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| **Health and Wellbeing Grant 2025-26****Derbyshire Voluntary Action Health and Wellbeing £1000 Grant Scheme**  |  |
| **APPLICATION FORM** |
| Please read the Guidelines **before** completing this application form and answer all the questions. For assistance, contact Kim Gosling at grants@dva.org.uk / 07546 023161. Incomplete forms may delay processing. **CLOSING DATE: 11th August 2025** |
| **SECTION 1: ABOUT YOUR GROUP / ORGANISATION** |
| **Group/Organisation name:** |
| **Group/Organisation:**(What do you do and how does your work contribute to people’s health and wellbeing) |
| **Does your organisation have a constitution or working rules:** (tick one)

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| **Yes** (attach copy) |  |
| **No** (explain why) |  |

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| **Does your group/organisation have insurance cover:** (tick one)

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| **Yes** (include Insurance Company and Policy number) |  |
| **No** (include an insurance quote) |  |

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| **Do you raise funds yourselves?**

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| **Yes** (give brief details) |  |
| **No**  |  |

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| **Financial information:**

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| Free Unrestricted Reserves:(money in the bank that is **not** set aside for a specific purpose)**£** | If over £30,000 please provide details.PLEASE ATTACH last year’s annual accounts or financial statement (OR, for new groups, estimated annual income and expenditure). |

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| **Membership with Derbyshire Voluntary Action:** (tick one)

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| **Yes**  |  |
| **No, email** **info@dva.org.uk** **if interested in becoming a member** |  |

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| **SECTION 2: ABOUT THE PROJECT / ACTIVITY** |
| **Is this application to fund: (**tick one**)**

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| A new project |  |
| Scaling up of an existing project |  |

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| **Please give a broad outline of the project/activity you want this grant application to fund.** Give details of what you would like to do, who will organise it, who will benefit? Please refer to the guidance notes to explain which priority areas it will address and which desired outcomes it will deliver.  |
| **Which of the Derbyshire Public Health key focus areas listed below does your Health & Wellbeing Grant application cover?** (tick all that apply)

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| **Enable Children and young people in Derbyshire to start well and tackle child poverty** |  |
| **Support good mental health** |  |
| **Tackle the four main risk factors that lead to poor health (poor diet, smoking, inactivity, alcohol consumption)** |  |
| **Support communities to be resilient and independent** |  |

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| **Proposed project/activity start date** |  |
| **Proposed project/activity end date** |  |
| **Number of beneficiaries anticipated:** |  |
| **Which area are you based in?**  **Bolsover Chesterfield North East Derbyshire** |
| **Anticipated beneficiaries’ location:** do you attract beneficiaries from other areas(tick all that apply, include percentages for each area if more than one area)

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| **District Area** | **Number** | **Percentage** |
| Bolsover  |  | **%** |
| Chesterfield |  | **%** |
| North East Derbyshire |  | **%** |

**Please explain how you attract people from other areas:** |
| **Is the activity expected to continue after the funding has been spent?** (tick one)

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| **Yes** |  | (please describe how) |
| **No** |  | (why?) |

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| **We will ask all the projects we fund to send in an Evaluation Form at the end of the project. (Please tell us how you plan to collect information on the projects impact?**(e.g., participant questionnaire, quotes, case studies, photos, recording the number of sessions delivered and attendance level, record how the activity has made a difference) |
| **SECTION 3: ABOUT THE GRANT** |
| **Amount requested:**  | £ |
| **Expenditure breakdown:** (Itemise costs for the proposed project or activity**,** max £1,000 grant per area. Refer to guidance notes for eligible costs) | **£** |
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| **TOTAL**  |  |
| **Match funding:**(Other funding applications for this activity and whether participants will be paying to attend)  |
| Where applied? | Date applied | Amount requested | Successful?YES/NOAmount granted? | Result not yet known |
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| **In-kind contributions:**(Items/services donated at no cost e.g., volunteer time, venue fees) |
| **Bank 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****Account name:****Account number:****Sort code:** |
| **YOUR CONTACT DETAILS** |
| **Contact name and address:** |
| **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:**Please sign by hand or insert an electronic signature.The signatory MUST be a member of the Management Committee, a worker employed by the Group, or someone authorised by the Group.  |
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| **Submit completed forms and documents to:****Email:** grants@dva.org.uk **Post:** Kim Gosling, Derbyshire Voluntary Action, 3rd Floor, Dents Chambers, 81 New Square, Chesterfield S40 1AH**.** **Deadline: Monday 11th August 2025**You will be notified of the outcome after this date.**Data Protection:** 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. |

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| **Checklist** |
| Fully completed form |  |
| Detailed grant expenditure breakdown  |  |
| Insurance company name or quote |  |
| Income and expenditure details or annual accounts (for new groups, estimated income and expenditure) |  |