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| **Communities Mental Health & Wellbeing Fund Grants****2023-2024** |
| **Organisation Name:****Funding Amount Requested:** **Application Form****Level 1 Grants (up to £7,500)** |

Funded through:



Please read the [guidance document](https://dvva.scot/news/communities-mental-health-and-wellbeing-fund/) **before** completing this form (You can find a full Guidance document and other resources at <https://dvva.scot/news/communities-mental-health-and-wellbeing-fund/>)

**Section A: Basic information**

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

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| --- |
|  |

**Do you consent to your organisation name, funding amount and application project summary being listed on our website?**

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

**Contact name: Telephone:**

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

**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 no please move on to Question 3.

**If yes, who are the other partners involved in this proposal?** (please give contact name and organisation details) **Please demonstrate the associated methods and means of partnership and collaborative working across organisations involved in this project.**

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

(If you 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):**  |  |

**Does your constitution/ set of rules allow you to carry out the activities you are applying for funding for?**

Yes [ ]  No, please give details [ ]

**Section B: Project details**

**Q4. Name of Project**

**Q5. Is your application for a new project or for a continuation/expansion of an existing project?**

New project
 [ ]

Existing project (funded through the Communities Fund)
 [ ]

Existing project (New to Communities Fund but funded previously through another funding organisation) [ ]

**Q6. Please tick which of these descriptions best describes your project:**

Befriending [ ]

Nature [ ]

Peer Support [ ]

Social [ ]

Counselling [ ]

Arts and Crafts [ ]

Therapeutic [ ]

Maintenance/repair [ ]

Mentoring [ ]

Sport or physical activity [ ]

Financial inclusion/
cost of living [ ]

Culture [ ]

One to One [ ]

Group activity [ ]

Equipment [ ]

Food [ ]

Other (please describe) [ ]

**Q7. Please give a short summary of the project you wish to deliver with the funding** (maximum 150 words)

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**Q8. How does your project aim to support mental health and wellbeing?** (maximum 100 words)

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**Q9. What geographic areas or wards in Dundee does your client group live in?** (maximum 50 words)

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| --- |
|  |

 **Q10. Which key outcome(s) will your activity work towards?**

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

**Q11: Is your project for the general population (general), open to all but with a focus on particular target groups (targeted) or aimed directly at particular target groups (restricted)?**

* General [ ]
* Targeted [ ]
* Restricted [ ]

**Q12. Will you be targeting any of the following specific target groups?** (Please check the boxes)

* Women (particularly women experiencing
gender-based violence) [ ]
* People with a long-term health condition or disability (including long COVID)[ ]
* People from a Minority Ethnic Background [ ]
* Refugees and those with no recourse to public funds [ ]
* People facing socio-economic disadvantage [ ]
* People experiencing severe and multiple disadvantages [ ]
* People with diagnosed
mental illness [ ]
* People affected by psychological trauma (including adverse childhood experiences) [ ]
* People who have experienced bereavement or loss [ ]
* People disadvantaged by geographical location (particularly remote and rural areas) [ ]
* Older people (aged 50 and above) [ ]
* Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities [ ]
* Or other (please describe) [ ]

**If you are targeting a particular group or groups, how are you doing this?** (maximum 100 words)

**Q13. The following family types are considered to be at most risk of poverty.**

**Please select any (or all) who are highly likely to engage with this project.**

* Lone parents [ ]
* Families with a disabled family member [ ]
* Families with 3+ Children [ ]
* Minority ethnic families [ ]
* Families where the youngest are under 1 year old [ ]
* Mothers aged less than 25 [ ]

**Q14. Coproduction - who has been involved in developing this idea? Please comment how the views and voices of lived experience have been involved in the development of your proposal.**

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**Q14. Please enter the number of volunteers involved in delivering the project.**

**Section C: Performance and Finance**

**Q15. What are the three key performance indicators for your project that will demonstrate it is achieving its aims in line with the key outcomes?**

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| --- | --- |
|  | Performance Indicator – (How will you know you have been successful)e.g. 10 successful participants in training course90% of participants feel less isolated |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Q16. 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  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  Total Project Cost  |  |  |

**Q17. What was your organisation/ groups total income for the previous financial year?**

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**Q18. What were your organisation/ groups unrestricted reserves for the previous financial year?**

**Q19. Please provide details on what funding your organisation currently has in place.**

**Q12. Bank Account details**

**Q19. Do you have additional match funding in place? If yes, please state the source of this.**

**Q20. Does your organisation/ 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**

To improve signposting to the wealth of community supports afforded by the Fund, we would like projects to register their organisation or project on [ALISS](https://www.aliss.org/). ALISS (A Local Information System for Scotland) is being used by GPs and community link workers to signpost available supports so it is important that this is kept up to date. If you are not already registeredor need support adding your organisation or project details please contact**funding@dvva.scot**

**You can self-register at** [**https://www.aliss.org/**](https://www.aliss.org/)

[ ]  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)

[ ]  Registered with ALISS

**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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| --- | --- | --- |
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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