



Application Form

Suicide Prevention Grassroots Community Funding

TO VOLUNTARY ORGANISATIONS AND COMMUNITY GROUPS Inc. AAP's

APPLICATION FOR GRANTS

Please complete **ALL** sections of the form so that we can process your application promptly and avoid delays. Please refer to the guidelines before applying. If you have any difficulties or questions, please contact Lucy Wilkins on –

PublicHealth@durham.gov.uk

THE APPLICANT

Name of organisation

Address

Name of Contact Person

Position/Job title

Daytime Telephone Number

Email Address

DETAILS OF YOUR ORGANISATION

What were you set up to do and what activities do you do to achieve this?

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When was the group established?

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What type of group or organisation are you?

- Voluntary organisation/community group
- Voluntary organisation/community group with consultation
- Registered Charity
- Company Limited by Guarantee
- Community Interest Company (CIC)
- AAP
- Charitable Incorporated Organisation

Other

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Charity Reference Number Company Reference Number CIC reference Number

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ABOUT THE PROJECT

Project Title: Give your project a short title so it can be easily identified

Which of the '5 ways to wellbeing' does your project aim to support with: Please tick as many as appropriate

- Connect** – supporting people to connect with the people around them.
- Be active** – supporting people to increase their physical activity that they enjoy – this doesn't have to be the gym!
- Keep learning** – encouraging people to learn a new skill to boost their self-confidence.
- Give to others-** giving those in the community the time and space to volunteer their time or services to support the community.
- Be mindful-** encouraging people to be more aware of the present moment.
- Other** – please explain below how this supports emotional wellbeing

Project Summary: Please describe your project and how it fulfils your above selection(s) 500 words max

How many people will benefit from this project/activity?

What is the target age range of the people engaging with for this project/activity? And how do you plan to engage with the group?

Which specific groups will you be targeting? (Select any that are appropriate)

- Veterans
- BME
- LGBT
- Unemployed
- Ex-offenders
- Refugees or Asylum Seekers
- Those with long-term health conditions
- Those who are vulnerable or isolated
- Other (please specify) _____

Where will the project take place: i.e. specific streets, estate, ward or the whole County?

Why do you think your project is needed? Please provide some evidence of how people need your project. The larger the grant the more evidence will be required.

Does your group have any experience of running similar projects?

Are you in receipt of or are you applying for any funding from other sources? Please state.

Which other organisations do you plan to work with while delivering this project?

How will your learning be taken forward following this project?

How will you ensure the sustainability of this project?

ABOUT YOUR BUDGET

Amount of grant requested £

What is the total cost of your project/activity?

If this is more than the grant requested have you secured the rest of the funding?

YES

NO

Breakdown of expenditure

What is your anticipated expenditure? E.g. equipment, room hire administration costs etc.

Do not include salary costs within this section.

Item/Service

Amount £

What is the start date for the project and when will it be completed?

From: To:

Please note

All projects must be completed within 12 Months of receiving the funding

Is there anything else you would like to tell us about your project/group that you feel would be helpful in considering your application?

(Please tick as applicable, if you are made a conditional offer we may ask for sight of those marked with an asterisk)

		Date last reviewed
<input type="checkbox"/>	Constitution or other governing document i.e. Memorandum and articles of association *	
<input type="checkbox"/>	Equality and Diversity Policy	
<input type="checkbox"/>	Child protection policy/safeguarding policy * (If project involves children)	
<input type="checkbox"/>	Vulnerable adult's policy * (If project involves vulnerable adults)	
<input type="checkbox"/>	Volunteer Policy	
<input type="checkbox"/>	Health and safety policy	
<input type="checkbox"/>	Risk assessment	
<input type="checkbox"/>	Insurance documents related to public and employer liability, as applicable	
<input type="checkbox"/>	Accounts for the last financial year or bank statement for the previous 3 months	
<input type="checkbox"/>	General Data Protection Regulation (GDPR) Policy	

Accounts and bank statements or other financial checks are completed in all cases to reduce risk.

If successful you will be required to sign a grant agreement, you will need to invoice Time To Change to receive your funding and you will be required to participate in an evaluation of your programme or activity.

This project needs to be approved through your own organisation's governance procedure.

DECLARATION

I confirm that the statements supporting this application are correct

Signed Position

Dated

Thank you for your application. An email verifying your submission will be sent once received.