

BNSSG Communities Against Cancer Application Form – Second Funding Round (October 2026)

Notes on filling out the form

- Please read the application guide before completing this form.
- Please keep your answers concise and follow the word limit for each question.
- We will review your application based only on the information in this form. Please do not assume we already know about your work.
- Email us at cac@chineseccws.org.uk if you have any questions or need support completing the form.

ORGANISATION DETAILS			
Organisation name	Click or tap here to enter text.		
Organisation address	Click or tap here to enter text.	Postcode	Click or tap here to enter text.
Correspondence address (if different from above)	Click or tap here to enter text.	Postcode	Click or tap here to enter text.
Website and/ or social media links(s)	Click or tap here to enter text.		
Type of organisation	Choose an item.	Please specify if you selected 'Other'	Click or tap here to enter text.
Registration number(s) (if applicable)	Click or tap here to enter text.		
Additional requirements	<p>For unregistered groups, please confirm the following:</p> <p><input type="checkbox"/> We understand that we must provide bank statements in our organisation's name covering the most recent 12 months with this application.</p> <p>Reference contact (name and contact details): Click or tap here to enter text.</p>	<p>For charitable companies limited by guarantee, please confirm the following:</p> <p><input type="checkbox"/> We confirm that our organisation has charitable aims, does not distribute profits or surplus to individuals or members, and reinvests any surplus into its activities.</p> <p><input type="checkbox"/> We understand that we must provide our Articles of Association or other governing documents with this application as evidence.</p>	

CONTACT PERSON FOR THIS APPLICATION	
Name	Click or tap here to enter text.
Email	Click or tap here to enter text.
Contact number	Click or tap here to enter text.
Name of the person who will sign the grant agreement if your application is successful <i>This is usually a trustee, director or committee member authorised to act on behalf of your organisation who is also a signatory on your organisation's bank account.</i>	Click or tap here to enter text.

PROJECT SUMMARY	
Project name (if any)	Click or tap here to enter text.
Project target communities	Click or tap here to enter text.
Where do your target communities primarily live? (e.g. neighbourhoods or postcodes) <i>Projects must primarily serve residents outside the Inner City and East Bristol (ICE) area. Projects serving residents in following ICE wards are not eligible for this funding: Ashley, Central, Easton, Lawrence Hill, Eastville, Frome Vale, Hillfields, St. George Central, St. George Troopers Hill, St. George West.</i>	Click or tap here to enter text.
Where will your project activities take place? (e.g. neighbourhoods or postcodes) <i>Projects delivered in the following ICE wards are not eligible for this funding:</i>	Click or tap here to enter text.

<p><i>Ashley, Central, Easton, Lawrence Hill, Eastville, Frome Vale, Hillfields, St. George Central, St. George Troopers Hill, St. George West.</i></p>	
<p>Project start and end dates <i>Projects must take place between 1 November 2026 and 31 August 2027</i></p>	<p>From: Click or tap to enter a date. To: Click or tap to enter a date.</p>
<p>Funding amount requested (£500 - £10,000)</p>	<p>£Click or tap here to enter text.</p>

<p>ABOUT YOUR ORGANISATION</p>
<p>1. About your organisation <i>Please give an overview of what your organisation does. Please do not assume we are familiar with your organisation or activities.</i></p> <p><i>(100 words maximum)</i></p>
<p>Click or tap here to enter text.</p>
<p>2. Tell us about your experience working with your target communities. Why are you well placed to deliver cancer-related messages?</p> <p><i>(150 words maximum)</i></p>
<p>Click or tap here to enter text.</p>
<p>3. Understanding the needs of your target communities <i>Please tell us what challenges or barriers your target communities face in relation to cancer awareness, prevention and early diagnosis.</i></p> <p><i>(100 words maximum)</i></p>

Click or tap here to enter text.

PROJECT OBJECTIVES

4. Which of the following programme objectives will your project support? Please select all that apply.

- Raise awareness of cancer signs and symptoms
- Encourage more people to take part in cancer screening
- Help people understand how healthy lifestyle choices can reduce cancer risk
- Help people feel more confident accessing healthcare services and speaking with health professionals

PROJECT PLANS

5. Is your project made up of different project components?

Project components are groups of related activities within your project.

Some organisations may deliver one main strand of work only — for example, a series of workshops — which could be treated as one project component.

Other organisations may deliver several strands of work, such as digital campaigns, workshops, outreach activities, or support groups. These can be listed as separate project components, even if they work together as part of the same project.

Yes

No (You only need to complete **Component 1** in Question 6)

6. Please tell us about your project components and the key activities planned for each component.

¹ Each component may include several related activities.

² A project component may include multiple outputs. Outputs are measurable, tangible things your project will produce. Where relevant, please include key details such as duration, format, or size.

³ Direct reach: number of participants expected, excluding staff and volunteers delivering the project

⁴ Indirect reach: people who benefit from the project but do not take part directly (e.g. through materials, campaigns or shared information)

Example:

Project Component	What is the name of this component? ¹	What are the key activities planned?	What project outputs will you deliver and how many of each? ²	How many people will take part?³	Optional: How many more people may benefit?⁴
Component 1	ABC Campaign	Produce ABC materials with community members	X-hour session x3 X-minute video x 2 ABC resource (X size) x 5	20	300
Component 2	ABC Workshops	Run thematic workshops about ABC	X-hour session x 6	100	300
Component 3	ABC Outreach	Handing out ABC to target communities	ABC resource (X size) x 300 X-minute session x 6	100	400

Project Component	What is name of this component?¹	What are the key activities planned?	What project outputs will you deliver <i>and</i> how many of each?²	How many people will take part?³	Optional: How many more people may benefit?⁴
Component 1	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Component 2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Component 3	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Component Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

To add another component, click anywhere in the last row of the table. A + (plus) button will appear—click it to add a new row.

7. Why will your proposed project component(s) and activities be effective in supporting the programme objectives?
(150 words maximum)

Click or tap here to enter text.

8. Project timeline

Please list the main activities planned for each quarter.

Example:

Quarter / Year	Activities
Q4 2026	<ul style="list-style-type: none">• <i>Planning and preparation</i>• <i>Project lead attending training</i>• <i>Recruitment of participants</i>• <i>Promotion of events</i>
Q1 2027	<ul style="list-style-type: none">• <i>Component 1 – 2 events</i>• <i>Component 2 – 3 events</i>• <i>Conduct feedback surveys</i>
Q2 2027	<ul style="list-style-type: none">• <i>Component 3 – 2 events</i>• <i>Conduct feedback surveys</i>
Q3 2027	<ul style="list-style-type: none">• <i>Review and report</i>

Quarter/ Year	Activities
Q4 2026	Click or tap here to enter text.
Q1 2027	Click or tap here to enter text.
Q2 2027	Click or tap here to enter text.
Q3 2027	Click or tap here to enter text.

9. Is this project a part of a larger project? Please select one option.

Yes – Please describe the larger project and explain how your project fits within it.
(150 words maximum)

No

Click or tap here to enter text.

10. Partnership or collaboration (Optional)

If you are working with other organisations, please tell us:

- *Who they are*
- *How you will work together (including if you will pay them to deliver part of the project)*
- *How the work and funding will be shared*

(100 words maximum)

Click or tap here to enter text.

PROJECT IMPACT AND MEASUREMENT

11. What difference will your project make?

Tell us what will change because of your project. For example, what will people gain, improve, or do differently?

(100 words maximum)

Click or tap here to enter text.

12. Which of the following information will you be able to collect to demonstrate your project's impact? Please select all that apply.

For items (ii)–(v), information should be collected before and after the project (for example, using a simple survey). We can provide templates to help with this, if needed.

	Information	Yes	No	N/A (Comments)
i	Number of people taking part (including basic demographic details like outward postcodes)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
ii	People reporting increased confidence in recognising signs and symptoms of cancer	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
iii	People reporting increased intention to take part in cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
iv	People reporting improved awareness of how a healthier lifestyle can reduce cancer risk	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
v	People reporting increased confidence in accessing healthcare	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

13. How else will you measure your project's impact?

Please tell us about any other ways you will understand the difference your project is making (e.g. feedback forms, interviews, case studies, etc.)

(100 words maximum)

Click or tap here to enter text.

COST BREAKDOWN

14. Please provide a breakdown of your costs.

Cost types may include:

- Staff costs (include hourly rate and estimated hours, with on-costs such as NI and pension)
- Venue hire, advertising, refreshments, and other event costs
- Volunteer costs
- Any other direct project costs

If a project component includes multiple types of costs, please enter these as separate cost items.

Example:

Project Component (Refer to Question 6)	Type of cost	Cost Breakdown	Cost
Project Component 1	Staff Cost	£20 per hour x 20 hours	£ 400
Project Component 1	Venue Hire	£20 per hour x 10 hours	£ 200
Project Component 2	Staff Cost	£20 per hour x 2 hours	£ 40
Project Component 2	Refreshments	£30 per session x 6	£ 180

Project Component (Refer to Question 6)	Type of cost	Cost Breakdown	Cost
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	£Click or tap here to enter text.
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	£Click or tap here to enter text.
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	£Click or tap here to enter text.
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	£Click or tap here to enter text.
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	£Click or tap here to enter text.
TOTAL COST			£Click or tap here to enter text.

To add another cost item, click anywhere in the last row of the table. A + (plus) button will appear—click it to add a new row.

15. Is the total project cost the same as the funding amount requested?

<input type="checkbox"/> Yes	<input type="checkbox"/> No — Please explain why the total project cost is different from the funding amount requested. <i>If the project costs more than the amount you are applying for, how will you cover the shortfall?</i> Click or tap here to enter text.
------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

16. If we are unable to fund your full project, would you be able to deliver part of it or deliver it at a reduced scale (for example, fewer activities, locations, or communities)? Please select one option.
Selecting “Yes” does not mean your funding will be reduced. It helps us understand whether your project could be adapted if needed. We would discuss any changes with you.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

DECLARATION

By submitting this application, I confirm that the information in this form provides a true and accurate overview of the project and our organisation.

Name of person submitting application	Click or tap here to enter text.
Date	Click or tap to enter a date.

RETURNING YOUR APPLICATION

Please email your completed application to cac@chinesecws.org.uk
You should receive an email confirming we have received your application. If you do not receive a confirmation, please resend your application.