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 **Mental Health Small Grants Scheme**

**Ref: MH**

(For Internal use only)

**GRANT APPLICATION FORM**

**Please read guidance notes before completing this form.**

**1. Contact details**

|  |  |
| --- | --- |
| Full name of Group / Organisation: *(As stated on your constitution)* |  |
| Address:*(This is where all correspondence will be sent unless otherwise specified)*Postcode: |  |
| Contact details: | Main contact person: |  Alternative contact person: |
| Address if different from above: |  |  |
| Position in group: |  |  |
| Daytime telephone number: |  |  |
| Mobile or other number: |  |  |
| E-mail address: |  |  |
| Group’s website: |  |  |

**2. Your group**

|  |
| --- |
| What type of organisation are you?Voluntary or community organisation Registered charity Social Enterprise Not for profit small businessOther Please provide details: |
| When did your group start?  | Month: Year: |
| How often does your group meet? |  |
| Does your group have a set of rules / constitution? *(If not, support is available – see guidance notes)* | Yes / No |
| How many paid staff do you employ?How manymanagement committee members do you have?How many members do you have?How many **volunteers** do you have? | Full-time: Part-time: |
| ***It is your responsibility to meet all legal and liability requirements necessary to run your group’s activities.*** *Does your group/organisation have all the policies, procedures and insurances relevant to the group’s activities? Please mark relevant boxes:* Vulnerable Adults Safeguarding Policy Health & Safety Equality & Diversity Public Liability Insurance Data ProtectionOther (please specify): ……………………………………….............................................................*(Do not submit copies now but you may be asked to produce copies of all policies you have in place if required at a later date)* |
| **The protection of vulnerable adults**Providing social and group support may mean that a person contacts you either in person, by phone or online who needs urgent support, do you have a written procedure for volunteers or workers to ensure that people know what to do and who to contact? |
| What is your Group’s current income or income over the past year? *(Submit evidence and provide copy of your last bank statement)* | Year Income: £  |
| Please give a brief description of the main activities of your group / organisation: *(Please use a separate sheet if required)* |

**3. About the project or activities you are planning**

***(Your activities must meet at least one of the priorities identified in the guidance document)***

|  |
| --- |
| What is your project about? Describe the idea you have: (200-500 words) |
| How will your organisation deliver the project/activity? (200-500 words)How will you involve members of the community and engage with people who have experience of supporting positive mental well-being? (200-500 words) |
| When will the project take place? Start date: End date: |
| Where will the project / activity take place? *(If you will be providing virtual support please explain how this will be carried out).*  |
| Why is your project/activity needed? Does anything like this already exist? How do you know that people in your community want this project or activity? *(What consultations have you done? Who did you engage with?)*How do you plan to sustain (continue) your activity beyond the Mental Health Grants scheme? |
| Although not essential, match funding for the project is encouraged *(in cash, equipment, in kind, etc.)* Please let us know details of any match funding proposed for the project.  |
| How do you plan to evaluate your project/activity? (200-500 words)*(Successful applicants will be required to monitor the outcomes they expect to deliver, produce a final report and produce at least one publishable qualitative case study demonstrating the project’s impact.)* |

**4. Equal Opportunities**

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| --- |
| How will you make sure that those who could benefit from the project the most will know about it and be able to get involved? *(200 word limit)**(You need to have thought about how you’ll address any difficulties people may have in finding out about and using/ accessing the project. Please tell us how you will do this.)* |

**5. Project Costs**

|  |  |
| --- | --- |
| What is the total cost of your project? |  |
| How much do you want to apply for from the Mental Health Grants scheme?***Small grants of £2000 - £5000*** |  |
| If this application does not cover the full cost please provide evidence of match funding. |  |
| What will the Grant be spent on? Please list everything you intend to purchase / spend the money on *(****Please submit written estimates/quotes for all items and services****)***TOTAL** | Item Cost (£)  |

**6. Your bank details**

|  |  |
| --- | --- |
| Account name:*(The grant will be paid by BACS transfer into this account. Please note: we will not make payments to individual bank accounts)* |  |
| Name of bank: |  |
| Account number:  |  |
| Sort code:  |  |

**7. Declaration**

**Data Protection (GDPR)**

If you have applied for, or hold, a grant with us, we will use the information you give us during the assessment of your application and the life of your grant to administer and analyse grants and for our own research purposes.

We may give copies of all or some of this information to individuals and organisations we consult when assessing applications, administering the programme, monitoring grants and evaluating funding processes and impacts. Part of that process is to share case studies and any pictures provided by you the provider, if you give consent to do this please tick YES

**Declaration**

Please ensure that the application is signed by two people from your organisation. At least one must be from the Management Committee (preferably by the Chair or Secretary and the Treasurer) or Board of Directors.

|  |
| --- |
| * *We confirm that we are duly authorised to sign this declaration on behalf of the applicant Organisation.*
* *We confirm that this application and the proposed project within it has been authorised by the management committee, other governing body or board or, if a statutory organisation by a senior member of staff.*
* *We certify that the information provided is accurate and true* *and confirm that the enclosures are current, accurate and adopted or approved by our organisation.*
* *We agree to abide by the terms and conditions of any grant made as set out in this application form and in any Memorandum of Agreement for this project*
* *We understand that, if we make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or if we knowingly withhold any information, this could make our application invalid and we will be liable to repay any funds.*
* *We confirm our organisation has the legal powers to set up and deliver the project described in this application*
* *The applicant will ensure that they will comply with all applicable laws and regulations relating to data protection, privacy and security, including the Data Protection Act 2018 and the General Data Protection Regulation 2016*
 |

**Signed:**

**Print Name:**

 **Position in Organisation** **Date**

 **Position in Organisation** **Date**

**Signed:**

**Print Name:**

**8. Checklist**

|  |  |
| --- | --- |
| **Check your application is complete:** | **Please tick** |
| I have thoroughly read the guidance document and confirm the criteria is met |  |
| The main contact and a chair, chief executive, or person of a similar authority in your organisation has signed the declaration in section 6 |  |
| Constitution or governing document is attached or enclosed |  |
| A copy of the organisations/ groups most recent Annual Accounts or statement of income and expenditure for last year or months of existence  |  |
| A bank statement dated within the last three months is attached or enclosed |  |
| Name and contact details of a person/organisation who can be contacted for reference purposes |  |
| Written estimates for all items and services you intend to purchase |  |

**NOTE:** Please read the guidance document of the Mental Health Grants scheme. All sections of the application form must be completed. Please use separate sheets if you are unable to insert all the information in the space provided on the form. **Failure to include all supporting information / documents requested and/or applications received after the closing time will not be considered for the grant.**

Please return completed forms and **ALL** supporting documentation to the following address by no later than 4pm on 10th March 2021:

grants@cnet.org.uk or send postal applications to:

**Sanaa Jafry**

**CNet, Enterprise Hub Building**

**114-116 Manningham Lane**

**Bradford**

**BD8 7JF**