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.**

**ALL INFORMATION FROM THIS APPLICATION IS FALSIFIED FOR EXEMPLAR USE.**

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| Section 1: Your organisation | | | | |
| 1.1 Organisation Name | Peer Support North Lanarkshire | | | |
| 1.2 Contact names (please provide 2) | Joe Smith | | | |
| Marry Owen | | | |
| 1.2 Organisation Address (first line) | 14 Main Street, Motherwell | | | |
| 1.3 Postcode | ML1 1AA | | | |
| 1.4 Telephone | 01236 12345 | | | |
| 1.5 E-mail (please provide 2) | j.smith@peersupport.co.uk | | | |
| m.owen@peersupport.co.uk | | | |
| 1.6 Website | www.peersupportnl.org.uk | | | |
| 1.7 Social media | www.facebook.co.uk/peer-support | | | |
| 1.8 ALISS link | www.ALISS.org/peer-support | | | |
| 1.9 Please identify the organisation type (please see A.2.2) | Registered Charity | | | |
| 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 | No, this funding is sufficient to cover the cost of the project | | | |
| 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  **X** |
| 1.12 Please identify your organisation is open to part funding (please place an “X” in the box which is most applicable) | Yes **X** | | 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 **X** | |
| 1.14 Secondary Organisation Name |  | | | |
| 1.15 Contact names and contact emails (please provide 2) |  | |  | |
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| **Section 2: Your project** | | | | | | | | | | |
| **2.1** **Project Name** **(10 words max)** | | | | | | | | | | |
| Men’s Bereavement Peer Support Group | | | | | | | | | | |
| **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  The aim of this project is to deliver workshops that will improve mental health and wellbeing by giving the group members an opportunity to meet other people who are also experiencing bereavement in a comfortable setting.  Beneficiary group  This project will target men over the age of 50- studies showed (link) that men tackle bereavement in different ways than woman and bereavement groups for men are more focused in on activity based than talk based support, so this group will combine the two to ease members into talking.  Activities   * 1hour weekly session, influenced by the needs of the group which will be reviewed monthly.   + We will start the sessions as an opportunity for the group to share their experiences and stories, and we anticipate the layout of these sessions will evolve and adapt as the group progresses and connections are made.   + At the beginning, each session will have a theme/topic of discussion such as family relationships, coping strategies, additional supports in their area, and ways to ‘unwind’ after a long day.   + Talking while doing activities: gardening, light physical activity sessions such as bowls, board/card games etc. * Each session will take place in Community Hubs across the six localities to allow people to join in their areas where they already feel comfortable   Staff and Volunteers  This project will be supported by our project lead, supported by 6 trained and PVG checked volunteers, who will lead on the delivery of the sessions, co-ordinate volunteers and form stronger links with partner organisations to share knowledge. The aim of this new position will be to ensure the project runs smoothly, but also to offer support when necessary. They will be supported by our existing staff, to ensure they feel supported while dealing with heavy topics. They will be provided with a new laptop for their work.  We will also bring in a volunteer per locality to support the running of the group, from our existing service user groups who have lived experience with this topic. We have been approached by several of our volunteers about taking on this role, expressing interest in being able to help others.  Anticipated Impact  Build strong relationships between members of the group to create a climate of peer support and gradually lessen dependency of members on the project. The aim is making sure those whose mental health is affected by bereavement feel more supported, lead happier lives and subsequently ease the pressure put on NHS resources using statutory services.  We are applying for two year funding as we believe this would allow the group enough time to establish themselves and build the necessary personal connections.  **(437 words)** | | | | | | | | | | |
| **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) | | | | | | | | | | |
| We have already viewed each of the Community Hubs that we intend to use, ensuring that their entrances and facilities are suitable for group members with mobility issues – each Hub has a ground-level entrance and have lifts which are regularly checked and maintained by Hub staff.  Activities are able to be adapted by the session leaders eg light physical activity can be adapted for those who are unable to stand for longer periods of time (other organisations we have discussed this with have told us that chair exercises are very popular with their older attendees as it allows them to still feel involved in activities). **(105 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  **X** |
| **2.4.1 Proposed start date**  (dd/mm/yyyy) | | | 01/04/2026 | | | **2.4.2 Proposed end date**  (dd/mm/yyyy) | | 30/03/2028 | | |
| 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 | | | | | | | | | | |
| With this year’s project, we hope to build interest and engagement so that next year we can do fundraising events and introduce a small fee for the group. The goal is to test out the interest of the group this year, so members don’t feel intimidated by a financial barrier to participation while we establish this support.  In the event that fundraising takes longer than anticipated or a small fee isn’t enough, we can seek funding from other funders, but this would be a smaller cost due to a one-time equipment cost already being covered by this application. | | | | | | | | | | |
| 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) | |
| Improved mental health and wellbeing | | Outcome 2- Improved health and wellbeing | | | | People who have experienced bereavement or loss | 45 | | A survey of people attending the groups to gather information about their experiences and area of improvement. This will be done on an informal basis each month and more formally at the 3,6 and 12 month points. | |
| Giving people the opportunity to connect with others who are experiencing similar issues | | Outcome 3- People feel more connected, included and safe | | | | People who have experienced bereavement or loss | 45 | | Case studies- we will make an anonymised case study document to allow our service users to share their experiences freely.  This will be done when participants feel they are ready and will be gently introduced and suggested by staff/ volunteers. | |
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| **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 | | | | | | | | | | |
| From the consultation of our service users through feedback sessions and surveys, 76% of our service users expressed that they are struggling with recent loss or long-term bereavement which has impacted their daily life. Many of our service users expressed that they would welcome the chance to talk about their experiences in a social setting, with one volunteer stating, *“I don’t really want to talk to people, but I don’t mind doing activities with friends, and it would be a welcome distraction.”* We like to keep the line of communication open between our service users, to address the needs as they arise.  According to research carried out by the Health Service (link), men over the age of 50 are struggling with finding a place to express their grief and find support to open up about this topic. Their research indicated that 67% of men over 50 that were surveyed were looking for groups that they could attend in their local areas, demonstrating the need for this service.  Recent studies show that 46% of people experience depression following the loss of a loved one. Movereover, mental health related illnesses cost NHS Scotland £2million per health board.  We have also previously worked with other bereavement support groups such as Men’s Time to Talk and Bereavement Support Scotland and have had conversations around the need for local specialised groups for this beneficiary group. We will continue to form stronger links to other partner organisations to share knowledge and experiences surrounding this sensitive topic.  We have also seen an influx of pre-made referral pathway partners who have stated that they see a lot of service users that need or would benefit from this service and don’t have organisations to refer people to. Often organisations such as themselves don’t have experience or knowledge to help with post-intervention support, and this is a big gap that needs to be addressed. Through our project we would continue to reach out to partner organisations to make the referral pathways stronger. **(332 words)** | | | | | | | | | | |
| **2.8 Please tell us about the volunteers that will be involved in this project.** | | | | | | | | | | |
| Number of volunteers (approx.) | | | | | 6 | | | | | |
| Purpose/role of volunteers within this project | | | | | Volunteers will have lived experience and will be consulted on their views and opinions in relation to bereavement supports already in place. They will participate in a consultation on their experience with existing supports and provide feedback which will then be used to adapt our offered sessions. | | | | | |
| Number of estimated hours that volunteers will work | | | | | Approximately 40 hours total, delivering 1hour session per week, 1 volunteer per locality. | | | | | |
| **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. | | | | Project Lead - this person will be employed by the organisation.  Annual salary of £35,000 pro-rata working 17.5 hours per week.  Includes National Insurance and pension contributions | | | **£20,775.00** | | | |
| Volunteer costs (e.g. recruitment and training) | | | | Training- 1 development training session (£50 per volunteer- includes materials- information packet printing and other bereavement support guidance, teas and coffees, training provided by bereavement specialist) | | | **£300** | | | |
| Equipment (e.g. ICT needed to support the project) | | | | New laptop for project lead  Microsoft Account Subscription | | | **£450**  **£104.99** | | | |
| Staff and Volunteer travel expenses | | | | 40 sessions, £10 per session for travel | | | **£240** | | | |
| 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.) | | | | Room hires across NL community hubs (£37.50 per session- includes room hire and teas and coffees) | | | **£1,500** | | | |
| **Subtotal funding requested** | | | | | | | **£23,369.99** | | | |
| 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.) | | | | Management Costs | | | **£1,168.50** | | | |
| **Total funding requested per year** | | | | | | | **£24,538.49** | | | |
| **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) | | | | Volunteer Appreciation Day (we would like to celebrate all the hard work that our volunteers do by doing a volunteer wellbeing day.) This will include volunteer activities, refreshments and small goodie bags for winners of the activities | | | **£100** | | | |
| Equipment (e.g. ICT needed to support the project) | | | | Fund for group activities (this will be used for resources for group activities that appear as the group establishes itself and identify activities they would like to do) | | | **£454.99** | | | |
| 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** | | | | | | | **£24,538.49** | | | |
| **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 | | | | |
| In kind support- we have our own premises that would be used for admin, organisation of group and other project related planning work, and as a result this would not be needed in the cost.  Materials for activity use such as board games and arts and crafts have been donated by previous volunteers. | | | | | | | | | | |
| **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** | | | | | | Joe Smith | | | | |
| **Position in Organisation** | | | | | | Manager | | | | |
| **Date** | | | | | | 20/10/2025 | | | | |
| **Signature** | | | | | | J. Smith | | | | |