**Round 14 – Mental Health Community Resilience Grant Application Form 2024/25**

**Grant funding of up to £2,000 for local community health & wellbeing projects that build resilience,** responding to issues around Mental Health in Sefton **by addressing:  
(select one)**

Wellbeing/mental health awareness classes

Sessions that promote good mental health and wellbeing

Promoting knowledge and signposting support

Outreach programmes

Teaching/learning new skills

Holding an event/workshops/events with involvement opportunities

If other (please describe below)

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**The deadline for applications is 5pm,** **Friday 17th May 2024**

**Please note; due to the potential of oversubscribing to this fund and limited budgets, we may close early if capacity is reached.**

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| **SECTION 1 – Organisation Details** | | | |
| **Organisation Name and Address:** | Click or tap here to enter text. | | |
| **Contact person:** | Click or tap here to enter text. | | |
| **Role in the Organisation:** | Click or tap here to enter text. | | |
| **Telephone:** | Click or tap here to enter text. | | |
| **Email:** | Click or tap here to enter text. | | |
| **Do you have a constitution?** | Yes | No | |
| **Please select if your organisation is any of the following: *(please select all that apply)*** | a registered charity, Charity Number: Click or tap here to enter text.  a Company Limited by Guarantee, Company Number: Click or tap here to enter text.  A Community Interest Company  An unincorporated association | |  |
| **Please provide Bank Details: Must be a 2-signatory account** | Sort Code: Click or tap here to enter text.  Account Number: Click or tap here to enter text.  Account Name: Click or tap here to enter text. | | |

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| **SECTION 2 – Your Project**  **Please answer each question below to help us to understand the project that you are requesting funding for.** | | | |
| **Project Name:** | Click or tap here to enter text. | | |
| **What are you aiming to do and why? Please also explain how you know there is a need in the community for this project. (200 words max)** | | | |
| **How will your project meet the outcomes selected above and engage people from disadvantaged backgrounds who will benefit from the project? (250 words max) Please list and detail your selections from the top of the page** | | | |
| **How will you measure your project’s impact? Please note, results reported on need to be tangible and measurable for the impact the project had had on Sefton residents. E.G. X% of those involved have reported improved mental health as a result of this activity** | | | |
| **What will the environmental impact and benefits of your project be? How will you ensure it is environmentally sustainable?** | | | |
| **When would you expect the project to start and finish? Please note, in order to comply with this grant round, funding must be spent and all reporting returned by 17th December 2024**  **Start** Click or tap to enter a date. **End** Click or tap to enter a date. | | | |
| **Please state how many people and volunteers will benefit from your project?** | Number of people: Click or tap here to enter text.  Number of volunteers: Click or tap here to enter text. | | |
| **Where will your activity take place?** | Select one  North  South  Central  Boroughwide  Online | | |
| **Who are your primary beneficiaries from your project?**  **Which age cohort will the project focus on?** | Men  Women  Families  Military Veterans  Resident Association  General Community  LGBTQ+  Disabled  Diverse Ethnic Backgrounds (DEBs)  Offender/Ex-offender  Not in Education Employment or Training  Other (Please describe Click or tap here to enter text.)  18-25 26-35 36-50 51-65 66-80 80+  All ages | | |
| **Do you have the necessary insurance, risk assessments, Health and Safety procedures in place?**  **These must be available on request.** | Public Liability Insurance  Employer’s Liability Insurance  Risk Assessments (incl Covid-19)  Health and Safety procedure | Yes  Yes  Yes  Yes | No  No  No  No |
| **If your project involves working with vulnerable adults or children, please confirm that you have a Safeguarding Policy and that the relevant staff / volunteers have a current DBS check.**  **Again, must be available on request)** | Safeguarding Policy  DBS checks  **NB Sefton CVS can support organisations with achieving this.** | Yes  Yes | No  No |
| **Please provide an itemised breakdown of the project requirements and their likely cost.**  **Please tell us how much the TOTAL project will cost and how much funding you are you asking for** | **Item** | | **Cost** |
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| **Total cost of project** | |  |
| **Amount requested from Community Resilience Fund Round 14** | |  |
| **Source of additional funding required if thisapplication is for part funding. Is that funding secured?** |  | | |

**Declaration:**

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| **I declare that to the best of my knowledge and belief the information supplied on this application form is correct. This application is in compliance with the guidance notes and I confirm that I have the authority to sign on behalf of the organisation making this application.** | Signed: |
| Position: |
| Date: |

**Returning your form:** Please complete and return this form via email to CommunityResilience14@seftoncvs.org.uk or by post to Living Well Sefton Community Resilience Fund: Round 14 Sefton CVS, 3rd Floor, Suite 3B, North Wing, Burlington House, Crosby Road North, Waterloo, L22 0LG. If you choose to send your application via post, please inform us via the above email so we can keep track of entries.

**The deadline for applications is 5pm, Friday 17th May 2024**