This application form is for Community and Voluntary Sector (CVS) organisations who wish to apply for funding to support mental health and wellbeing of groups who have previously been under represented through this fund either through direct service provision and/or capacity building to enable improved provision in the future. If approved, funding would be provided by end of March 2025 with activities to commence from April 2025 for six or twelve months.

Please read the guidance note before you prepare your application, which can be found [here on the Community Solutions website.](https://www.communitysolutionsnl.org.uk/applications-and-guidance/)

**Please complete your application electronically and submit by email to** [cmhw@vanl.co.uk](mailto:cmhw@vanl.co.uk) **no later than 5pm on Friday 15th November 2024.**

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| --- | --- |
| Section 1: Your organisation | |
| 1.1 Organisation Name |  |
| 1.2 Contact name |  |
| 1.2 Organisation Address (first line) |  |
| 1.3 Postcode |  |
| 1.4 Telephone |  |
| 1.5 E-mail |  |
| 1.6 Website |  |
| 1.7 Social media |  |
| 1.8 ALISS link |  |
| 1.9 Please identify the organisation type. |  |
| 1.10 Are you applying to any other funding streams to deliver this work? This includes the Community Mental Health and Wellbeing Fund in other areas across Scotland. |  |

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| **Section 2: Your project** | | | | | | | | | | |
| **2.1** **Project Name** **(15 words max)** | | | | | | | | | | |
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| **2.2. Please provide a description of your project. (No more than 300 words)**    **Please give details such as:**   * **Aims** * **Beneficiary Groups – Must be one or more of the following-**    + **Additional Support Needs (ASN),**   + **Black, Asian, Minority Ethnic (BAME)**   + **Lesbian, Gay, Bisexual, Transgender, Queer + (LGBTQ+)**   + **Refugees with no recourse to public funds**   + **Women (particularly young women and women of all ages affected by domestic abuse)** * **Planned activities- such as capacity building, engagement work or direct mental health service delivery** * **Staffing and Volunteers** * **Anticipated Impact** | | | | | | | | | | |
|  | | | | | | | | | | |
| **2.3 Please indicate which of the six Health and Social Care NL locality/ies you will be delivering your project in?**  (Please tick all that apply) | | | | | | | | | | |
| Airdrie | Bellshill | | Coatbridge | | | The North | | Motherwell | Wishaw & Shotts | NL Wide |
| **2.3.1 Proposed start date** | | |  | | | **2.3.2 Proposed end date** | | |  | |
| 2.4 Please tell us about the difference your project will make | | | | | | | | | | |
| **2.4.1 What difference will your project make? i.e. your project outcome** | | **2.4.2 Which Community Solutions outcome(s) does it relate to?** | | | **2.4.3 Beneficiary Group(s)**  **Who do you hope to support with this project?**  **(please note groups must be one or more of the groups cited in section A.2.4.3 of the guidance note)** | | 2.4.4 How many people will you make this difference for? **(Approximately)** | | **2.4.5 How will you know? What evidence will you collect to demonstrate this difference?**  **(see guidance note section A.2.11 for access to options 1 and 2)** | |
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| **2.5 Please tell us how you know there is a need for this project. (No more than 300 words)**  Please include how relevant stakeholders have been consulted to inform this project application, and how you will continue to involve them going forward.  The list of groups attached to this application have been identified as harder to reach groups. With this in mind, please outline any prior engagement you’ve had with the community you wish to support and your engagement plans moving forward. | | | | | | | | | | |
|  | | | | | | | | | | |
| **2.6 Please tell us about the volunteers that will be involved in this project.** | | | | | | | | | | |
| Number of volunteers (approx.) | | | | | |  | | | | |
| Purpose/role of volunteers within this project | | | | | |  | | | | |
| Number of estimated hours that volunteers will work | | | | | |  | | | | |
| **Section 3: Bank Account and Funding** | | | | | | | | | | |
| **3.1 Bank account check**  **Please select the appropriate option below**. (If you do not have a bank account or access to a bank account, we will discuss arrangements with you should your application be successful.) | | | | | | | | | | |
| Organisation bank account | | | | Access to a third-party bank account | | | | No bank account or access to a third-party bank account | | |
| **3.2 Please tell us how this funding will be used.** | | | | | | | | | | |
| **Item** | | | | **Description** | | | | **Cost** | | |
| Staffing costs (include gross pay costs and employer NI and pension costs) Please indicate if this is for new or existing staff. | | | |  | | | | **£** | | |
| Volunteer costs (e.g. recruitment and training) | | | |  | | | | **£** | | |
| Equipment (e.g. ICT needed to support the project) | | | |  | | | | **£** | | |
| Staff and Volunteer travel expenses | | | |  | | | | **£** | | |
| Other costs (Please specify each item and show a cost for each item. Please add more rows if needed.) | | | |  | | | | **£** | | |
| **Subtotal funding requested** | | | | | | | |  | | |
| Organisational Overhead Costs (Please detail all costs e.g. rent; management costs, etc. which should be no more than 10% of total funding applied for.) | | | |  | | | |  | | |
| **Total funding requested** | | | | | | | | **£** | | |
| **3.3 Is the funding applied for sufficient to cover the full costs described here?** | | | | | | | | | | |
| Yes | | | | | | No | | | | |
| **3.3.1 If no, please indicate from the list here any additional resources your project will require to support delivery in addition to this award.**  **Please tick all that apply.**  **Please provide more detail in the space below.** | | | | | | ​ Additional/Match Funding from another source. Please specify amount required and whether you have applied for this to date.  ​ In kind support. e.g. premises costs, staff support  ​ Volunteer time to deliver project.  ​ Other. Please specify | | | | |
|  | | | | | | | | | | |
| **3.4 Will the need for this project continue beyond the proposed finish date. If yes, please tell us how you plan to sustain the work of the project once funding ends. No more than 150-200 words** | | | | | | | | | | |
|  | | | | | | | | | | |
| **3.5 Can you confirm your project will be paying at least real living wage and support other Fair Work principles? (See section A.2.6 of the fund guidance note)** | | | | | | | | | | |
| Yes | | | | | | No | | | | |
| Section 4: Authorisation | | | | | | | | | | |
| **GDPR Statement – please read**  By signing this proposal, you consent to part or all of the information you supply being stored on a computer and to it being used for the administration of the funding applications. Copies of this information may be provided to individuals or partner organisations that are helping us assess applications.  Voluntary Action North Lanarkshire – which manages the Community Solutions Programme - may share information with other grant funders and partner agencies to help prevent fraudulent applications and to co-ordinate the process of complementary applications. | | | | | | | | | | |
| **Name** | | | | | |  | | | | |
| **Position in Organisation** | | | | | |  | | | | |
| **Date** | | | | | |  | | | | |
| **Signature** | | | | | |  | | | | |