

**Medium Sized Grants - Template Application**

**Communities Mental Health and Wellbeing Fund Application 2024/2025**

**Explanation**

This template document can be used to prepare to apply for the **Communities Mental Health and Wellbeing Fund 2024/2025** 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 £237, 581.87 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 used for the application is **Microsoft Forms**. Your application

cannot be updated or saved, so you must 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, as well as those who have been selected because of their relevant life experiences. The Panel will decide whether the 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, except for where required by law. Individual recipients of the funding will not be identified but the organisations in receipt of the funding may be.

**We strongly advise that you read both the funding guidance and application guidance before completing an application**.

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

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

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| 1. **General Information** | |
| 1. Name of applicant |  |
| 1. Email address |  |
| 1. Contact number |  |
| 1. Name of group or organisation |  |
| 1. Location(s) of Project |  |
| 1. Type of organisation | Unincorporated club or association  Registered charity  Company limited by guarantee  Scottish Charitable Incorporated Organisation (SCIO)  Community Interest Company  Other (please explain)…………………. |
| 1. What is the size of your organisation? | Organisation with income up to £5,000  Organisation with income up to £10,000  Organisation with income up to £25,000  Organisation with income between £25,000 and £100,000  Organisation with income between £100,000 and £500,000  Organisation with income between £500,000 and  £1 million per annum  Organisation with income over £1 million per annum \* |
| 1. Please give us a brief description of your group or organisation's main activities: |  |

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| 1. **Questions about the project** | |
| 1. What is the name of the project you are applying for? |  |
| 1. Type of Project - Select **ONE** option that best describes your project: | Befriending  Peer Support  Counselling  Therapeutic  Mentoring  Financial Inclusion/Cost of Living  One to one  Group Activity  Equipment  Food Nature  Social  Arts and Crafts  Sports or physical activity  Cultural  Other (please explain) |
| 1. Which group(s) of people does your organisation seek to support? | Women (16+)  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 experiencing severe and multiple disadvantage including social economic disadvantage  People with diagnosed mental illness  People affected by psychological trauma (including adverse childhood experiences)  People who have experienced bereavement or loss  Older people (aged 50+)  People with learning disabilities/neurodiversity  LGBT+ Communities  Other (please explain) |
| 1. Priority families most at risk of poverty. The following family types are considered to be 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 children are under 1 years old  Mothers under 25 |
| 1. Which of the following priorities does your project contribute to? | Suicide Prevention  Social Isolation and Loneliness  Addressing Poverty and Inequality  Cost of Living |
| 1. Project Target Group: | Targeted  General  Restricted |
| 1. Is your application for a new project or for a continuation/expansion of an existing project? (Select one)   **This funding is not open to replacement funding or intended to replace services previously funded by statutory agencies.** | New Project  Existing Project (previously funded through the Community Mental Health and Wellbeing Fund for Adults)  Existing Project (New to this fund, but funded previously through another funding source) |
| 1. Please describe the project, including its key aims and activities and how this supports mental health and wellbeing: |  |
| 1. What is the estimated number of people this project will support? |  |
| 1. Please provide one or more outcomes that describe the changes you hope participants will achieve through involvement with your outlined activity: |  |
| 1. How do you intend to measure the impact of your project? |  |
| 1. How many volunteers will be involved in delivering the project? |  |
| 1. How will you ensure that the project is sustainable once funding has run out? |  |

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| 1. **Budget Section** | |
| 1. Input the details of your own budget below using similar headlines where relevant.   Example of headlines include:  Equipment  Staff costs  Training costs  Travel expenses etc.  Please include a total values as well. |  |
| 1. If you are asking for funding to cover salary costs, can you please confirm whether your employee will be paid at least the real Living Wage | Yes  No  Not Applicable |
| 1. Please send a copy of your group or organisation's governing documents and the most up-to-date financial records.   Please send these via email to funding@va-er.org.uk.    Type "I understand" to proceed to the final part of the application. |  |

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| **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.**  **Please write your name followed by today’s date.**  **Example: John Smith - 15/09/2024** | |
| Signature |  |
| Date |  |