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| **DERBYSHIRE VOLUNTARY ACTION  HEALTH AND WELLBEING GRANT SCHEME 2024-25** | | | | | | | |  | |
| **APPLICATION FORM** | | | | | | | |
| Please read the Guidelines **before** completing this application form and answer all the questions. An incomplete application form will lead to a delay in processing your application.  If you need any assistance please contact Kim Gosling, Finance and Grants Administrator – [kim@dva.org.uk](mailto:kim@dva.org.uk) / 07546 023161. | | | | | | | | | |
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| 1. **Name of group/organisation:** | | | | | | | | | |
| 1. **What are the aims of your group/organisation?**   *We are interested to know how your work contributes to people’s health and wellbeing.* | | | | | | | | | |
| 1. **Which of these four funding priorities does the your Health and Wellbeing Grant application cover?**   *(Please tick as appropriate)*   |  |  | | --- | --- | | 1. **Financial Inclusion** |  | | 1. **Mental Health & Wellbeing** |  | | 1. **Social Connectedness**   (Including digital connections) |  | | 1. **Children and Young People** |  | | **4a. Which age group are you targeting?**  *(Please tick all that apply)*   |  |  | | --- | --- | | Under 5’s |  | | 6-11’s |  | | 12-18’s |  | |  |  | | | | **4b. If under 5’s, please tick which apply.**   |  |  | | --- | --- | | Ready for Nursery |  | | Speech & Language |  | | Motor Skills & Physical Activity |  | |  |  | | | | | | | | | | | | |
| 1. **Is this Health and Wellbeing Grant?**   *(Please tick one box only)*   |  |  | | --- | --- | | 1. New project |  | | 1. Existing project |  | | 1. Scaling up of existing project |  | | | | | | | | | | |
| 1. **Please give a broad outline the project / activity you want the Health and Wellbeing Grant to fund.**   *(Give as much detail as possible, for example, what you want to do, what will happen, who will organise it, who will benefit from it, how many people will benefit from it…)* | | | | | | | | | |
| 1. **How many people do you expect to benefit from your work in 2024-25?** | | | | | | |  | | |
| 1. **Where do you anticipate the people who will benefit will come from?**   *(Please tick all that apply. If ticking more than one area, please give a percentage of how many people will benefit from each area)*   |  |  |  | | --- | --- | --- | | Bolsover |  |  | | North East Derbyshire |  |  | | Chesterfield |  |  | | | | | | | | | | |
| 1. **Five Ways to Wellbeing**   **We want to ensure that the work we support promotes good mental health by funding activities which incorporate one or more of the 5 Ways to Wellbeing.**  *(Please tick all that apply)*     |  |  | | --- | --- | | **Connect** |  | | **Get active** |  | | **Take notice** |  | | **Learn** |  | | **Give** |  | | | | | | | | | | |
| 1. **Please give us a short description on how you will incorporate one or more of the 5 Ways to Wellbeing into the activity the grant will fund - and how you will promote it to your participants or beneficiaries.** | | | | | | | | | |
| 1. **We ask all the projects we fund to send in an Evaluation Form at the end of the project. Please tell us briefly how you plan to collect the information that will tell you whether your beneficiaries have benefitted from your project or activity.**   *(e.g., participant questionnaire, quotes, case studies)* | | | | | | | | | |
| **HOW YOUR GROUP OPERATES** | | | | | | | | | |
| 1. **Does your group or organisation have some form of management committee.**   If **YES,** please list individuals and position held below or attach a list.  If **NO,** please describe any informal management group. | | | | | | | | | |
| 1. **Does your organisation have a constitution or working rules?**   **YES/NO** *(delete as appropriate)*  If **YES**, please attach.  If **NO,** please explain why. | | | | | | | | | |
| 1. **Derbyshire Voluntary Action requires groups to have public liability insurance in the name of the group, plus employer’s liability if you have staff/volunteers.**   Does your Group have insurance cover? **YES/NO** *(delete as appropriate)*  If **YES**, please state the name of the Insurance Company and Policy Number:  If **NO**, please include an insurance quote with your application. | | | | | | | | | |
| 1. **How much money does your organisation have in free unrestricted reserves?**   *(Money in the bank that is* ***not*** *set aside for a specific purpose)*  £ | | | *If over £30,000 please provide details of what this money is for (do not include fixed assets).*  ***PLEASE ATTACH******a copy of last year’s annual accounts OR income and expenditure for your last financial year, OR, for new groups, estimated annual income and expenditure.*** | | | | | | |
| 1. **Do you raise funds yourselves?**   **YES/NO** *(delete as appropriate)* Please give brief details. | | | | | | | | | |
| **THE GRANT** | | | | | | | | | |
| 1. **How much are you applying for?** | | | | | | | £ | | |
| 1. **What will the grant be used for?**   *Please refer to the guidelines and attach a continuation sheet if necessary.*  *You can apply for a maximum of £1,000 per area for project costs.* | | | | | | | | | |
| 1. **Please itemise the expenditure you have described in Question 17**   *(Use a separate sheet if necessary)* | | | | | | | | |  |
| **PROJECT COSTS**  *(one-off costs associated with a specific project or activity you want to run in 2024, e.g., sessional workers, materials) maximum £1000.* | | | | | | | | | Amount  (£) |
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| **TOTAL** | | | | | | | | |  |
| 1. **MATCH FUNDING**   **Where else have you applied for funding for this activity in the last 6 months? Also include here any financial contribution that participants will make, if you will make a charge for them to take part.** | | | | | | | | | |
| Where applied? | Date applied | | | Amount requested | | Successful?  YES/NO  Amount granted? | | Result not yet known | |
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| 1. **IN-KIND CONTRIBUTION**   **Please tell us about any elements of your project that will be provided ‘in-kind’ (items that will be contributed or donated to the project at no cost)**  *(e.g., volunteer time, staff time, venue fees)* | | | | | | | | | |
| 1. **BANK/BUILDING SOCIETY DETAILS**   *The account should be the group’s name and have a minimum of two unrelated signatories.*  *We cannot make payments to individuals.*  **Name of Bank/Building Society:**  **Account Name:**  **Account Number:**  **Sort Code:** | | | | | | | | | |
| 1. **Will the activity be able to continue in some form after the funding has been spent?**   **YES/NO** *(delete as appropriate)* **If yes, please describe how.** | | | | | | | | | |
| 1. **Is your organisation a member of Derbyshire Voluntary Action?**   **YES/NO** *(delete as appropriate)*  If **NO,** and you would like to become a member please visit our website for a membership form and database form. | | | | | | | | | |
| **YOUR CONTACT DETAILS** | | | | | | | | | |
| **Contact name:** | | | | | | | | | |
| **Phone:** | | **Email:** | | | | | | | |
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| **I certify that my answers are true and complete to the best of my knowledge.**  **Applicant signature: Date:**  **Position of signatory:**  The signatory MUST be member of the Management Committee, a worker employed by the Group, or someone authorised by the Group. **(Please sign by hand or insert a digital signature)** | | | | | | | | | |
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| Please email this completed application form and supporting documentation to Kim Gosling at: [kim@dva.org.uk](mailto:kim@dva.org.uk) or post to **Derbyshire Voluntary Action, 3rd Floor, Dents Chambers, 81 New Square, Chesterfield S40 1AH.** Please allow plenty of time for your application to be received before 31 May 2024.  **Applications can be submitted up to and including 31 May 2024.**  **Please note**: All applications received will be forwarded to the panel for their consideration after 31 May 2024. You will be notified of the outcome of your application as soon as possible once a decision has been made.  All personal information provided will be held and treated in confidence in accordance with the Data Protection Act 2018. It will only be used for the purpose for which it was given. Your personal details will be securely disposed of after we have received your Evaluation Form. | | | | | | | | | |

Continued…

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| **PLEASE MAKE SURE YOU HAVE FULLY COMPLETED THE FORM** | |
|  | **✓** |
| Questions 1- 23 |  |
| A detailed expenditure breakdown of what the Derbyshire Voluntary Action grant will be used for |  |
| The name of your insurance company |  |
| **AND INCLUDE:** |  |
| Details of income and expenditure for last financial year  OR  A copy of your Annual Accounts  OR  For new groups – estimated income and expenditure |  |
| **Evaluation form for last Derbyshire Voluntary Action Grant received** *(if applicable)* |  |
| **Database Form**  *(Unless previously submitted to Derbyshire Voluntary Action and no changes necessary)* |  |
| **Membership Form**  *(Unless previously submitted to Derbyshire Voluntary Action)* |  |