

Inclusion and Participation Discovery Grant

Part One – Your Organisation

Organisation (full title)	
Address	
Telephone number	
Website	
Address for correspondence (if different from above)	
Legal status of organisation (please state registered charity number if applicable)	

Main contact

The ALLIANCE will contact the main contact provided to with the outcome of the application. Please ensure contact details are accurate.

Name	
Position or role	
Telephone or mobile number	
Email address	

Part Two – Project Details

<p>Grant requested (up to £3000)</p>	
<p>Description of your proposed project / engagement (250 words or fewer)</p> <p>Please let us know:</p> <ul style="list-style-type: none"> – the type of engagement you would like to carry out – how you would carry out the engagement and gather feedback 	
<p>Who is your target audience for this engagement?</p>	
<p>Who will lead / contribute to this work? Please name any members of staff that you expect to involve in this work.</p>	
<p>What area/s of Scotland will your project cover? (Select all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div data-bbox="225 1350 544 1980" style="width: 45%;"> <ul style="list-style-type: none"> Scotland-wide Aberdeen City Aberdeenshire Angus Argyll and Bute Clackmannanshire Dumfries and Galloway Dundee City East Ayrshire East Dunbartonshire East Lothian East Renfrewshire Edinburgh City Falkirk Fife Glasgow City Highland </div> <div data-bbox="614 1339 976 1975" style="width: 10%; text-align: center;">  </div> <div data-bbox="1114 1391 1406 1980" style="width: 45%;"> <ul style="list-style-type: none"> Inverclyde Midlothian Moray North Ayrshire North Lanarkshire Orkney Islands Perth and Kinross Renfrewshire Scottish Borders Shetland Islands South Ayrshire South Lanarkshire Stirling West Dunbartonshire Western Isles West Lothian </div> </div>	

Will your engagement address any inequalities experienced by people with certain protected characteristics under the Equality Act 2010? (Select all that apply)

- | | |
|--------------------------------|--------------------|
| Age | Race |
| Disability | Religion or belief |
| Gender reassignment | Sex |
| Marriage and civil partnership | Sexual orientation |
| Pregnancy and maternity | |

Part Three – Budget

Proposed expenditure What are you intending to use the requested funds for?	Amount
Total:	

Part Four – Engagement plan

Your Engagement Plan should detail the idea for your project and how it meets the criteria set in the Guidance section.

Tell us:

- What do you want to do?
- How will you do it?
- What difference will it make?
- How will you know if it is successful?
- How will your project meet the core grant criteria and embed our [Human Rights Principles for Digital Health and Social Care](#)

Please note that in order for your project to be considered as part of this fund, you need to make it clear how you will engage with your target audience to uncover new insights with regards to people’s needs surrounding digital health and social care services.

Your plan should be no more than one side of A4.

Part Five – Signatures

I confirm that the information provided for this application is true and accurate.

Name	
Signed	
Date	
Position in organisation	