**Communities Mental Health & Wellbeing Fund Round 4**

List of Grant Application Form questions (\* = compulsory answer required)

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| **Have you read the** [**Guidance**](https://borderstsi.org.uk/wp-content/uploads/2024/07/CMHWB-Fund-Round-4-Guidance-Final-7.pdf) **notes for this fund?\*** | YES/NO |

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| **Organisation Details** | | |
| Organisation name\* |  | |
| Project name\* |  | |
| Organisation legal structure\* | (Please select) | |
|  | Charity Company Ltd by Guarantee |  |
|  | Charity Company Ltd by Shares |  |
|  | Charity Unincorporated |  |
|  | CIC Ltd by Guarantee |  |
|  | CIC Ltd by Shares |  |
|  | Community Benefit Company |  |
|  | Company Limited by Guarantee |  |
|  | Company Limited by Shares |  |
|  | Industrial & Provident Society |  |
|  | Not Applicable |  |
|  | Public Social Partnership |  |
|  | SCIO |  |
|  | Sole Trader |  |
|  | Start Up |  |
|  | Trust |  |
|  | Unincorporated |  |
|  | Unknown |  |
| Street\* |  | |
| Town\* |  | |
| Postcode\* |  | |
| Brief summary of the organisation main activities.\* (100 words max) |  | |
| Income last financial year\* | £ | |

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| **Contact Details** | |
| Application contact\* |  |
| Contact email\* |  |
| Contact telephone\* |  |
| Role within the organisation\* |  |

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| **Application Details** | | |
| Type of application\* (Please select) | Small grant (£250-£10,000) |  |
|  | Medium grant (£10,001-£20,000) |  |
|  | Large grant (£20,001-£40,000) |  |
| Project start date\* |  | |
| Project length\* |  | |
| Reason for application\* (Please select) | Develop New Service |  |
|  | Improve Existing Service |  |
|  | Maintain Existing Service |  |
| Summary of project\* (100 words max) |  | |
| Type of service\* (please select) | Befriending |  |
|  | Peer support |  |
|  | Counselling |  |
|  | Therapeutic |  |
|  | Mentoring |  |
|  | Financial inclusion / cost of living |  |
|  | One to one |  |
|  | Group activity |  |
|  | Equipment |  |
|  | Food |  |
|  | Nature |  |
|  | Social |  |
|  | Arts and crafts |  |
|  | Sports or physical activity |  |
|  | Culture |  |
|  | Other |  |
| Please describe your project and the activities that will be carried out. | | |
| Details of project\* |  | |
| How will the organisation evidence the success of the project?\* |  | |
| Partnership working | YES/NO (If YES - provide details of partnership) | |
| Details of partnership |  | |
| Is the project match funded? | YES/NO (If YES – provide details of match funding) | |
| Match funded amount |  | |
| Previous awards from Communities Mental Health & Wellbeing Fund | YES/NO (If YES – provide details of previous awards) | |
| Details of previous award |  | |
| Additional information |  | |

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| **How many staff and volunteers are involved in the project?** | |
| Full time staff\* |  |
| Part time staff\* |  |
| Volunteers\* (Excluding management committee) |  |

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| **Costs** How much will your project cost and how much would you like to apply for?  Please provide details of the costs associated with your proposal.\*  This will automatically calculate the amount of funding you are applying for. | |
| Staff | £ |
| Accommodation | £ |
| Capital | £ |
| Equipment | £ |
| Training | £ |
| Travel | £ |
| Utilities | £ |
| Event | £ |
| Volunteer expenses | £ |
| Other costs | £ |
| **Total amount requested\*** | **£** |
| Cost details\* |  |

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| **Priorities** | | |
| Priorities addressed\* (Please select) | Suicide prevention |  |
|  | Social isolation / loneliness |  |
|  | Addressing poverty and inequality |  |

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| **Beneficiaries** | | |
| Number of beneficiaries\* (estimate) |  | |
| Who will benefit?\* (Please tick) | Women experiencing gender based violence |  |
|  | People with long term health conditions or disability |  |
|  | People from a minority ethnic background |  |
|  | Refugees and people with no recourse to public funds |  |
|  | People facing socio-economic disadvantage |  |
|  | People with diagnosed mental illness |  |
|  | People who have experienced bereavement loss |  |
|  | People in disadvantaged geographical location (rural isolation) |  |
|  | LGBTQ+ communities |  |
|  | Older people |  |
|  | People experiencing severe and multiple disadvantages |  |
|  | People with neurological conditions or learning disabilities |  |
| **Benefiting localities**\* (Please tick) | Berwickshire |  |
|  | Cheviot |  |
|  | Eildon |  |
|  | Teviot & Liddesdale |  |
|  | Tweeddale |  |

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| **Requirements** | | |
| Organisation requirements  (Please tick) | Organisation bank account |  |
|  | Organisation based in Scottish Borders |  |
|  | Project delivered only within Scottish Borders |  |
|  | Show two quotes for any item costing more than £3,000 (if asked) |  |
|  | Policies and procedures in place to deliver the project |  |
|  | Suitable staff/volunteers to deliver the project |  |

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| **Declaration**  Please ensure that the information contained in this application is correct, and that you are authorised to make the application on behalf of the named organisation and with whom it has been discussed. I understand that decisions made by the scoring panel are final.  By submitting your application, you agree to allow Borders Community Action to retain your organisational data on our database to process your application. You also agree to comply with all monitoring and evaluation requirements set out in the grant offer letter and to list your project on the ALISS database.  We will use the information you give us to help assess your application and administer any grant we award you. We may share copies of this information with individuals and organisations we consult when assessing these applications, monitoring and evaluating this fund. We may also use this information for our internal training purposes. You can access our Data Protection Policy at [www.borderstsi.org.uk](https://borderstsi.org.uk/data-protection-policy/). |

If you have any questions, please contact [info@borderscommunityaction.org.uk](mailto:info@borderscommunityaction.org.uk)