to Expressions of Interest within five working days.

1. Contact Details		
a.	Your name	
b.	Your position	
c.	Organisation name	
d.	Email address	
e.	Phone number	
f.	Local authority area(s) where the project will take place	

Eligibility		
<b>2. Organisation’s Essential Criteria:</b> To be eligible to apply your <b>organisation</b> must meet all the criteria below (a–e). Please confirm that it meets each of the criteria.		
		<b>Yes / No</b>
a.	Working in Scotland	
b.	A constituted group, registered charity, community interest company, public sector or statutory body, health & social care partnership, health board, private sector organisation, school, university or college	
c.	Has its own bank account	
d.	Has a policy for the protection of children and vulnerable adults	
e.	A member of Paths for All’s <a href="#">Scottish Health Walk Network</a> or will become a member if funded. (Membership is free!)	

3. <b>Project's Essential Criteria:</b> To be eligible to apply, your <b>proposed project</b> must aim to meet all the criteria below (a–e). Please confirm that it will:		Yes / No
a.	Take place in Scotland	
b.	Include the delivery of at least one weekly Health Walk*	
c.	Increase the number of new walkers taking part in Health Walks	
d.	Support people experiencing health inequalities to be physically active (e.g. projects that are aimed at helping vulnerable groups who would otherwise experience barriers to participation)	
e.	Improve wellbeing or reduce ill-health	

\* **Definition:** Health Walks are short, safe, social, free, accessible, low-level walks led by trained Walk Leaders. Please refer to the Guidance Notes for further details.

4. Details of the project being proposed for funding		
a.	Project name (if different to 1c.)	
b.	Funding start date	
c.	Funding end date	
d.	<p>Summarise the project you are proposing for funding in no more than 400 words. For example, you should include:</p> <ul style="list-style-type: none"> <li>• The need or demand for your project</li> <li>• The scope or scale of the proposal (including how many current and new walkers will be involved, how many Walk Leaders, how many Health Walks, how many training sessions, the geographical spread or catchment area etc)</li> <li>• Who the activities are aimed at (target groups)</li> <li>• How you plan to recruit new walkers</li> <li>• How the project will support people experiencing health inequality to access physical activity</li> <li>• How the project aims to improve wellbeing or reduce ill-health</li> <li>• What you hope to achieve through these activities</li> <li>• Any other relevant information that is not covered elsewhere in this Expression of Interest Form</li> </ul>	

**5. Active Travel:** Will you be promoting active travel alongside Walking for Health as part of this proposal? **Yes/No**

**6. Project budget**

**a.** How much will the proposed project cost overall? £

**b.** How much of this will you be applying to the Walking for Health Fund for? An estimate is sufficient at this stage. £

**c. Other income:** If applicable, have you identified or applied for funding or in-kind support? If so, please list the sources you have applied to or intend to apply to. For grants of £7,500 or more, applicants are required to equally match the amount being applied for through alternative sources, which can include in-kind support. Refer to the Guidance Notes for further details.

Organisation/fund name	Amount	Application submitted Yes / No	Funding/in-kind support confirmed Yes / No
	£		
	£		
	£		
	£		
	£		
	£		

**d. Budget headings:** Please provide budget headings for items the funding will contribute towards so we know what the grant will be spent on.


**7.** To help us evaluate our promotional methods, please tell us how you heard about this fund.

**Information Retention & Privacy**

Please note that information contained in your Expression of Interest Form will be retained by us so that we can manage your application and any subsequent award of grant and keep you informed about topics which are likely to be of interest to you. For full details of how we store, process and secure your data and your rights in relation to the data, please read our Privacy Policy at [www.pathsforall.org.uk/privacy](http://www.pathsforall.org.uk/privacy).

Paths for All is a partnership organisation. For a full list of our current partners please visit our website [www.pathsforall.org.uk](http://www.pathsforall.org.uk). Paths for All Partnership is a registered Scottish charity No: SC025535 and a Company Limited by Guarantee No: 168554 incorporated 19 September 1996 at Companies House, Edinburgh, Registered Office: Office 8, Forrester Lodge, Tullibody Road, Alloa FK10 2HU.