**Midlothian Communities Mental Health and Wellbeing Fund**

**Application Form Small Grants**

Please read the Year 4 Detailed Fund Guidance document before completing your application.

**SECTION 1:**

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| **1.** | **Organisation Name** |  |
| **2.** | **Name of project** |  |
| **3.** | **Total value requested** |  |
| **4.** | **New / Existing Project**  Please select one | * New project * Existing project (funded through the CMHWF) * Existing project (new to the CMHWF but previously funded by another funding organisation) |
| **5.** | **Legal Structure** | * Unincorporated Association * Registered Charity * Company Ltd by Guarantee * SCIO * CIC * Co-operative / Community Benefit Society * Other |
| **6.** | **Organisation Size**  Please select the category which describes the income 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 |
| **7.** | **Address** |  |
| **8.** | **Contact name** |  |
| **9.** | **Contact telephone** |  |
| **10.** | **Contact email** |  |

**SECTION 2:**

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| **1.** | **Briefly tell us about your group or organisation.** (100 words max) | | |
| **2.** | **In a few words, summarise the project aims and activities, and how this supports mental health and wellbeing.** (200 words max) | | |
| **3.** | **In this section, provide more detail about the proposed project.** (300 words max)   1. Tell us what activity you want deliver. 2. Tell us who will benefit and how many people you will work with. 3. Tell us what you hope to achieve. 4. Tell us about the prevention and early intervention aspects of your project | | |
| **4.** | **Type of project**  Please tick which of these descriptions best describes your project: (choose one) | | * Befriending * Peer support * Counselling * Therapeutic * Mentoring * Financial inclusion/cost of living * One to one * Group activity * Equipment * Food * Nature * Social * Arts and crafts * Maintenance/repair * Sport or physical activity * Culture * Other ………………………………………… |
| **5.** | **Who will benefit from the project?**  You can apply for more than one age group.  We cannot fund work with children. | | Young adults (16+)  Adults (25+)  Older people (65+) |
| **6.** | **Target Groups**  The project does not need to be targeted at specific groups, but if it is targeted, which group/s of people are you seeking to reach (choose up to three): | * Women (including 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 socioeconomic 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+) * Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities * Other………………………………………………. | |
| **7.** | **Priorities**  Tick all that apply | | * Priorities: suicide prevention * Priorities: social Isolation/loneliness * Priorities: addressing poverty and inequality * Priorities: other |
| **8.** | **Project Target Group**  Is your project: for the general population (general), open to all but with a focus on particular target groups (targeted) or aimed directly at particular target groups (restricted)? | | * General * Targeted * Restricted |
| **9.** | **Volunteers -** Please enter the number of volunteers involved in delivering the project. | |  |
| **10.** | **If you are applying to continue and existing project, please tell us about the impact of the project to date.** (200 words max) | | |
| **11.** | **Tell us about what work you will do with other organisations to deliver the project.** (200 words max) | | |
| **12.** | **Tell us about how the project will support disadvantaged or ‘at risk’ groups.** You can find a full list in the guidance and above in section 2 point 6.(200 words max) | | |
| **13.** | **Tell us more about how you will evaluate your project.** (200 words max)   1. What will your outcomes be? 2. How will you know that your input has made a key difference? | | |

As a condition of grant, you will be expected to add details of your project to the **ALISS database** <https://www.aliss.org/> Are you happy to agree to this (delete as appropriate) YES/NO

One of Volunteer Midlothian’s key values is that it should not cost anyone to volunteer. Please confirm that any volunteers participating in your project will be offered expenses (you can include these as a project cost). Are you happy to agree to this (delete as appropriate) YES/NO

**SECTION 3: BUDGET**

Please give us as much information as you can about how you intend to spend the money. Not giving enough information in this section, or rounding up the figures, may negatively affect your application. You could include staff costs, expenses, event costs, room hire, equipment, training or consultancy fees. You may also want to consider general running costs such as electrics or admin.

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| **Budget headings** | **Amount £** |
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|  |  |
| **Total grant requested** | **£** |

**DECLARATION**

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| --- | --- |
| If successful, we agree to:   * Adhere to the conditions of grant laid out in the guidance document. * Use funds only for the purposes set out in the application. * Complete the project within 12 months of receiving the grant. * Supply monitoring and evaluation information as requested. * Participate in training and other capacity building activities as agreed with the TSI. * Inform the TSI as soon as possible if your project encounters delays or difficulties. | |
| I declare that I am authorised to apply for funding on behalf of the organisation named above. | |
| **Signed:** | **Date:** |

**Please email this application with electronic copies of your governing document and most recent approved accounts to BOTH:** [**magda@volunteermidlothian.org.uk**](mailto:magda@volunteermidlothian.org.uk) AND [**info@mvacvs.org.uk**](mailto:info@mvacvs.org.uk)

If you don’t have any governing documents or accounts, or if you need to apply in writing, please email to discuss.

**The deadline for Year 4 applications is Thursday 24th October at midday**