**Communities Mental Health & Wellbeing Fund for Adults**

**2024 - 2025**

**Level 2 Grants aPPLICATION FORM**

**£7,501 to £25,000**

**Organisation Name:**

**Funding Amount Requested:**

**£**

Please read the guidance document **before** completing this form. All questions are **mandatory** for your application to be accepted. (You can find the Dundee TSI Guidance document and other resources [here](https://dvva.scot/?page_id=13846&preview=true))

# Section A: Basic Information

## Q1. Name of the organisation or lead partner:

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

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 no, please move on to Question 3.

**If yes, who are the other partner involved in this proposal?** (Include contact name and organisation/group details) **Please demonstrate how the partnership will be structure and the way you will be collaboratively working on this project.**

## 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 or CIC

Unincorporated association  Trust

Other

If ‘other’ please specify

### Companies House number (if applicable):

### Scottish Charity number (if applicable):

Yes  No, please give details

### Are you a branch of a larger organisation?

Yes  No

If yes, which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section B: Project Details

## Q4. Name of Project:

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

New project

Existing project (funded through this fund currently or previously)

Existing project (completely new to this fund but funded previously through another funding organisation)

## Q6. Please give a short summary of the project you wish to deliver with the funding.

(maximum 150 words)

### Please tick which of these descriptions best describe your project:

Befriending  Mentoring   
Nature  Sports or physical activity   
Peer support  Financial inclusion/cost of living   
Social  Culture   
Arts & crafts  One to One support   
Therapeutic  Maintenance/repair   
Group activity  Food   
Other  Equipment

(please describe)

## Q7. How does your project support mental health and wellbeing?

(maximum 100 words)

## Q8. Which key outcome(s) will your project work towards?

Reducing social isolation and loneliness   
Suicide prevention   
Addressing mental health inequalities   
Building local community resilience

## Q9. What geographic areas or wards in Dundee does your client group live in and where will the project take place?

(maximum 50 words)

## Q10. Is your project for the general public (general), open to all but with a focus on particular groups (targeted) or aimed directly at particular groups (restricted)?

General   
Targeted   
Restricted

### Will you be targeting any of the following specific target groups?

Please tick all that apply (more are listed in the next page).

Women particularly women experiencing gender-based violence 

People with a long-term health condition or disability 

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 disadvantage 

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) 

People with neurological conditions or learning disabilities, and from neurodiverse communities

LGBTI communities 

Other

(please specify)

### If you are targeting a particular group(s), how are you doing this?

(maximum 100 words)

### The following family types are considered to be the most at 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 under 25 years

## Q11. Coproduction – who has been involved in developing the project idea? Please comment how the views and voices of lived experience have been included also.

## Q12. Please enter the number of volunteers involved in delivering the project and highlight any key roles:

# Section C: Performance and Finance

## Q13. What are the three key performance indicators (KPIs) for your project that will demonstrate it has achieved its aims in line with the key outcomes?

(Please include how you will monitor each KPI also.)

|  |  |
| --- | --- |
|  | **Example:** *10 successful participants in training course*  *or 90% of participants feel less isolated* |
| **1** |  |
| **2** |  |
| **3** |  |

## Q14. Please give us a detailed breakdown of your project costs.

(Continue on a separate sheet if needed) e.g. room hire, staff costs, travel, materials (specify).

**Note: 1.** if your project includes volunteers, it is **important** you show this cost. If this cost will be covered internally or by other funding, please state this clearly in the column below with details in the following question. **2.** Any management costs are capped at 10% of the amount requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Total Amount** | **Funding amount requested** | **The difference will be covered by (internal reserves, other funding, in-kind)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Project Cost** | **Total** | **Difference** |
|  | **£0** | **£0** | **£0** |

### Do you have additional match funding in place for this project? If yes, please state the source of this and how much.

## Q15. What was your organisation/group’s total income for the previous financial year?

### What were your organisation/group’s most up to date level of unrestricted reserves?

### Is a certain amount or percentage (%) ring-fenced? If so, how much?

### Please provide details on what other funding your organisation/group currently has in place.

## Q16. Bank Account details

### Does your organisation/group have a bank account?

(please ensure this is not a personal account)

Yes  No

If yes, fill out bank details below.  
If no, give the details of **host bank account** below.

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

# Section D: Submission

### Please ensure that you have included all the information required within your application, including any accompanying documents.

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

### Missing information could result in your application not being assessed.

## 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)

Registered with ALISS**\***

**\***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**](mailto:funding@dvva.scot)

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

### 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:

### If this is a partnership bid all named partners in Q.2 to sign below. If this is not possible, then please ensure they are copied into the email when submitting the application.

|  |  |  |
| --- | --- | --- |
| **Name** | **Organisation & Position** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please return this form to: [funding@dvva.scot](mailto:funding@dvva.scot)

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

### Communities Mental Health and Wellbeing Fund Dundee Volunteer and Voluntary Action Number Ten 10 Constitution Road Dundee, DD1 1LL