**Mental Health Small Grant Application Form**

The objective of this fund is to enable local voluntary and community groups and organisations to improve or extend their work supporting Derby and Derbyshire residents aged 18 plus to maintain good mental health.

Maximum Grant Award 5k per Organisation

Applicants will be expected to show a clear link between the activity they are applying to fund and the impact this has on participants’ mental health.

Grants can be used for a defined ‘one off’ project. All funds need to be spent and evaluations completed by 31st March 2025. Groups will need to provide evidence of how the grant has been spent and it’s impact on local residents.

Application Deadline: Monday 21st October at 5pm

A second funding round may be opened if all funds are not allocated during the first round.

**Please Note: This grant is for Capital expenditure only.** This could involve the purchase of assets or the refurbishing of existing assets. As such, grants can be used for small items of equipment to support delivery. Examples include (but are not limited to) laptops, kitchen equipment, repairs to building etc.

Please ensure you have completed all the questions and have provided the relevant estimates etc.

If you require help with your application please contact your nearest CVS/Infrastructure organisation who will be able to help (see details at the end of the form).

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| --- | --- |
| Who Can Apply For a Grant? | Who Cannot Apply For a Grant? |
| • An Unincorporated Association (a group set up with a constitution) | • Individuals |
| • A Registered Charity | • Private Businesses |
| • A CIO or CIC (excluding those limited by shares) | • Any organisation that has political activity as one of its stated purposes i.e. as defined by the Charity Commission for England and Wales: any purpose directed at furthering the interests of any political party; or securing, or opposing, any change in the law or in the policy or decisions of central government, local authorities or other public bodies, whether in this country or abroad. |

Organisational Details

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| --- | --- |
| Organisation name: |  |
| Contact Name (of person completing this form): |  |
| Position within the organisation: |  |
| Main contact address: |  |
| Organisation address (if different from above) |  |
| Organisation telephone number: |  |
| Contact email address: |  |
| Registered Charity or Company number: |  |
| Affiliations with national organisations: |  |
| Website address: |  |
| Bank / Building Society Details | Bank Name: |
| Account Name: |
| Account Number: |
| Sort Code: |

1. About your organisation

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| **Please describe (in 250 words or less) what your group does and how it supports the participants mental health and wellbeing.** *Clearly describe your organisations aims and the people and / or geographical communities where the support is focused. Tell us how your organisation has reach into these communities. Please tell us about the size of your organisation and the types of services offered.* |
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1. About your experience

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| **Please describe (in 250 words or less) what experience your organisation has of providing activity which supports mental health and wellbeing.** *Please tell us how your organisations activities support people to improve or maintain their mental wellbeing and any examples of experience delivering similar projects and the kind of outcomes achieved.* |
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1. Partnership Working

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| **Briefly explain (in 200 words or less) how your organisation works in partnership with other voluntary groups or statutory agencies.** *Please demonstrate how you link in with wider support networks eg. other organisations, local forums or mental health pathways: This is not a requirement of receiving funding but we would strongly encourage collaboration where possible.* |
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1. Location

Which of the following areas do the people live who will mainly benefit from your support? Please tick all that are appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| Derby City |  | North-east Derbyshire & Bolsover |  |
| Amber Valley |  | High Peak |  |
| South Derbyshire |  | Derbyshire Dales |  |
| Erewash |  | Countywide, including City |  |
| Chesterfield |  | Countywide, excluding City |  |

1. Risk Assessment

What risks are involved in the project (e.g. financial, cyber managerial, health & safety etc.) and what contingency plans are in place

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1. Project Planning

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| **Outline (in 500 words or less) your proposal for how the grant will be used to support people to maintain or improve their mental health and wellbeing.** *This is your opportunity to tell us how will use the grant. We would like a clear idea of how the funding will be utilised to enhance the offer available.* |
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1. Project Budget

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| **Grants of up to £5000 are available. Please tell us the amount you need and give us a brief explanation of how it will be spent (up to 200 words)** |
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**Please provide us with an estimation of your costs:**

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| --- | --- |
| Expense | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| TOTAL |  |

|  |
| --- |
| **If you are receiving income from another source to supplement your costs, please tell us where the match funding is from, how much it is and when you expect to have received it.** |
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Reserves

Please can you give an overview of your charity reserves as of the date of this application:

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1. GDPR

**Data Protection Disclaimer**

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 is given.

Your details will be kept securely and for as long as deemed necessary.

Please sign to provide your consent and agreement that Erewash Voluntary Action may keep your details.

Signature:

1. Eligibility Criteria

Please ensure you have enclosed all of the following documents (if applicable):

|  |  |  |
| --- | --- | --- |
| Governing Document eg. constitution or memorandum of articles | YES | NO |
| Previous year’s accounts | YES | NO |
| Adult Safeguarding Policy | YES | NO |
| Confirmation that all relevant staff / volunteers have been DBS checked | YES | NO |
| Public Liability Insurance | YES | NO |
| Have you answered all the questions on this form? | YES | NO |
| Do you have a minimum of two signatories on the bank account provided | YES | NO |

1. Important Information

It is important that you read and understand this section, as it is a condition of any application that you accept the following:

* All decisions of the decision-making panel are final
* When an awarded grant expires, there is no commitment to provide any further funding to the project
* If necessary, we may seek additional information to check your organisation and your application
* Any attempt to influence the outcome of an application may result in your application being disqualified
* We may use the name of your group or organisation and details from your monitoring form as well as your case study in our own publicity or reporting to the grant scheme funders
* Your contact details will be shared with stakeholders (Joined up Care Derbyshire) and members of the decision-making panel
* An end of grant monitoring form will be required to identify how the grant has been spent and the impact made

1. Signed declaration

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| --- |
| I confirm that I have read and understood the important information and that all the information I have provided is true and correct. I have the delegated authority to sign this application on behalf of the organisation. |
| Name: |
| Signature: |
| Position within organisation: |
| Date: |

Please return this form, along with all the necessary documents, to:

For BME Groups shruti.vispute@linkscvs.org.uk or post to: Links CVS, Suite H, First Floor,

Market Hall, Market Place, Chesterfield S40 1AR

Alternatively, send to: kim@dva.org.uk or post to: Derbyshire Voluntary Action, 3rd Floor,

Dents Chambers, 81 New Square, Chesterfield S40 1AH

In case of queries please contact: Links CVS on 01246 274844 or DVA: 01246 555908

Closing date for applications is Monday 21st October 2024 at 5pm

Late applications will not be assessed.

12.For office use only

|  |  |
| --- | --- |
| Date application submitted |  |
| Application submitted to |  |
| Approved by |  |
| Date approved |  |
| Date notified |  |
| Date of payment to group |  |