Please read the guidance note before you prepare your application, this 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 31st October 2025.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 1: Your organisation | | | | |
| 1.1 Organisation Name |  | | | |
| 1.2 Contact names (please provide 2) |  | | | |
| **Please provide a second contact name** | | | |
| 1.2 Organisation Address (first line) |  | | | |
| 1.3 Postcode |  | | | |
| 1.4 Telephone |  | | | |
| 1.5 E-mail (please provide 2) |  | | | |
| **Please provide a second contact email address** | | | |
| 1.6 Website | **Optional** | | | |
| 1.7 Social media | **Optional** | | | |
| 1.8 ALISS link | **Optional** | | | |
| 1.9 Please identify the organisation type (please see A.2.2) | **Scottish Charitable Incorporated Organisations (SCIO)****Unincorporated Associations****Companies Limited by Guarantee****Trusts****Not-for-profit company or asset locked company or Community Interest Companies (CIC)****Cooperative and Community Benefit Societies** **Community councils** | | | |
| 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 | **If yes, please list each fund applied to. Similarly highlight if the running of this project is dependent on success from multiple funders or if it can be solely delivered using the Community Mental Health and Wellbeing Fund Phase 5 if other applications are not successful.** | | | |
| 1.11 Please identify if this a one- or two-year project (please place an “X” in the box which is most applicable) | One Year Project | Two Year Project | | Two Year Project but open to One Year |
| 1.12 Please identify your organisation is open to part funding (please place an “X” in the box which is most applicable) | Yes | | No | |
| 1.13 Is this a joint application? (please place an “X” in the box which is most applicable) If so please complete 1.14 and 1.15 | Yes | | No | |
| 1.14 Secondary Organisation Name |  | | | |
| 1.15 Contact names and contact emails (please provide 2) | **Contact name** | | **Email address** | |
| **Contact name** | | **Email address** | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Your project** | | | | | | | | | | |
| **2.1** **Project Name** **(10 words max)** | | | | | | | | | | |
| **Please provide a short name for your project which closely relates to your planned activities.** | | | | | | | | | | |
| **2.2. Please provide a description of your project.** (No more than 500 words)  **Please give details such as:**   * **Aims** * **Beneficiary Groups** * **Activities- please identify if this is an activity which has been funded through previous phases of the Community Mental Health and Wellbeing fund** * **Staffing and Volunteers** * **Anticipated Impact**   **If this is a Two-Year application please provide a description of both longer term activity planning and anticipated impact** | | | | | | | | | | |
| * **Aims** * **These aims should be linked to the purpose of the fund outlined in A.1.1 of the guidance document**      * **Beneficiary Groups** * **Outline the beneficiary groups your application aims to support. Please explain specifically how these groups will be supported through this project. Beneficiaries must include one or more of the “at risk” groups outlined in A.1.2 of the guidance document**      * **Activities** * **Outline the proposed activities of the project. These should be linked to priority activities listed in A.1.3.**      * **Staffing and Volunteers** * **Outline how staff and volunteers will be used through the proposed project.**      * **Anticipated Impact** * **Outline how the project will impact the proposed beneficiary groups.** | | | | | | | | | | |
| **2.3 Please outline how you intend to make your project accessible to all beneficiaries it will aim to support** (no more than 200 words). | | | | | | | | | | |
|  | | | | | | | | | | |
| **2.4 Please indicate which of the six Health and Social Care NL locality/ies you will be delivering your project in.**  (please place an “X” in all boxes which apply to your project) | | | | | | | | | | |
| Airdrie | Bellshill | | Coatbridge | | | The North  (Cumbernauld, Kilsyth & the Northern Corridor) | Motherwell | Wishaw & Shotts | | NL Wide |
| **2.4.1 Proposed start date**  (dd/mm/yyyy) | | | **Must be after 01/04/2026** | | | **2.4.2 Proposed end date**  (dd/mm/yyyy) | | **Must be before**  **31/03/2027 (one year funding)**  **31/03/2028 (two-year funding)** | | |
| 2.5 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 | | | | | | | | | | |
| Please see section A.2.11 of the guidance note for some examples. | | | | | | | | | | |
| 2.6 Please tell us about the difference your project will make. | | | | | | | | | | |
| **2.6.1 What difference will your project make? i.e. your project outcome** | | **2.6.2 Which Community Solutions outcome(s) does it relate to?** | | | | **2.6.3 Beneficiary Group(s)**  **Who do you hope to support with this project?** | 2.6.4 How many people do you aim to support? (Approximately) | | **2.6.5 How will you know? What evidence will you collect to demonstrate this difference?**  (see guidance note section A.2.14) | |
| **Answers must come from the list provided in A.1.1.** | | **Answers must come from the list provided in A.1.4.** | | | | **Answers must come from the list provided in A.1.2.** | Please provide the number of unique individuals who will be potentially supported through this outcome. | | **Answers must come from a valid evaluation method. Please see the options highlighted in A.2.14** | |
|  | |  | | | |  |  | |  | |
| **Please add additional rows if needed** | |  | | | |  |  | |  | |
| **2.7 Please tell us how you know there is a need for this project. (No more than 400 words)**  Please include how relevant stakeholders have been consulted to inform this project application, and how you will continue to involve them going forward.  Please also answer this question based on the follow criteria:   * If this application looks to fund work previously delivered through this fund, please demonstrate the impact this project has had * If this application looks to fund work to support a specific under represented “at risk” beneficiary group, please demonstrate an understanding of the needs of this particular beneficiary group * If this is an application for a completely new activity/new group your organisation has not supported though this fund, please outline research taken to demonstrate the need for this project | | | | | | | | | | |
| **This can include:**   * **Feedback from volunteers/staff** * **Feedback from partner organisations** * **Feedback from perspective beneficiaries**     **We are looking for additional details for the demand of the project.** | | | | | | | | | | |
| **2.8 Please tell us about the volunteers that will be involved in this project.** | | | | | | | | | | |
| Number of volunteers (approx.) | | | | | **This should only be completed if you intend to use volunteers to deliver the project** | | | | | |
| Purpose/role of volunteers within this project | | | | | **This should only be completed if you intend to use volunteers to deliver the project** | | | | | |
| Number of estimated hours that volunteers will work | | | | | **This should only be completed if you intend to use volunteers to deliver the project** | | | | | |
| **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. (if this is a two year funding application which has any one of costings such as equipment costs, in the second copy of the table below, please show how this funding will be used in year two)** | | | | | | | | | | |
| **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. | | | | **Staffing Costs directly linked to the delivery of the application activities** | | | **£** | | | |
| Volunteer costs (e.g. recruitment and training) | | | | **Volunteer costs such as training or volunteer food provisions**  **Equipment and resources to be used within the applications activity** | | | **£** | | | |
| Equipment (e.g. ICT needed to support the project) | | | | **Equipment and resources to be used within the applications activity** | | | **£** | | | |
| Staff and Volunteer travel expenses | | | | **Expenses for staff or volunteers delivering the activity** | | | **£** | | | |
| Accessibility Costs (e.g. equipment or interpreters) | | | |  | | | **£** | | | |
| Other costs (Please specify each item and show a cost for each item. Please add more rows if needed.) | | | | **Organisations can apply for up to £5,000 within their application to be spent on capital purchases such as:**   * **Construction** * **Refurbishments and/or purchase of building** * **Amenities** * **Vehicles**   **This spend must be justified in section 2.2.** | | | **£** | | | |
| **Subtotal funding requested** | | | | | | | **£** | | | |
| Organisational Overhead Costs (Please detail all costs e.g. rent; management costs, etc. and should be no more than **10%** of total funding applied for.) | | | | **Overhead costs for the project such as rent and a proportion of the management cost to support delivery of the project and to support evaluation.** | | | **£** | | | |
| **Total funding requested per year** | | | | | | | **£** | | | |
| **If two year funding- use the below table to redistribute one off funding costs from year one budget into year two. If application is for one year or is a two year application with no one off costings please move to 3.3**  **Please only complete the below table for redistributed funding, all other funds will be assumed as the same across both years.** | | | | | | | | | | |
| **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 | | | |  | | | **£** | | | |
| Accessibility Costs (e.g. equipment or interpreters) | | | |  | | | **£** | | | |
| Other costs (Please specify each item and show a cost for each item. Please add more rows if needed.) | | | |  | | | **£** | | | |
| **Total funding requested per year** | | | | | | | **£** | | | |
| **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 | | | | |
| **Please break down the additional funding which will go towards the running of this project.** | | | | | | | | | | |
| **3.4 Can you confirm your project will be paying at least real living wage and support other Fair Work principles? (See section A.2.8 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** | | | | | |  | | | | |