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| **Communities Mental Health and Wellbeing Fund for Adults 2025** |
| **Third Sector Interface Western Isles** |
| **Year 5 Guidance Notes for completing the Application Form** |

**SECTION A: ORGANISATION DETAILS**

1. **Name of Organisation -** This is the name of your organisation as it appears on your constitution, articles or other form of governing document. If your Project has a name please tell us here. Include your Charity Number or Business Number and give us an early indication of the amount you are applying for and if you are applying for a multi-year grant.
2. **Contact Details -** This should include the name, job title and contact details of the person we will be corresponding with the most, the person likely to have an operational responsibility for the work outlined in the application.
3. **Briefly tell us about your organisation** – this is your opportunity to tell us about your organisation, not your project plans relating to this funding application.
4. **Your Trustees/Board/Committee.** Tell us the number of Trustees, Board or Committee Members you currently have.
5. **Volunteers.** Include all the unpaid members of your group/organisation that will give their time to support your project.
6. **Working with others.** Collaboration with other organisations is an important aspect of delivering services to the community. Provide some evidence here that you do not work in isolation from other organisations around you.

**SECTION B: YOUR PROJECT**

1. **Where will your project take place? –** tell us if it is Western Isles-wide or relates to one or more of our islands. Let us know all the locations your project will run in.
2. **New or Existing Project.** Select one of the options. Applications to continue projects are only eligible in this round of funding if you can clearly outline within this application how you have developed/improved/expanded the project based on what you’ve learned from former participants/service users and other partners.
3. **What would you like to do**? - Include details of what you intend to deliver, how you plan to implement it and the Mental Health and Wellbeing benefits to participants. If your project has a number of components, please describe these clearly and describe the costs clearly at Questions 20, 21 and 22.
4. **Who will benefit and how many people?** Tell us the number of people you anticipate will benefit from (the various aspects of) your project.
5. **General or targeted provision?** All of these options are eligible for this fund. By general population, we mean within a specified community or area. By restricted, we mean that the project is only open to people who have certain characteristics, such as age range/gender/circumstances.
6. **Identification of Need -** This question requires a description of how you know that your community needs this service, project, or activity and who was involved in making that decision. Please be careful not to assume that because a service is already in place and being used that this is sufficient evidence alone – you should be checking that your

existing service is still meeting the needs in the community - as well as, or better than, alternative approaches. We suggest you think about telling us, a) how you identified the health and wellbeing needs in your area, b) how the people you are targeting have been involved in designing this approach, c) how your service, project or activity will help to meet that need for those people, and d) assure us that the evidence you are using is recent.

1. **At Risk Groups** – Please select only three that you intend to specifically target with your activity. For each target group selected, you must provide examples of additional measures to ensure your activity is inclusive for them.
2. **Initiative.** Please select only one of the options. This is a prescribed list of activity types provided by the Scottish Government. If your activity fits into more than one category, you should select the most appropriate one for reporting purposes.
3. **Cost of Living.** Select any or all family types who are highly likely to engage with your project.
4. **National/Local Priorities.** Please select any or all of the priorities your project will contribute to.
5. **Planned Outcomes** – you are invited to select three. Mid-term and end of year reports will require you to outline how your selected outcomes that are being/have been met. Think carefully about which outcomes you will deliver and systematically record progress if your application is successful.
6. **Evaluation.** Tell us what indicators you will use to measure the success of your project.

**SECTION C: FINANCIAL DETAILS**

1. **Income category.** Select your category. This is a Scottish Government requirement to ask this question.
2. **Amount of Revenue funding requested from the Communities Mental Health and Wellbeing Fund for Adults.** Please show clearly how you would spend the revenue grant requested from this fund.Typical items within this section would include staffing, volunteer expenses, equipment, travel and transport, venue hire.We also need to know if your project will proceed without CMHWB funding.
3. **Amount of Capital funding requested from the Communities Mental Health and Wellbeing Fund for Adults.** Please show clearly how you would spend the capital grant requested from this fund.We also need to know if your project will proceed without CMHWB funding.
4. **Match Funding.** You are not obliged to match fund but tell us about potential match funding and the funding body potentially providing this. In addition, tell us what would happen to your project if you were unsuccessful with this/these application(s).

**SECTION D: DOCUMENTATION AND DECLARATION**

1. **Start date.** Let us know your anticipated start date.
2. **Finish Date.** Let us know your anticipated finish date.
3. **Further information.** Please provide any further information that you think will enhance your application.
4. **Video.** Indicate if you have included a short video.
5. **Checklist and Declaration.** Please ensure you have included all the documentation and completed the declaration. An electronic signature is acceptable.

**PRIMARY CONTACT**

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