

Croydon Loves You 2026 Application Questions

This document includes all questions on the CLY 2026 online Application Form. You may wish to refer to it as you prepare to input answers and complete the form. Alternatively, you may use this document as a guide when creating an audio or video recorded application, or complete and return written responses if you are unable to complete the online form.

If you have any questions or need help, please don't hesitate to contact the Creative Health team on creativehealth@croydon.gov.uk at any time during your application.

SECTION 1: About You/Your Organisation

1. Your name:

Please give the name of the person making this application

2. Contact email:

Please ensure you double check the email address for any typos, as we will not be able to contact you with your grant decision if provided incorrectly.

3. Are you applying on behalf of an organisation?

☐ Yes ☐ No

If yes, please give the organisation's full name and address:

If yes, please list the type of organisation (e.g., registered charity, Community Interest Company, unincorporated group, etc.)

You do not need to be a registered charity, company or other incorporated organisation to apply, but if you are, please include your registration numbers.

4. What do you or your organisation do? (Maximum 50 words)

Make sure you include:

- *A summary of the main purpose of your organisation (whether this is arts or culture-based or not)*
- OR
- *If you are an individual / sole trader, tell us about your main work, practice and/or experience*

5. Do you or anyone in your organisation have any private or personal interests that conflict with or could bring negative publicity on the Council if awarded this grant?

☐ Yes ☐ No

If yes, please describe.

SECTION 2: Overview

1. Tell us the name of your project/programme:

2. Please select the level of grant you are applying for.

- ☐ Micro Grant (£500-£1,500)
☐ Project Grant (£1,500-£5,000)
☐ Programme Grant (up to £15,000)

3. Select which community at risk of health inequalities you will PRIMARILY aim to engage.

Select one option. You will be able to select further communities below.

- ☐ People experiencing low socio-economic status or deprivation, including those currently unemployed
☐ People from global majority backgrounds
☐ LGBTQ+ people
☐ People with physical or learning disabilities, or sensory impairments
☐ Neurodivergent people
☐ People who do not speak English fluently
☐ Children in care or with experience of care
☐ Informal family carers
☐ People experiencing homelessness or housing insecurity
☐ Young people not in education, employment or training
☐ Asylum seeker, refugee or migrant communities

Select any other communities at risk of health inequalities you will aim to engage.

You are welcome to work with just one community. If you are aiming solely to work with the group selected above, leave this question blank.

- ☐ People experiencing low socio-economic status or deprivation, including those currently unemployed
- ☐ People from global majority backgrounds
- ☐ LGBTQ+ people
- ☐ People with physical or learning disabilities, or sensory impairments
- ☐ Neurodivergent people
- ☐ People who do not speak English fluently
- ☐ Children in care or with experience of care
- ☐ Informal family carers
- ☐ People experiencing homelessness or housing insecurity
- ☐ Young people not in education, employment or training
- ☐ Asylum seeker, refugee or migrant communities

If applying for a Programme Grant, please skip to Question 5.

4. Select what health outcome your project is MOST aiming to achieve:

Select one option. This should be the primary aim of your project. You will be able to select further needs below.

- ☐ Improve low mood or low self-esteem
- ☐ Reduce symptoms of depression or anxiety
- ☐ Decrease social isolation and/or loneliness
- ☐ Increase physical activity
- ☐ Keep people with dementia cognitively stimulated and physically active
- ☐ Support people to manage long term health conditions (i.e., conditions without cure, such as diabetes, chronic obstructive pulmonary disease, or stroke)

Select any other health outcome(s) your project will aim to achieve:

You are welcome to work towards just one health outcome. If you are aiming solely to achieve the outcome selected above, leave this question blank.

- ☐ People experiencing low mood or low self-esteem
- ☐ People with mental health needs, including depression or anxiety
- ☐ People experiencing or at risk of social isolation and/or loneliness
- ☐ People living with dementia and/or frailty
- ☐ People who need support with healthy weight management
- ☐ People who need support to manage long term health conditions (these are conditions without cure, such as diabetes, chronic obstructive pulmonary disease, sickle cell anemia, stroke, or others)

If you are applying for a Micro or Project Grant, please skip to Section 3.

5. Select what health outcome your programme is aiming to achieve:

Select one option. This should be the primary aim of your programme.

- ☐ Promoting healthy lifestyles (increased physical activity and healthy eating)
- ☐ Mental health & social isolation support
- ☐ Support for people experiencing housing issues

SECTION 3: About your activity

1. Tell us what you want to do. (Maximum 300 words)

Make sure you include:

- *What activity, workshops, events or training you will be doing*
- *Who the primary participants will be (try to be as specific as possible)*
- *Who will deliver this work (including any partners or artists) and their experience*
- *What artform(s) the participants will engage with*
- *Where your activity will be taking place (if in specific locations)*

2. Tell us why you want to do this. (Maximum 300 words)

Make sure you include:

- *What ideas or experiences have led you or your organisation to this work*
- *How you know this project is needed*
- *Any existing relationships or consultations you have carried out with groups/communities you are wanting to engage*
- *How the activity will support participants to achieve the health outcomes selected above, and any others you have set*

3. How will you reach the priority community selected above? (Maximum 150 words)

Make sure you clearly describe:

- *if/how you have consulted or worked with the community beforehand to build recruitment pathways*
- *how you will ensure your project reaches the people you have intended, rather than general public.*

If applying for Micro or Project Grant, skip to Section 4.

4. What qualifications, experiences or partnerships with experts do you have in place to ensure your project is evidence-based and delivering best practice? (Maximum 150 words)

Make sure you include:

- Any relevant training or qualifications you hold
- If the project has been created with clinicians or other relevant experts
- If clinicians or other relevant experts have been consulted on the project
- If clinicians or other relevant experts will be part of project delivery

SECTION 4: Creative Health Quality Framework

Croydon Loves You 2026 will use the Creative Health Quality Framework to assess applications. This framework was developed by the [Culture, Health and Wellbeing Alliance](#) to underpin good quality Creative Health delivery. You will need to refer to the [CLY 2026 Application Guidelines](#) and/or the CHWA website to answer the following questions.

Please explain how your activity meets each Creative Health Quality Principle.

(Maximum 1 sentence per Principle). Your response may reference the design, delivery or evaluation of your work.

1. What steps are you taking to ensure your project is Person-centred?
2. What steps are you taking to ensure your project is Equitable?
3. What steps are you taking to ensure your project is Safe?
4. What steps are you taking to ensure your project is Creative?
5. What steps are you taking to ensure your project is Collaborative?
6. What steps are you taking to ensure your project is Reflective?
7. What steps are you taking to ensure your project is Realistic?
8. What steps are you taking to ensure your project is Sustainable?

SECTION 5: Outputs

1. How much activity will be delivered?

Please note, projects are not expected to deliver every type of activity listed. Boxes accept text and numerical input – please put as much information as necessary to be clear about your expected output.

Type of Activity	Number delivered during project (Enter as number with explanatory text if needed)
Workshops	
Performances, screenings or exhibitions	
Training sessions	
Other activity (please specify): _____	

2. How many people do you expect to engage in this project?

Please note, projects are not expected to engage every type of participant listed. Boxes accept text and numerical input; please put as much information as necessary to be clear about your expected reach.

Type of Participant	Number reached during project (Enter as number with explanatory text if needed)
Active participants (i.e., people taking part in creative activities and achieving health/wellbeing outcomes.	
Audience members	
Volunteers	
Artists / Creatives	
Partner organisations	
Other participants (please specify): _____	

SECTION 6: Evaluation

CLY 2026 receives funding from Public Health and we must demonstrate the outcomes of the programme on the health and wellbeing of participants. Each successful grant will be required to complete a minimum level of evaluation to provide information on outcomes.

The Creative Health team will work with successful applicants to design evaluation measures that are proportionate to your level of funding and feasible to deliver within your project's timeframe and capacity.

You are encouraged to include any costs related to evaluation activity in your project budget and grant request. Projects will have 5% of funding retained by Croydon Council until evaluation reports have been completed and submitted (remember to cash flow accordingly).

Please tick to confirm you agree with the statement relating to your grant level:

☐ **Micro Grants (£500-£1,500)**

I understand if my application is successful, a representative of the project will be required to attend a (not more than) 30min evaluation planning meeting with the Creative Health team in order to receive my grant agreement and first payment. I confirm I will complete monitoring and evaluation as agreed during this meeting, which will include attendance data, demographic monitoring and qualitative feedback. I agree to commit a minimum of 1 day of someone's time (paid or voluntary) to complete this evaluation. I confirm I have included any costs, fees or expenses related to this evaluation in my budget.

☐ **Project Grants (£1,500-£5,000)**

I understand if my application is successful, a representative of the project will be required to attend a (not more than) 30min evaluation planning meeting with the Creative Health team in order to receive my grant agreement and first payment. I confirm I will complete monitoring and evaluation as agreed during this meeting, which will include participant attendance data, demographic monitoring and qualitative survey feedback; baseline and post-activity measures and/or case studies may also be required, if appropriate to the project. I agree to commit a minimum of 2 days of someone's time (paid or voluntary) to complete this evaluation. I confirm I have included any costs, fees or expenses related to this evaluation in my budget.

☐ **Programme Grants (up to £15,000)**

I understand if my application is successful, a representative of the project will be required to attend a (not more than) 30min evaluation planning meeting with the Creative Health team in order to receive my grant agreement and first payment. I confirm I will complete monitoring and evaluation as agreed during this meeting, which will include participant attendance data, demographic monitoring and qualitative survey feedback; baseline and post-activity measures and case studies, if appropriate to the project. I agree to commit a minimum of 3 days of someone's time (paid or voluntary) to complete this evaluation. I confirm I have included any costs, fees or expenses related to this evaluation in my budget.

SECTION 7: Financials

- 1. What is the total amount you are requesting from CLY 2026?**
- 2. Will you charge a fee, membership, ticket price or otherwise receive income from any part of your project?** *Remember, you MUST declare any income generated from the project here and in the budget template, and demonstrate how this income supports delivery costs rather than generates a profit.*

☐ Yes ☐ No

If yes, please explain:

- ☐ Reason for charging (e.g., to make work sustainable, to ensure attendance, etc.)
- ☐ Amount per person and/or session:
- ☐ Any mitigations for participants who are unable to pay.

(Maximum 150 words)

- 3. Budget Template**

Please upload your completed [CLY 2026 Budget Template](#).

Remember, you MUST declare any income expected to be generated during the project in the income section of the budget template, and demonstrate how this will cover project costs rather than create a profit.

SECTION 8: Timeline

Please complete and upload the provided [CLY 2026 Timeline Template](#) to outline the timeline of your activity, including any planning, delivery and evaluation. Dates can be approximate but try to be as specific as possible.

Remember, your project timeline should start after the grant decision date and initial evaluation meeting, and must be completed by March 31st 2027 (including submitting evaluation information).

SECTION 9: Safeguarding

If you are working with children (anyone under age 18, or up to 25 if with special educational needs) or vulnerable adults, you are required to hold relevant Safeguarding Policy & Procedures. If this is relevant to your project, please upload your documents here.

If you are new to safeguarding or unsure how to create a policy, please refer to the [guidance](#) available on the CLY2026 webpage.

SECTION 10: Equalities monitoring

We aim to ensure that CLY 2026 and the wider Creative Health Programme are accessible to everyone. In order to check how we are doing and make improvements, we would appreciate if you would take the time to complete this anonymous equality and monitoring survey upon submission of your application. Your responses to this survey will not be connected to your application or influence outcomes in any way.

<https://forms.office.com/e/8KPmq3Cg8t>