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Grant Application Form

MHAW Activity Project

Step 1.

**Instructions For Applicants:**

## Check you are eligible for the funding with our 'Eligibility Checker' form

(takes 1-2 minutes)

https://forms.office.com/e/mMBp0eU1nH

Step 2.

Ensure you have read and understood the 'Application Guidance' and 'FAQ' documents (this will speed up the application process)

Step 3.

Prepare your answers in advance in a Word document as you won't have the opportunity to save your progress.

Step 4.

Input your prepared answers into the application form and submit!

**Support:**

* If you require support with completing your application, please refer to the FAQ document
* If you have further questions on the funding that are not covered in the Application Guidance or FAQ documents, please email – mhaw@derbyshiremind.org.uk

# Applicant Information

### Name of applicant\*

* 1. Role of applicant\*

(i.e. group head, volunteer, service manager)

### 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\*

1. Applicant address\*

Group / Organisation Information

1. Name of group/organisation\*
2. 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

1. In which Derbyshire district does your organisation work?\*

(Highlight 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

Private company

Unincorporated association



CIC

Other

Limited company IPS

1. Do you have a charity number?\*

(If yes, complete Q11)

(Yes / No)

1. What is your charity number?
2. Is your group affiliated to a national organisation?\* (Yes / No)
3. Please name the organisation you are affiliated to:

1A. 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?\*

# Project Information

1. Name of your project\*
2. Please give a brief description of what your project is?

(I.e. What service will you provide, where it will be held, who will it support?) 300 words max

1. Please provide your project aims?\*

(Detail clearly and concisely up to 4 project aims)

300 words max

1. 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

### 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

### How does this project identify and address accessibility issues?

### 300 words max

1. 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

### Has this project idea been co-produced?

### (Not sure what co-produced means? Read more here - https://t.ly/hs76J)

(Yes / No)

1. There are a range of project outcomes for the Mental Health and Wellbeing Activity Project, your project musts 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 support network

### Improved emotional health

and wellbeing

### Improved accessibility for

service users Improved resilience

1. Approximately how many people will benefit from this project?\*

(We realize 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.)

1. What is the start date of the project?\*
2. What is the end date of the project?\*
3. What is the length of the project?\*

(E.g. 6 months)

1. Which Derbyshire district(s) will your project cover?

(Tick all that apply)

Amber Valley Bolsover Chesterfield Derbyshire Dates

Erewash High Peak

North East Derbyshire South Derbyshire

1. Will you 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

Physical impairment Learning difficulties

### Long term health

condition

Mental health issue Physically inactive Families

Elderly

Homeless or rough sleepers

BAME

### LGBTQIA +

Carers

Lone parents

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)

Funding and Sustainability

## How much funding would like to apply for?”

### How much wilt your project cost in Total? “

1. Please provide a detailed breakdown of the funding you require for your project: \*

(Itemize the areas of expenditure, example below)

Expenditure item - Amount (£)

* 1. laptops (including security, labour and delivery) - £1200
  2. month's salary (excluding overheads) for a paid Horticultural Therapist (20 hours p/w) £3000

Total cost - £4200

1. If your project cost is higher than the amount of funding you are applying

### forhere, 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

# Document Uploads

What documents will you be required to send with the application form?

* A copy of your group/organisations governing document i.e. rules, constitution, Memorandum and Articles of Association
* A copy of your latest set of annual accounts
* A copy of your latest Bank / Building Society statement
* A copy of your safeguarding adults policy (if your project involves working with vulnerable adults**)**

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 3-4 weeks of the application form closing. (Please bear in mind that this may be longer depending on the number of applications we receive)

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](mailto:mhaw@derbyshiremind.org.uk)

**Online submission is preferred, but IF sending via post:**

We advise you make a copy of your application prior to sending it to us. We will confirm receipt of your application. If you have not heard from us in 5-7 days of the expected delivery date, please email us here [mhaw@derbyshiremind.org.uk](mailto:mhaw@derbyshiremind.org.uk) or call our office number here 01332 623732

Once you have printed and filled in the application form, please send it clearly labelled to:

FAO Lucy Brierley Derbyshire Mind MHAW Derby West Business Center Mackworth

Derby DE22 4NB