This application form is for Community and Voluntary Sector (CVS) organisations who wish to apply for Phase 5 of the CYP MHWB Fund. Organisations will be notified if their application has been accepted by approximately 21st June. If successful, funding will be provided by beginning of September 2024 with activities to commence as soon as possible in the autumn term.

A further assessment panel will meet in January 2025 for allocation of any remaining funds, where activities will commence no later than February 2025 until June 2025.

Please read the guidance note before you prepare your application, this can be found [here](https://www.communitysolutionsnl.org.uk/wp-content/uploads/CYPMHW-Guidelines-Phase-5.docx).

**Please complete your application electronically and submit by email to** [**cypmhwb@vanl.co.uk**](mailto:cypmhwb@vanl.co.uk) **no later than 29th May 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 |  |

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| **Section 2: Your project** | | | | | | | | | | | |
| **2.1** **Project Name** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.2. Please provide a description of your project. (No more than 300 words)**  **Please give details such as:**   * **Aims** * **Beneficiary Groups** * **Activities** * **Staffing and Volunteers** * **Anticipated Impact** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.3 If applicable, please highlight any changes you have made to your project as a result of feedback from Phase Four of the fund.** (No more than 300 words)  **Please give details of any proposed changes from Phase Four to Phase Five:**   * **Aims** * **Beneficiary groups** * **Activities** * **Staffing and volunteers** * **Anticipated Impact** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.4 Please indicate which of the Clusters you will be delivering your project in?**  (Please tick all that apply) | | | | | | | | | | | |
| Airdrie | Bellshill | | Braidhurst | | | | Brannock | | Calderhead | | Caldervale |
| Cardinal Newman | Chryston | | Clyde Valley | | | | Coatbridge | | Coltness | | Cumbernauld |
| Dalziel | Greenfaulds | | Kilsyth | | | | OLH Cumbernauld | | OLH Motherwell | | St Aidan’s |
| St Ambrose | St Andrews | | St Margaret’s | | | | St Maurice | | Taylor | | We Aspire |
| **2.4.1 Proposed start date** | | | Click or tap to enter a date. | | | | **2.4.2 Proposed end date** | | | | Click or tap to enter a date. |
| 2.5 Please tell us about the difference your project will make: | | | | | | | | | | | |
| **2.5.1 What difference will your project make i.e. your project outcome/s** (please select all that apply) | | **2.5.2 Which SHANNARI wellbeing indicator does this align with?** | | | | **2.5.3 Beneficiary Group/s**  **Who do you hope to support with this project?** | | 2.5.4 How many people do you anticipate will be offered support? | | **2.5.5 How will you know? What evidence will you collect to demonstrate this difference?**  (see Appendix 1 for additional resource) | |
| Choose an item. | | Choose an item. | | | | Choose an item. | |  | | **​** | |
| Choose an item. | | Choose an item. | | | | Choose an item. | |  | |  | |
| Choose an item. | | Choose an item. | | | | Choose an item. | |  | |  | |
| Choose an item. | | Choose an item. | | | | Choose an item. | |  | |  | |
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|  | | Choose an item. | | | |  | |  | |  | |
|  | | Choose an item. | | | |  | |  | |  | |
| **2.6 Please tell us how you know there is a need for this project in 2024/25.** (No more than 300 words)  Please include how relevant stakeholders - including current and/or prospective beneficiaries - have been consulted to inform this project application, and how you will continue to involve them going forward. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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 what funding you need to deliver your project in 2024/25.** | | | | | | | | | | | |
| **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 | | | |  | | | | |  | | |
| Equipment ( needed to support the project) | | | |  | | | | |  | | |
| Staff/ 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 any additional costs not already covered, this should be no more than 10% of total funding applied for. If placing multiple applications for multiple clusters, you can only apply for one management fee.) | | | | |  | | | |  | | |
| **Total funding requested** | | | | | | | | |  | | |

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| 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** |  |
| **Digital Signature** |  |

**Appendix 1**

The following resources can be used by funded projects to support the evaluation of their project.

**Please find below linked resources:**

**Service Users Feedback Survey**

Funded projects can give the Service Users Feedback Survey to service users to gather feedback about the support they received. The feedback from this survey will support funded projects to complete their evaluation forms returned to VANL. The survey is available as a word document or as a JotForm link. VANL will summarise responses to the Jotform link and share the feedback with each project.

* [Service Users' Feedback Survey (Word Copy)](http://www.voluntaryactionnorthlanarkshire.org/sites/default/files/service_users_feedback_survey_for_funded_projects.docx)
* [Service Users' Feedback Survey (Online Survey)](https://form.jotform.com/232543369589066)

**Guidance for Funded Projects**

VANL provides guidance on preparing case studies and personal stories which can be shared with VANL via evaluation forms.

* [Guidance for Funded Projects on Preparing Case Studies](http://www.voluntaryactionnorthlanarkshire.org/sites/default/files/vanl_guidance_for_funded_projects_on_preparing_case_studies.docx)
* [Guidance for Funded Projects on Preparing Personal Stories](http://www.voluntaryactionnorthlanarkshire.org/sites/default/files/vanl_guidance_for_funded_projects_on_preparing_personal_stories.docx)