**Community mental health grants 2020/2021 - Application form**

***Supporting projects and activities to improve the mental health and wellbeing of residents in Bristol***

The small grant awards are funded by the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) via Bristol City Council.

Grants will be allocated to local community organisations and new mutual aid groups to develop approaches to improve the mental health and wellbeing of the populations they represent and work with, particularly with those communities most affected by COVID-19.

Grants awarded will be between £1,000 and £10,000. All funding should be spent within 12 months of the award. The information you supply will be sent to an evaluation panel. If you would like to make any adjustments to how the award is used, you must notify Mark Allen at Bristol City Council – [thrive.bristol@bristol.gov.uk](mailto:thrive.bristol@bristol.gov.uk).

On completion of the project funded by the award, evaluation forms (provided by Bristol City Council) should be returned to Mark Allen at Bristol City Council – [thrive.bristol@bristol.gov.uk](mailto:thrive.bristol@bristol.gov.uk).

Before evaluating your application, we need to ensure that you meet our minimum requirements for funding. Please answer the following questions:

| **Compliancy Questions** | **‘Yes’ or ‘No’** |
| --- | --- |
| **Insurance:** will your organisation have Public Liability Insurance (PLI) no less than £5 million in place before your project begins? |  |
| **Equality and Diversity:** does your organisation have an Equality and Diversity policy?  Have you provided this with your application?  Please also confirm that you shall comply with all legislation, official guidance and codes of practice relating to equal opportunities. |  |
|  |
|  |
| **Safeguarding:** does your organisation have a Safeguarding policy?  Have you provided this with your application?  Please also confirm that you shall comply with all legislation, official guidance and codes of practice relating to safeguarding. |  |
|  |
|  |
| **Referee:** have you provided a reference with your application to demonstrate that you can deliver your project? |  |

**Please send your completed application form and any additional documents to:**

[thrive.bristol@bristol.gov.uk](mailto:thrive.bristol@bristol.gov.uk)

The deadline for returning your completed application form is: **before 5pm on Wednesday 21st October 2020.**

The information and data collected from this application form will be processed by Bristol City Council in accordance with the terms and conditions of the 2018 Data Protection Act and Council policy.

*Please refer to the Grant Guidance notes before completing this application.*

**1. Name of voluntary organisation or community group:**

|  |
| --- |
|  |

**2. Contact details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Organisation:** |  |
| **Address:** |  |
|
|
| **Postcode:** |  |
| **Phone number:** |  |
| **Email:** |  |
| **Website:** |  |

**3.What is the legal structure of your organisation or community group?** *(please tick)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Unincorporated Association** |  | **Charitable Trust** |  |
| **Charitable Incorporated Organisation** |  | **Community Interest Company** |  |
| **Charitable Community Benefit Society** |  | **Company limited by guarantee** |  |
| **Other (please provide details):** | | | |

**Please state your charity registration/companies house number:**

|  |
| --- |
|  |

**Please tell us about your proposal:**

|  |
| --- |
| **£** |

**4. How much would you like to apply for?**

**a) Please give as much detail as possible of the costs you would like this grant to meet:**

*(this could include equipment, venue hire, crèche, staffing or volunteering costs or other running costs)*

|  |  |  |
| --- | --- | --- |
| **Item** | **£** | **p** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**5. Please describe the activity or project including:** *(max. 500 words)*

**a) The project name:**

|  |
| --- |
|  |

**b) The activities you are planning:**

|  |
| --- |
|  |

**c) How many people are you anticipating will benefit from this project?**

**How many interactions or number of sessions are you expecting to hold?**

**Please explain how you came to this number providing any evidence you feel is necessary to support this estimate:**

|  |
| --- |
|  |

**d) Who are the people/groups in the community who will benefit directly from the project?**

|  |
| --- |
|  |

**e) How have you involved, or how will you involve, the community in developing the project?**

|  |
| --- |
|  |

**f) When will the project start and finish?**

|  |  |
| --- | --- |
| **Start:** | **Finish:** |

**g). Where will the project take place, if applicable?** *(which Bristol community/locality will be supported)*

|  |
| --- |
|  |

**6. Please explain how your project will improve levels of happiness, anxiety and/or social isolation amongst those who take part.** *(max. 300 words)*

|  |
| --- |
|  |

**7. Outline any evidence or track record that demonstrates your project will deliver the outcomes you have committed to in question 6:** *(see guidance notes) (max. 300 words)*

|  |
| --- |
|  |

**8. Are you working with partner organisations in planning or delivering the project, if so, which ones?** *(partnership working can help maximise the use of resources) (max. 200 words)*

|  |
| --- |
|  |

**9. How will you ensure your project is sustainable after the funding has been used?** *(e.g. using volunteers, charges, funding from other sources, negotiate rates etc.) (max. 300 words)*

|  |
| --- |
|  |

**10. What are your bank details?** *(required for grant payment)*

**a) Name of bank account:** *(please provide name of the applying agency organisation details)*

|  |
| --- |
|  |

**b) Please state the exact wording required for any cheque to be issued:**

|  |
| --- |
|  |

**c) Name and address of bank:**

|  |
| --- |
|  |
|  |

|  |  |
| --- | --- |
| **Account Number:** |  |
| **Sort Code:** |  |

**11. I have read and followed the Guidance Notes (please tick box)**

I undertake that any grant awarded will be used solely for the purpose outlined in this application. I understand that Bristol City Council reserves the right to withhold payment of the whole or part of the grant or to require repayment of the grant where conditions of the grant have not been complied with or where the information is subsequently discovered to be false. **NB.** A condition of receiving the grant is that you return completed evaluation forms to [thrive.bristol@bristol.gov.uk](mailto:thrive.bristol@bristol.gov.uk).

**Your name:**

|  |
| --- |
|  |

**Date:**

|  |
| --- |
|  |