

SEFTON IN MIND GRANT APPLICATION FORM 2022-23

Grant funding of up to £7,000 for local community health & wellbeing projects aiming to improve mental health by focussing on:

- Mental health and wellbeing of working age adults
- Mental health and wellbeing of men
- Think family approaches
- Co-production with people of lived experience

The deadline for applications is 11.59pm Wednesday 4th May 2022

SECTION 1 – Organisation Details	
Organisation Name and Address:	
Contact person:	
Role in the Organisation:	
Telephone:	
Email:	
Do you have a constitution?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please select if your organisation is any of the following: <i>(please select all that apply)</i>	<input type="checkbox"/> A registered charity, Charity Number: Click or tap here to enter text. <input type="checkbox"/> A Company Limited by Guarantee, Company Number: Click or tap here to enter text. <input type="checkbox"/> A Community Interest Company <input type="checkbox"/> An unincorporated association
Please provide Bank Details: Must be a 2 signature account	Sort Code: Click or tap here to enter text. Account Number: Account Name: Click or tap here to enter text.

SECTION 2 – Your Project

Please answer each question below to help us to understand the project that you are requesting funding for.

Project Name:

Click or tap here to enter text.

What are you aiming to do and why? Please include where the activity/project will take place (250 words)

How will your project meet the above outcomes detailed above and engage people who will benefit from the project? (250 words max)

What outcome(s) will you achieve as part of your project and how will you demonstrate these achievements?

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Do you have the necessary insurance, risk assessments, Health and Safety procedures in place? These must be available on request.	Public Liability Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Employer's Liability Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Risk Assessments (inc. Covid-19)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Health and Safety procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your project involves working with vulnerable adults or children, please confirm that you have a Safeguarding Policy and that the relevant staff / volunteers have a current DBS check. (Again must be available on request)	Safeguarding Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	DBS checks <i>Sefton CVS can support organisations with achieving this.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide an itemised breakdown of the project requirements and their likely cost. Please tell us how much the TOTAL project will cost and how much funding are you asking for t.	Item		Cost
Source of additional funding required if this is application is for part funding. Is that funding secured?	Total cost of project		
	Funding requested from this fund		

Declaration:

<p>I declare that to the best of my knowledge and belief the information supplied on this application form is correct. This application is in compliance with the guidance notes and I confirm that I have the authority to sign on behalf of the organisation making this application.</p>	Signed:
	Position:
	Date:

You can return your form: Please complete and return this form via email to seftoninmind@seftoncvvs.org.uk or by post to Jan Campbell, Sefton CVS, 3rd Floor, Suite 3B, North Wing, Burlington House, Crosby Road North, Waterloo, L22 0LG.