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| **Communities Mental Health and Wellbeing Fund for Adults 2025** |
| **Third Sector Interface Western Isles** |
| **Year 5 Grant Application Form** |
| **Please read the accompanying Guidance Notes thoroughly before completing your application form** |

**SECTION A: ORGANISATION DETAILS**

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| **1.Your Organisation** | |
| **Name of Organisation** |  |
| **Name of Project** |  |
| **Charity No.** |  |
| **Company No.** |  |
| **Amount requested from this Fund** |  |
| **Are you applying for a one-year grant or two-year grant?** | **One Year Two Year** |
| **Grant Category** | |
| **Grant up to £2,000 per annum** |  |
| **Grant up to £10,000 per annum** |  |
| **Capital Grant up to £5,000** |  |
| **Other (please specify)** |  |

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| **2. Contact Details** | | | |
| **First Name** | |  | |
| **Last Name** | |  | |
| **Position in organisation** | |  | |
| **Correspondence Address** | |  | |
| **Telephone Number** | |  | |
| **Email Address** | |  | |
| 1. **Briefly tell us about your organisation, not your project plans relating to this application.** | |
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| 1. **How many people are on the Board or Committee that runs your organisation?** |
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| 1. **How many volunteers do you anticipate will be directly involved in delivering your project?** |
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| 1. **Tell us about how you are working with other organisations, agencies, or businesses in your area****.** |
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**SECTION B: YOUR PROJECT**

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| 1. **Where will your project take place?** |
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| 1. **Is your application for a new project or for a continuation/expansion of an existing project? (Only select one)** |
| * New project * Existing project (previously funded through the Communities Fund) * Existing project (New to Communities Fund but funded previously through another funding organisation) |

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| 1. **Your Project – what would you like to do?**   **Please describe your proposed project including its key aims and objectives and how this supports mental health and wellbeing. (150 - 200 words)** |
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| 1. **Who will benefit from your project and how many people will benefit?** |
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| 1. **Is your project for the general population (general), open to all but with a focus on particular target groups (targeted) or aimed only at particular target groups (restricted)?** |
| * General * Targeted * Restricted |

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| 1. **Describe how you identified a need for this activity? We particularly want to know how people you intend will benefit from this activity have been part of the process.** |
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| 1. **Will you include any of the ‘at risk’ groups in your project? If so, please state how they will be included. (Please select only three)** | |
| **Women particularly women experiencing gender-based violence** |  |
| **People with a long-term health condition or disability** |  |
| **People from a Minority Ethnic background** |  |
| **Refugees and those with no recourse to public funds** |  |
| **People facing socio-economic disadvantage** |  |
| **People experiencing severe and multiple disadvantage** |  |
| **People with diagnosed mental illness** |  |
| **People affected by psychological trauma (including adverse childhood experiences)** |  |
| **People who have experienced bereavement or loss** |  |
| **People disadvantaged by geographical location (particularly remote and rural areas)** |  |
| **Older people (aged 50 and above)** |  |
| **People with neurological conditions or learning disabilities, and from neurodiverse communities** |  |
| **Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities.** |  |
| **Young people aged 16-24** |  |
| **Other (please describe)** |  |

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| 1. **Please tick one of the following types of initiatives which best describes your project?** |
| * Befriending * Peer support * Counselling * Therapeutic * Mentoring * Financial inclusion/cost of living * One to one * Group activity * Equipment * Food * Nature * Social * Arts and crafts * Maintenance/repair * Sport or physical activity * Culture * Other |

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| 1. **Cost of Living - the following family types are considered most at risk of poverty. Please select any (or all) who are highly likely to engage with this project.** |
| * Lone parents * Families with a disabled family member * Families with 3+ Children * Minority ethnic families * Families where the youngest children are under 1 year old * Mothers aged less than 25 |

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| 1. **National/Local Priorities – please tick any or all of the following priorities your project will contribute to:** |
| * Suicide prevention * Social Isolation/loneliness * Addressing poverty and inequality * Women (including women experiencing gender-based violence) * People with a long-term health condition or disability * People from a Minority Ethnic background * Refugees and those with no recourse to public funds; * People facing socio-economic disadvantage; * People experiencing severe and multiple disadvantage; * People with diagnosed mental illness; * People affected by psychological trauma (including adverse childhood experiences); * People who have experienced bereavement or loss; * People disadvantaged by geographical location (particularly remote and rural areas); * Older people (aged 50 and above); * Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities * Neurodiverse groups * Young people aged 16-24 * Other themes or groups (Please specify) |

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| 1. **Planned Outcomes**   **Below are the outcomes from the Scottish Government’s Mental health and wellbeing strategy delivery plan 2023-2025. The outcomes describe the differences or change that the Scottish Government want to see as a result of the Strategy.**  **You are invited to identify 3 outcomes only (a tick or x will be sufficient) that your project will deliver and can be used to measure the impact delivered by your project.** | | |
| 1. | Improved overall mental wellbeing and reduced inequalities. |  |
| 2. | Improved quality of life for people with mental health conditions, free from stigma and discrimination. |  |
| 3. | Improved knowledge and understanding of mental health and wellbeing and how to access appropriate support. |  |
| 4. | Better equipped communities to support people’s mental health and wellbeing and provide opportunities to connect with others. |  |
| 5. | More effective cross-policy action to address the wide-ranging factors that impact people’s mental health and wellbeing. |  |
| 6. | Increased availability of timely, effective support, care and treatment that promote and support people’s mental health and wellbeing, meeting individual needs. |  |
| 7. | Better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery. |  |
| 8. | Better access to and use of evidence and data in policy and practice. |  |
| 9. | A diverse, skilled, supported and sustainable workforce across all sectors. |  |

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| **18. Please provide a full description of how you will evaluate your project.**  **Note: If your funding application is successful, you will be required to complete mid-year and end of year evaluations.** |
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**SECTION C: FINANCIAL DETAILS**

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| **19. Please select the category which describes the income of your organisation:** |
| * Organisation with income up to £5,000 * Organisation with income up to £10,000 * Organisation with income up to £25,000 * Organisation with income between £25,000 and £100,000 * Organisation with income between £100,000 and £500,000 * Organisation with income between £500,000 - £1 million per annum * Organisation with income over £1 million per annum |

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| **20. Projected Revenue expenditure. Please provide a full breakdown of costs below. Eligible items described at section 3 of the Local Fund Guidance.** |
| |  |  |  |  | | --- | --- | --- | --- | | **Amount requested from the Communities Mental Health and Wellbeing Fund for Adults:** | | | | | **Item** | **Revenue Cost** | **Year 1** | **Year 2** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Total** |  |  |  |   **Will this project proceed without our CMHWF funding?** |
| **🞏 Yes 🞏 No** |

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| 1. **Projected Capital Expenditure. Please provide a full breakdown of costs below. Eligible items described at section 3 of the Local Fund Guidance.** |
| |  |  |  |  | | --- | --- | --- | --- | | **Amount requested from the Communities Mental Health and Wellbeing Fund for Adults:** | | | | | **Item** | **Capital Cost** | **Year 1** | **Year 2** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Total** |  |  |  |   **Will this project proceed without our CMHWF funding?** |
| **🞏 Yes 🞏 No** |

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| **22. Match funding: \*Only complete the Match Funding section of the form if you are applying for funds from other sources as well as this fund.**  **Please list applications made to other funders along with the current status of these. Own funding should also be included here as well as any in-kind contribution.** | | |
| **Funder** | **£** | **Status** |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
| **Own funds contributed** | **£** |  |
| **Total** | **£** |  |
| **In-kind contribution (please place £ value)** | **£** |  |

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| **If you are awaiting result(s) of match funding application(s) what would happen to your project if you were unsuccessful with this/these application(s)?** |
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| **If you are successful in securing Communities Mental Health and Wellbeing funding what will happen to your project at the end of the funding period?** |
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| **Are you seeking funding from another Third Sector Interface (TSI) for this or any other project? If so, which TSI(s)?** |
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**SECTION D: DOCUMENTATION & DECLARATION**

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| 1. **Expected start date of project** |  |
| 1. **Expected completion date of project** |  |

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| 1. **Please provide any further information you think will assist the assessment panel reach a decision on your application. (100 words max)** |
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| 1. **If you wish, you may provide a 5-minute (maximum) video to support your application.** |
| Included/Not included |

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| 1. **In order that your application can be assessed, please confirm you have submitted the following:** |

* A fully completed typed application form
* Full project budget including any recent supplier quotes
* Match funding evidence – letters of award (this is only required where you are also applying to other Funding Sources for your project.)
* A copy of your most recent annual accounts
* A copy of your constitution or memorandum/ articles of association
* If you are un-constituted, evidence of how the group plans to manage the project and process the funding
* Evidence referring to how the project meets the Fund criteria

**Declaration:**

I apply on behalf of the organisation named above for a grant as proposed in this application in respect of expenditure to be incurred over the proposed funding period on the activities described above.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I am authorised to submit this application and that the information given in this form is true and accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit by 31st October 2025**

**Please email your completed application form and all supporting documentation to the Fund Administrator:** **info@ucvo.org.uk**