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| **Communities Mental Health & Wellbeing Fund Grants****2021-2022** |
| **Organisation Name:** **Application Form****Level 1 Grants (up to £5,000)** |

Funded through:



Please read the [guidance document](https://dvva.scot/news/communities-mental-health-and-wellbeing-fund/) **before** completing this form

**Section A: Basic information**

**Q1: Name of organisation or lead partner:**

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|  |

**Contact name: Telephone:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Contact’s position in organisation / partnership:**

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**Organisation address:**

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|  |

 **Postcode:**

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**Email and website:**

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**Q2: Is this a partnership proposal** (i.e. will the project be delivered with more than one organisation’s involvement)?

 **Yes** [ ]  **No** [ ]

**If yes, who are the other partners involved in this proposal (please give contact name and organisation details)?**

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**Q3. What type of group/organisation are you?**

(If your are submitting as part of a partnership, please give the following information for the lead organisation)

|  |  |  |
| --- | --- | --- |
| Charity  | [ ]  | Not-for-profit company or CIC |[ ]
| Unincorporated association  |[ ]  Trust |[ ]
| Other  |[ ]   |  |

|  |  |
| --- | --- |
| If “Other” please specify |  |

|  |  |
| --- | --- |
| **Companies House number (if applicable):** |  |

|  |  |
| --- | --- |
| **Scottish charity number (if applicable):**  |  |

**Q4. What need are you trying to address with your project? How does your project contribute to promoting people’s** [**human rights**](https://www.mygov.scot/human-rights)**?**

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**Q5: Please give a short summary of the project you wish to deliver with the funding** (maximum 100 words)

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**Q6: Who are the main target client group for your project? What geographic area does your client group live in?**

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**Will you be targeting any of the following “at-risk” groups?** (Please check the boxes)

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| --- |
| Woman (particularly young women and those affected by male sexual violence) |[ ]
| People with a long term health condition or disability |[ ]
| People who are or have been on the highest risk (previously shielding) list |[ ]
| People from a Minority Ethnic backgroundRefugees |[ ]
| People facing socio-economic disadvantage |[ ]
| People with diagnosed mental illness |[ ]
| People affected by psychological trauma |[ ]
| People who have experienced bereavement or loss |[ ]
| People disadvantaged by geographical location (particularly remote and rural areas) |[ ]
| Older people |[ ]
| Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities |[ ]

**Q7: Which key outcome(s) will your activity work towards?**

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| --- |
| **Reducing social isolation and loneliness** |[ ]
| **Enhancing suicide prevention** |[ ]
| **Addressing mental health inequalities**  |[ ]
| **Building local community resilience** |[ ]

**Q8. Please give us a detailed breakdown of your project costs** (continue on separate sheet if needed)

e.g. Room hire, Volunteer Expenses, Mileage, Staff Costs

|  |  |  |
| --- | --- | --- |
| Item (e.g. room hire) | Total Amount | Funding amount requested  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  Total Project Cost  |  |  |

**Q9. What was your total income for the previous financial year?**

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**Q10. What were your unrestricted reserves for the previous financial year?**

**Q11. Bank Account details**

**Does your group have a bank account? Yes** [ ]  **No** [ ]

**If Yes fill out bank details below**

**If No give the details of host bank account below**

**Name of the account that the funding should be made payable to:**

|  |  |  |
| --- | --- | --- |
| 1 | Account Name |  |
| 2 | Name of Bank/Building Society  |  |
| 3 | Account Number |  |
| 4 | Sort Code |  |

**Please ensure that you have included all the information required with your application.**

**Missing information could result in your application missing deadlines.**

**Do not send originals as they will not be returned.**

Please check the boxes confirming you have included the following:

**Essential documents**

[ ]  A copy of the governing documents adopted by your organisation (constitution, memorandum and articles of association, trust deed, etc.)

[ ]  Previous year’s annual accounts (new organisations that do not have

records for last year must produce a projected budget for all their activities

for the coming year.

[ ]  Bank Statement (to confirm payment details)

**Declaration**

I apply, on behalf of the organisation/partnership named above, for funding as outlined in this proposal to be incurred over the proposed funding period on the activities described above.

I certify that, to the best of my knowledge and belief, the statements made by me in this application are true and the information provided is correct.

Name: Position:

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| --- | --- | --- |
|  |  |  |

Date:

|  |
| --- |
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Please return this form to: funding@dvva.scot

If your supporting documentation is not available electronically, please send hard copies to the address below clearly stating what they refer to:

Communities Mental Health and Wellbeing Fund

Dundee Volunteer and Voluntary Action

Number Ten

10 Constitution Road

Dundee

DD1 1LL