**Community Mental Health and Wellbeing Fund**

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**Small Grant Application Form**

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| **Section 1 - Organisation Details** | | | | | |
| Organisation Name: | | |  | | |
| Address: | | |  | | |
| Contact Name and Designation | | |  | | |
| Telephone Number(s) | | |  | | |
| Email Address: | | |  | | |
| Web-site Address: | | |  | | |
| Type of organisation  *e.g. Charity* | | |  | | |
| Income last financial year | | |  | | |
| Please provide a brief description of your organisation’s main activities | | | | | |
|  | | | | | |
| **Section 2 - Outline of Proposed Activity:** | | | | | |
| Please name and describe your project and the activities that will be carried out | | | | | |
|  | | | | | |
| Please indicate who will benefit from your project (please refer to the information contained in the guidance notes) | | | | | |
|  | | | | | |
| Please tick which locality areas your project will be active within | | | | | |
|  | | **All of South Lanarkshire** | | | |
|  | | **Cambuslang / Rutherglen** | | | |
|  | | **East Kilbride / Strathaven** | | | |
|  | | **Hamilton / Blantyre / Larkhall** | | | |
|  | | **Clydesdale** | | | |
| **Relevance to Programme Priorities** | | | | | |
| Please indicate where the proposal identifies with the criteria outlined below. Please choose at least one (You may choose more than one) | | | | | |
|  | 1. Projects which tackle suicide prevention, social isolation and loneliness, prevention and early intervention | | | | |
|  | 1. Addressing the mental health **inequalities exacerbated by the pandemic** and the needs of a range of ‘at risk’ groups[[1]](#footnote-1) locally | | | | |
|  | 1. Supporting **small ‘grass roots’ community groups** and organisations to deliver such activities | | | | |
|  | 1. Providing **opportunities for people to connect** with each other, build trusted relationships and revitalise communities | | | | |
|  | 1. Supporting **recovery and creativity** locally by building on what is already there, what was achieved through the pandemic, and by investing in creative solutions | | | | |
| What do you expect to achieve from the project and how will you know you have achieved it (please refer to the short and medium term outcomes in the guidance notes) | | | | | |
|  | | | | | |
| **Section 3- Financial Information** | | | | | |
| How much will your project cost and how much would you like from us?  Please provide details on the costs associated with your proposal, this should include; Staff costs, Capital items being requested and Management charge. | | | | | |
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| **Cost Area** | | | | **Total Cost (£)** | **Requested (£)** |
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| **Totals** | | | |  |  |
| **NOTE - Please remember to include the latest set of audited accounts** | | | | | |

Note: Part or all of the information you supply may be held on computer. It will be used for the administration of the funding applications, and copies of the information may be provided to individuals or partner organisations that are helping us assess or monitor awards.

Your signature on this form is treated as confirmation that VASLan may use the information you have supplied to us under the terms of the Data Protection Act 1998.

We may share information with other grant funders and partner agencies.

If you provide false or inaccurate information in your application or at any point in the life of the funding we award you and fraud is identified, we will provide details to fraud prevention agencies to prevent fraud and money laundering.

**Declaration**

By signing this application, you confirm that:

* You are the legally responsible contact and aware of this application.
* The host organisation completed the application and will deliver the project.
* The information you have given is accurate and true
* Your application has been authorised by the governing body of your organisation (board or committee)
* You understand that if you make misleading statements or withhold information at any point, your application will be invalid, and your organisation will be liable to repay any money you have received.
* You agree that you will feed back to Voluntary Action South Lanarkshire on a quarterly basis on progress using the appropriate paperwork within a timely manner or on request.

**I confirm that the information contained in this application and any accompanying attachments is accurate.**

|  |  |
| --- | --- |
| **Signature** |  |
| **Date:** |  |

Completed applications should be returned to [funding@vaslan.org.uk](mailto:funding@vaslan.org.uk)

if you wish to submit additional information this can be done on a separate document no greater than one page of A4 and should be returned along with this application.

1. [↑](#footnote-ref-1)