Copy and paste your organisations logo here. If not then write the name of the group/organisation



**Communities Mental Health and Wellbeing Fund Application**

**Explanation**

This form is used to apply for the **Communities Mental Health and Wellbeing Fund** which will be allocated to support adult mental health and wellbeing in communities across Scotland. Within East Renfrewshire, the fund will be distributed via **Voluntary Action East Renfrewshire SCIO (VAER),** working together with partners to distribute £238,704.67 to local groups and organisations. The aim is to support initiatives that promote and benefit the mental health and wellbeing of people in the community at a small scale, grassroots, community level.

**Application**

The platform that is used for this online form is Microsoft forms, and so your application

cannot be updated or saved. Please ensure you complete the submission in one sitting.

Please ensure all questions are answered within the application. Any uncompleted applications will **not** be considered. Once your application is received, you will be sent a confirmation email. All applicants will be notified of the outcome of their application regardless if they’re successful or not.

The information that is provided from this application will be held electronically. The information provided will be assessed by a panel featuring representatives from the Health and Social Care Partnership, East Renfrewshire Council and the Wellbeing Network, who will decide whether application will be approved or not.

You may be contacted, using the information provided in this application, to gather more information about your group in order to promote the services and activities that you offer. The data collected may be used for research purposes. However, we do recognise the need to maintain confidentiality of vulnerable groups and so your details may not be made public in anyway, expect for where required by law. Individual recipients of the funding will not be identified but the organisations in receipt of the funding may be.

**Structure of application**

There will be five sections in total:

1. Contact Details
2. Details of organisation
3. Details of the project
4. Budget
5. Signature

If you have any questions about the application, then contact funding@va-er.org.uk

**Again, please fill out each section.**

|  |  |
| --- | --- |
| 1. **Contact Details** | |
| 1. Name of group/organisation |  |
| 1. Name of applicant |  |
| 1. Position within group/organisation |  |
| 1. Address of group/organisation | Personal Organisation |
| 1. Email |  |
| 1. Contact number |  |

|  |  |
| --- | --- |
| 1. **Details of Organisation** | |
| 1. Type of organisation | Registered charity  Company limited by guarantee  Unincorporated club or association  Scottish charitable incorporated organisation (SCIO)  Community interest company  Other (please explain)…………………. |
| 1. Charity number (if applicable) |  |
| 1. Company Number (if applicable) |  |
| 1. Which groups of people does your organisation seek to support? | Care experienced adults (16+)  Older People  People required to shield during lockdown  Unpaid carers  Women and Girls (16+)  People with learning disabilities/neurodiversity  Ethnic minority communities  Asylum seekers and refugees |
| 1. Brief description of your organisation main activities and services |  |

|  |  |
| --- | --- |
| 1. **The Project** | |
| 1. Description of the project you are seeking funding for |  |
| 1. Who will the project benefit |  |
| 1. Estimation of the number that your project will support |  |
| 1. How does your project promote positive mental health and wellbeing within the community |  |
| 1. How do you intend to measure the impact of your project? |  |
| 1. Additional information |  |

1. **Budget**

Please complete the budget in the table below. Estimating the amount of money that you intend to spend on each item. (add further rows if necessary)

|  |  |
| --- | --- |
| **Item** | **Approximate cost** |
| *Example: PPE equipment for volunteers/staff* | £250 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Total: |

|  |  |
| --- | --- |
| **I confirm that the information given on this form is accurate to the best of my knowledge. Furthermore, I hereby confirm that the grant will not be used for any other purpose than stated above.** | |
| Signature |  |
| Date |  |

Please return the completed application to:

funding@va-er.org.uk

This application process will work on a rolling basis