## Voluntary Action East Renfrewshire

**One year funding - Template Application**

**Communities Mental Health and Wellbeing Fund Application 2025/2026**

**Explanation**

This template document can be used to prepare to apply for the **Communities Mental Health and Wellbeing Fund 2025/2026** 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, 400.69 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 provided in this application will be held electronically and 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 on the success or not of all applications against the relevant eligibility criteria written within the guidance.

You may be contacted, using the information provided in this application, to gather more relevant details about your group in order to promote the services and activities that you offer. The data collected may also be used for research purposes. However, we do recognise the need to maintain confidentiality of vulnerable groups therefore no identifiable details will not be made public without informed consent and where required by law. Individual recipients of the funding will not be identified but the organisations/groups in receipt of the funding may be.

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

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

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

|  |
| --- |
| 1. **General Information**
 |
| 1. Are you applying as part of a partnership bid?
 | [ ]  Yes[ ]  No |
| 1. Please name the organisation(s) you will be working with
 |  |
| 1. Please outline how you will work with this organisation to deliver the project
 |  |
| 1. Name of primary 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 CompanyOther (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:
 |  |
| 1. Is your organisation applying to this fund in any other local authority areas e.g Glasgow, Renfrewshire, Inverclyde
 | [ ] [ ]  Yes[ ] [ ]  No |
| 1. If yes, please provide more information:
 |  |

|  |
| --- |
| 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?

**(Maximum of 3)****\*Please note that you will be expected to report on how you have engaged with all groups selected** | [ ]  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 [ ]  People experiencing socioeconomic 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 [ ]  Young people (16 -24)[ ]  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[ ]  Not applicable to my project |
| 1. Which of the following local priorities does your project contribute to?
 | [ ]  Suicide Prevention[ ]  One to one Befriending / Group Befriending [ ]  Addressing Cost of Living (whole family poverty/ mitigating child poverty)[ ]  Friendship / Social Connections[ ]  Additional Support Needs activities/services (16+) |
| 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)

**The fund must not be seen as a way to replace other funding streams. Granting funds to projects previously funded through statutory bodies is at the TSI's discretion, however, projects must demonstrate value added relative to statutory provision.** | [ ]  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 of the project, including the key aims and activities and how this supports mental health and wellbeing:
 |  |
| 1. What is the estimated number of people this project will support throughout the project?
 |  |
| 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. What strategies will you implement to ensure the project's long-term sustainability after the funding period ends?
 |  |

|  |
| --- |
| 1. **Budget Section**
 |
| 1. Does your group/organisation their own bank account
 | [ ]  Yes[ ]  No |
| 1. Input the details of the proposed budget for your project using similar headlines where relevant.

Example of headlines include:Equipment Staff costs Training costsTravel expenses etc. Please include 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. |  |

|  |
| --- |
| **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 - 15/09/2025**  |
| Signature |  |
| Date |  |