###### SMALL GRANTS

###### MENTAL & EMOTIONAL WELL-BEING & SUICIDE PREVENTION

**APPLICATION FORM – Take 5 Steps to Wellbeing**

**2016-2017**

|  |  |  |  |
| --- | --- | --- | --- |
| *Official use only:* | |  | |
| GRANT APPLICATION NO: |  | Date Received |  |
| AMOUNT | £ | Time Received |  |

|  |  |
| --- | --- |
| Locality Area (Please tick one area only) | Western  Belfast  Southern  South Eastern  *Please note: If applying for more than one area a separate application form must be submitted for each area* |

**Please tick:**

**If applying for Level 1 - Does your group have a constitution? \_\_\_\_\_\_\_\_**If so, please ensure you include a copy with your application

**Application for Award Level 1 ­­­­\_\_\_\_\_\_\_**

**Application for Award Level 2 \_\_\_\_\_\_\_**

PLEASE **PRINT** IN BLACK INK OR TYPE FOR EASE OF PHOTOCOPYING

|  |  |  |
| --- | --- | --- |
| Name of Group/Organisation |  | |
| Which sector does your organisation / group operate in? | **Community** |  |
| **Voluntary** |  |
| **Contact person** |  | |
| **Position in Group/Organisation** |  | |
| **Address** |  | |
| **Postcode** |  | |
| **Telephone No:** |  | |
| **Alternative Contact No:** |  | |
| **Fax No:** |  | |
| **Email/Website** |  | |
| **Charity registration no. (if applicable)** |  | |

1. **Title/Name of Proposed Project:**

1. ***Summary of proposed project (maximum 250 words -* any words over this limit will not form part of the assessment process)**
2. **Please provide background information on your group/organisation (maximum 250 words *-* any words over this limit will not form part of the assessment process)**
3. **Main Area (s) targeted for this proposal / application by town / area / or district.**

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| --- |
|  |

**5. Does your target area include any of the ‘Top 20% most deprived wards / Super Output Area’s (SOA) *(Please refer to the attached list of the top 20% most deprived Wards (Table 1) and Super Output areas (Table 2) in your area)***

**Yes**  **Please specify relevant wards / SOA’s below**

**No**

| **Ward / Super Output Area** |
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**Continue on a separate sheet if necessary**

1. **Who are your target group (s) and how will they be targeted?**

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|  |

1. **Provide a summary of project objectives and how these link with the stated aims (question 2) (maximum 75 word limit per objective).**

Objective 1:

Objective 2:

Objective 3:

1. **What are the primary issues the project is aiming to address? (maximum 100 words – any words over this limit will not form part of the assessment process).**
2. **Explain how you have identified the need for the project. (maximum 300 words – any words over this limit will not form part of the assessment process).**
3. **Please tell us how your group will involve the local community in this project and identify any other organisations / partners involved (if any) and their role in this project: (maximum 200 words – any words over this limit will not form part of the assessment process).**
4. **Demonstrate how this project will contribute to models of good practice and evidence of effectiveness? – (In addition also consider how your project addresses the ‘Take 5’ Steps to Wellbeing) (maximum 300 words – any words over this limit will not form part of the assessment process)**
5. **How will you monitor and evaluate the impact of this project? (You will be required to report back on outputs and outcomes using the validated outcomes monitoring tool which you identify.)   
   (Maximum 200 words – any words over this limit will not form part of the assessment process)**
6. **(a) Detail the actions that will be undertaken to achieve project objectives. Provide outputs / numbers, proposed timescales and how each action will be measured (\*Note these will be regarded as performance indicators which will be included in any Letter of Offer, should your application be successful).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Actions** | | **Outputs / Numbers** | **Timescales** | **How will this be measured?** |
| 1 |  |  |  |  |
|  |  |  |
| 2 |  |  |  |  |
|  |  |  |
| 3 |  |  |  |  |
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| 4 |  |  |  |  |
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| 5 |  |  |  |  |
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| 6 |  |  |  |  |
|  |  |  |

**13 (b) How many people will benefit from project? \_\_\_\_\_**

**If your programme contains Training/Awareness please provide information on:**

Who will provide the facilitation/training? (Provide the names of the relevant individuals/organisations) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **When do you expect project to start and end?**

**Start date (day/month/year)**  **End date (day/month/year)**

\**All projects/****programmes awarded have a deadline of 28th February 2017*** *with return of* ***evaluation forms sent to the CLEAR Project by no later than end 15th March 2017***

1. **Please provide a detailed breakdown of funding requested.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item / Activity / Requirement** | **Cost of each unit (if applicable i.e. hourly rate / session rate, etc)** | **Funding requested from CLEAR** | **Other Funding sources including in-kind contributions** |
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|  |  |  |  |
| **Totals** | **£** | **£** | **£** |

1. Please state if your group / organisation is receiving ‘current’ funding from another Public Health Agency, HSC Board or HSC Trust source:

|  |  |  |
| --- | --- | --- |
| **Funding Body** | **Date and Amount Received** | **Details of project** |
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1. **Sustainability:**

This funding scheme provides one-off grant awards. Please indicate how you intend to continue to support the project activities, once funding has ended;

***OR***

If your project is one off event please let us know how you see the project developing after this funding has ended.

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1. **Bank details (for constituted groups only)**

**Please provide bank account details below:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank or building society name** |  | | | | | | | |
| **Sort Code** |  |  |  |  |  |  |  |  |
| **Account Number** |  |  |  |  |  |  |  |  |

**Authorised Signatures / Declaration**

Please ensure two duly recognised officers / committee members in your organisation sign this application form. The signatories must be: (a) a contact person for the organisation who is familiar with the application (b) the person who will sign the contract/letter of offer agreement in the event that your application is successful i.e. the Chairperson, Chief Executive or most senior staff member. **Failure to include two original signatures on the application form will render your application invalid.**

|  |  |
| --- | --- |
| **Name 1** | **Name 2** |
| **Signature 1** | **Signature 2** |
| **Designation 1** | **Designation 2** |
| **Tel** | **Tel** |
| **Email** | **Email** |
| **Fax** | **Fax** |
| **Date** | **Date** |

**By signing this declaration, applicants are agreeing to the following terms:**

* To abide by the details set out in the Small Grants Programme Guidance Notes.
* That if successful, funding will only be paid out to facilitators identified in this application, and for activities proposed in this application and approved in a letter of offer.
* All media content in the proposed application (e.g., leaflets, posters etc.) must be approved by the CLEAR Project before printing to ensure appropriate use of the CLEAR Projects details and PHA logos
* Requests for amendments to the proposed application must be submitted to The CLEAR Project in writing. If applicable, approval will be provided in writing.
* All application forms received will remain on file in line with DHSSPS Protocol.

**Closing date for receipt of application is on or before Thursday 23rd June 2016 @ 3.00 pm**

**CHECKLIST**

**Tick if completed**

|  |  |  |
| --- | --- | --- |
| 1. Have you filled in **all** areas of the form appropriately? | |  |
| 2 Has the form been signed by **two** duly recognised officers? | |  |
| 3. Have you included clear & specific objectives for your project? | |  |
| 4. Have you included a fully broken down costed budget for the project? | |  |
| 5. Have you detailed how you intend to monitor and evaluate your project? | |  |
| 6. Have you included a contact telephone number where we can reach you  between 9.00am and 5.00pm on weekdays? | |  |
| 7. Have you stated when your project will begin and end? | |  |
| **All Level 2 applicants must supply the following information:** | | |
| 8. A copy of your constitution **(Also applicable for Level 1 constituted groups)** |  | |
| 9. Your most recent accounts, signed and dated as approved by an office holder. |  | |
| 10. A list of your committee members |  | |
| 11. A copy of your Child Protection Policy and Vulnerable Adult Policy (if appropriate) |  | |

***Please ensure you read and fully understand the guidance notes and terms and conditions included with your pack before submitting this application.***

**Please note: it is your responsibility, to ensure that all the information required is provided in your application form. Forms that are unsigned, incomplete and/or missing appropriate supporting documentation as outlined cannot be considered. Also ensure your application has sufficient postage to allow it to be delivered on time.**

**Please send your completed application with all relevant documentation to:** *(Please note all applications can be posted to the CLEAR Project Office or to the relevant PHA office in your area)*

|  |  |
| --- | --- |
| **Western Area**  **CLEAR Project Manager**  **Unit 13, Strabane Enterprise Agency**  **Orchard Road Industrial Estate**  **Strabane**  **BT82 9FR** | **South Eastern Area**  **CLEAR Project Manager**  **C/O Joan Crossey Health Improvement Team Public Health Agency  Lisburn Health Centre Linenhall Street Lisburn BT28 1LU** |
| **Southern Area**  **CLEAR Project Manager**  **C/O Joan Porter Health Improvement Team Public Health Agency  Towerhill Armagh  BT61 9DR** | **Belfast Area:**  **CLEAR Project Manager C/O Annmarie McCann Health Improvement Team Public Health Agency  Alexander House 17a Ormeau Avenue Belfast BT2 8HD** |

**CLOSING DATE: Thursday 23rd June 2016 @ 3.00pm**

**Email / Faxed applications will not be accepted.**

**\* Please remember to keep a copy of this application for your own record.**