|  |
| --- |
| **Communities Mental Health & Wellbeing Fund Grants****2022-2023** |
| **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:**

|  |
| --- |
|  |

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

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

**Contact name: Telephone:**

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

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

|  |
| --- |
|  |

**Organisation address:**

|  |
| --- |
|  |

 **Postcode:**

|  |
| --- |
|  |

**Email and website:**

|  |
| --- |
|  |

**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)?**

|  |
| --- |
|  |

**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):**  |  |

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

**Yes** [ ]  **No, please give details** [ ]

**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)**?**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Q6: Who are the main target client group for your project? What geographic areas or wards in Dundee does your client group live in?**

|  |
| --- |
|  |

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

|  |
| --- |
| * 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 background
 |[ ]
| * Refugees
 |[ ]
| * 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
 |[ ]
| * Or Open Project, open to all members of the community
 |[ ]

**If you are targeting a particular group or groups, how are you doing this?**

**Q7: 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** |[ ]

**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  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  Total Project Cost  |  |  |

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

|  |
| --- |
|  |

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

**Q11. Bank Account details**

**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:

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

Date:

|  |
| --- |
|  |

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 1L