

## Mental Health Small Grants – Application Form September 2020

### Section One: About your group

#### 1.1 Name of group:

Name of main contact for the organisation:

Role in organisation:

Telephone:

E-mail:

Address and postcode:

#### 1.2 Type of organisation: *Delete those that don't apply*

Non-Profit Y/N

Community interest group Y/N

Registered Charity Y/N

Other - please describe \_\_\_\_\_

#### 1.3 Tell us briefly what your organisation does. *For example, how often you meet, your aims and main activity, etc*

#### 1.4 When did your group/ organisation start?

#### 1.5 Do you any have the following? *If so, please attach a copy or send a link. You don't need all of these; or your paperwork might have different names. This just helps us to check that your organisation is properly set up, and its aims fit with ours.*

Constitution/ Terms of reference Y/N

Public Liability Insurance Y/N

Keeping vulnerable people safe (Safeguarding process and/or training) Y/N

Other – please list

#### 1.6 Do you have a website or page on a social media site? *Please share any links*

#### 1.7 Bank details *The bank account **must** be in the name of the organisation and have at least two people signing cheques.*

Bank name

Address

Account details

#### 1.8 Please supply names and contact details for two referees

*This should be people who know and can comment on the work your group does.*

#### 1.9 Is there any other relevant information you would like to tell us about your organisation?

## **Section Two: Project Details**

### **2.1 Project Title:**

**Project Description** *Please provide us with the background to your project. If possible, keep your reply to around 500 words or less. You might find it useful to think about some of the following questions.*

- *What has the impact of the last 6 months and Covid been on your group/community?*
- *How will the project address this?*
- *How is this different from your usual work?*
- *What experience does your group have in working around mental health and wellbeing?*
- *Who has been involved in developing the project*
- *What difference do you hope to make?*
- *How many people will potentially use, or benefit from the project?*
- *If there is a second wave/second 'lockdown', how will the work continue?*

### **2.2 When will the project begin/finish?2**

Start Date:

End Date:

### **2.3 Have you received any funding from other sources for this project?**

Yes / No - If yes describe:

### **2.4 Will the people who access your project be referred through another professional for example via their GP? Please note that a referral includes an exchange of personal and/or sensitive data from one organisation to another.**

Yes / No - If yes describe:

### **2.5 How will your organisation make sure that personal or sensitive data (about the people who access your project) is kept confidential and safe?**

### **2.6 Breakdown of how the funding will be spent:**

<b>Item</b>	<b>Amount:</b>
<b>Total cost of the project:</b>	£
<b>Total you are asking for</b>	£

### **2.7 When will the money be spent by?**

### **2.8 How will you know your project has worked? We will ask you to share this information with us, in several months' time, if you are successful**

*Please return this form to:*

*Helen Wyatt, Patient and Public Engagement Manager Rotherham CCG*

*Oak House, Moorhead Way, Bramley, Rotherham 01709 302042 [helen.wyatt6@nhs.net](mailto:helen.wyatt6@nhs.net)*

**We will email or call you to confirm receipt of the application form.**

**If you have not received confirmation within 2 working days of the closing date, please contact us to make sure that we have received the application form safely.**