**MHAW Activity Project**

**Grant Application Form (Phase Two)**

1. **Name of applicant**
2. **Role of applicant (i.e. group lead, volunteer, service manager)**
3. **Email address (This will be used as our main communication channel, please also include any email addresses that may be used as backup contacts in case the applicant is away)**
4. **Phone number**
5. **Applicant address (for correspondence)**
6. **Name of group/organisation**
7. **Please provide a brief description of what your organisation does (I.e. What are your organisations aims? Who do you support? What services do you provide?) 300 words max**
8. **In which Derbyshire district does your organisation work? (Tick all that apply)**

**Amber Valley**

**Bolsover**

**Chesterfield**

**Derbyshire Dales**

**Erewash**

**High Peak**

**North East Derbyshire**

**South Derbyshire**

**Derby City**

**Other –**

1. **What type of group/organisation are you?**

**Charity**

**Trust**

**CIC (Community Interest Company)**

**Limited Company**

**Private Company**

**IPS (Industrial and Provident Society)**

**Unincorporated Association**

**Other –**

1. **Do you have a charity number?**

**Yes**

**No**

1. **What is your charity number?**
2. **Is your group affiliated to a national organisation?**

**Yes**

**No**

1. **Please name the organisation you are affiliated to:**
2. **Do you have a Bank or Building Society account in the name of your group or organisation?**

**Yes**

**No**

1. **Please provide details below for the account the funds will be paid into:**

**Bank/Branch**

**Sort Code**

**Account Number**

**Account Name**

1. **How many people are on the bank mandate?**
2. **Name of your project**
3. **Please give a brief description of what your project is? (I.e. What service will you provide, where will it be held, who will it support?) 300 words max**
4. **Please provide your project aims? (Detail clearly and concisely up to four project aims) 300 words max**
5. **How will you measure that your project has met its aims? (I.e. How will the success of your project be measured? How will you be able to track if it has met the aims that it initially set out with?) 300 words max**
6. **What positive changes will this make to people in your group and/or the wider community? (I.e. What impact would you like your project to have on your service users? What are the possible improvements it could make in their lives?) 500 words max**
7. **How does this project identify and address accessibility issues? 300 words max**
8. **How was the idea/plan for this project developed? How do we know it will be used/accessed? (I.e. Is there a demand for the service you will provide? How have you identified that demand?) 500 words max**
9. **Has this project idea been co-produced? (Not sure what co-produced means? Read more here -** [**https://t.ly/hs76J**](https://t.ly/hs76J)**)**

**Yes**

**No**

1. **There are a range of project outcomes for the Mental Health and Wellbeing Activity Project; your project must meet at least two of the listed outcomes to be eligible for funding.**

**Tick all the outcomes that apply to your project.**

**Social-connectedness**

**Connection to nature**

**Increased physical activity**

**Reduction of isolation**

**Improved emotional health and wellbeing**

**Improved accessibility for service users**

**Improved resilience**

**Improved support network**

1. **Approximately how many people will benefit from this project? (We realise you cannot give exact figures but please estimate as accurately as possible. This information is important and will be used to evaluate the project at the end of the grant period.)**
2. **What is the start date of the project?**
3. **What is the end date of your project?**
4. **What is the length of the project? (E.g. 6 months)**
5. **Which Derbyshire district(s) will your project cover? (Tick all that apply)**

**Amber Valley**

**Bolsover**

**Chesterfield**

**Derbyshire Dales**

**Erewash**

**High Peak**

**North East Derbyshire**

**South Derbyshire**

1. **Will your project include Derby City or any other district that is not one of the 8 listed in the previous question? (I.e. Anywhere that is not in one of the 8 Derbyshire County Council districts)**

**Yes**

**No**

1. **What are the age ranges of the people that will benefit from your project? Tick all that apply**

**18-22**

**23-29**

**30-39**

**40-49**

**50-59**

**60-69**

**70+**

1. **Which of the following groups are most likely to benefit from your project?**

**Unemployed**

**Low income**

**Long term health condition**

**Physical impairment**

**Learning difficulties**

**Mental health issue**

**Physically inactive**

**Homeless or rough sleepers**

**Families**

**Elderly**

**BAME**

**LGBTQIA+**

**Carers**

**Lone parents**

**Other –**

1. **Does your project involve working with vulnerable adults? (If yes, copies of relevant safeguarding policies will be required later in the application)**

**Yes**

**No**

1. **How much funding would like to apply for?**
2. **How much will your project cost in total?**
3. **Please provide a detailed breakdown of the funding you require for your project: (Itemise the areas of expenditure, example below)**

Graphical user interface, text, application

Description automatically generated

1. **If your project cost is higher than the amount of funding you are applying for here, please explain how you will fund the remainder of the project cost. If you have applied for other grants from a different funding body, please give details of the:**

**- Grant provider**

**- Date applied and successful (or awaiting)**

**- Amount requested**

**- Purpose of funding**

1. **How do you see the project/activity progressing after this funding comes to an end? 500 words max**
2. **Have you uploaded a copy of your group/organisation governing document?**

**https://tinyurl.com/bdff69ne**

**Yes**

**No**

1. **Have you uploaded a copy of your latest set of annual accounts?**

**https://tinyurl.com/2c3wtx2u**

**Yes**

**No**

1. **Have you uploaded a copy of your latest Bank / Building Society statement?**

**https://tinyurl.com/5d489shu**

**Yes**

**No**

1. **Have you uploaded your relevant supporting documentation? (If required)**

**https://tinyurl.com/yc77j3fb**

**Yes**

**No**

**Before submitting your application form, ensure you have answered all questions and provided the information requested. Any missing information may result in a delayed or unsuccessful application.**

**Your application will be assessed by the Derbyshire Mind MHAW Review Panel and you should hear a decision within 2-4 weeks of the application form closing.**

**Whether successful or unsuccessful, you will be notified once the review process has been completed.**

**Thank you for taking the time to complete the application form. Any questions following application, please contact mhaw@derbyshiremind.org.uk**