



Mental Health ‘Try it’ SMALL GRANT SCHEME

Application Form

Applications close at: 9.00am on 28th May 2024

Please DO read the Guidance before applying – it will make a difference!

Please answer all questions highlighted in COLOUR before submitting, thank you!

Project, Service or Event :	
Name of Organisation(s) that will deliver it:	
Brief Description of What the Project/Service/Event is (2 lines max. – write in box below):	
Small Grant Funding Requested: (Between £500-£1,000*) *Larger sums will need to demonstrate significant project outcomes	£

1. Outcomes and Beneficiaries:

The panel will need to fully understand these and how they will be measured. Please state what the anticipated outcomes of your project/service/event are and who they are targeted at.

*Please note: Outcomes are the specific **changes or impact** that you want to result from your project/service/event and need to be measurable, so that you can prove it has driven the change and created the impact you said it would. The best way to make your outcomes measurable is to ensure they are **specific**, rather than general. And the best way to ensure you will achieve your outcomes is to make them **realistic**. If it's very difficult to measure or to achieve your expected outcome, you should consider whether it needs replacing or expressing differently.*

*Your **Beneficiaries** are the people who will benefit from your activity. Please be as specific as possible.*

The BROAD outcomes anticipated are:

1. To support and improve mental health and wellbeing
2. To provide an opportunity for residents to try something different or new that isn't currently on offer in the local / hyper-local area OR adds to existing assets and provides an additional benefit (there must be additionality to it)
3. To support residents in rural communities and offer activities and services locally – we particularly want to hear from rural smaller villages where bigger services require travel to get to



4. Activities are delivered by organisations who know their communities well and can identify what 'try it' activity would work well

Your Outcomes (specific CHANGES or IMPACT) and How they address/meet the BROAD outcomes mentioned above:

Who your Beneficiaries will be:

Cond./



2. Project/Service/Event Description: *How you will achieve your stated outcomes for your chosen beneficiaries (up to 200 words)*

We need to know the following (for each question):

Practically, what you intend to do to achieve your outcomes:

How you intend to do it:

How it demonstrates value for money:

How it relates to the beneficiaries stated in section 1:

How many beneficiaries (people) you intend to reach / give benefit to:

3. Evidence of Meeting Outcomes – Impact / On-Going Monitoring & Evaluation:

At project or funding end, you will need to provide evidence that you have achieved your outcomes. So please tell us exactly what you will be measuring, how and when.

*For example, what information do you need to record as the project/service/event develops to prove you are achieving your outcomes? How will you get this information? How often will you need to record it? **Please note we will send you a monitoring sheet to complete and return to evidence this.***

Please remember the type of evidence we would like to see you GATHER when you deliver your project/service/event includes:

- **Observations about interactions** – did participants seem to enjoy the activity? Did they mention that they were enjoying it? Were they chatting with new people?
- **Case studies**
- **Quantitative data of attendance/uptake**
- **Qualitative data of what they thought about it**



4. Identification of Need:

How was the need for your project/service/event identified (up to 200 words):
Please specify how your idea developed, e.g., as a result of a Task & Finish Group, Parish/Neighbourhood Plan, Market Town health check, questionnaire or another means of consultation/engagement, etc. You can also show need through anecdotal evidence such as ticket sales/reviews or events.
Your answer must describe how the need relates to the Outcomes you stated in Question 1.

5. Stakeholders:

Which (if any) stakeholders will be involved and how will they contribute to the project/service/event e.g. Time / Money / Facilities, etc. Please remember to detail any time given by volunteers (hours / days)

Please also think about contacts/connections that may be helpful for the project

Stakeholders who will be involved:

Contacts/connections that may be helpful for the project:

6. When the project/service/event will start & finish (funding must be used by the end of March 2025)

Start Date (MM/YY)		Finish Date (MM/YY)	
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7. Resources/Costs/Funding:

Do you have a FUNDING REQUEST to East Suffolk Council or other source of funding pending? If so, please give details:	
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Please provide a breakdown of the TOTAL project/service/event resources needed and budget costs (add extra rows if necessary).

This MUST include any volunteer hours donations of free materials and any discounts you have obtained, so that we can see the true cost of the project, not just those you still need to fund. This will enable us to then appreciate the added value gained by the Community Partnership for any funding awarded.

For Volunteer Hours, simply include the hours given by all volunteers. You must use the nationally recognised rate per hour, as in the example shown in the table below

Please list each item separately. For example, please do NOT put 'Materials, venue hire and refreshments' as one cost – this must be 3 separate amounts.

Examples:

Materials	Paint, paper, mixed craft materials and tools for approximately 8 months usage, depending on uptake	£675.00
Venue hire	For 8 months @ £75 per month	£600.00
Travel for Tutor	For 8 months @ (45p per mile x 40 miles round trip)	£144.00
TOTAL Value of Donated Goods or Value of Discount	Building materials donated free-of-charge, valued at £500. 50% discount given on hire of a trailer, ie £200 off the price. Then simply add the £500 and £200 together	£700
Volunteer Hours as in-kind support	2 Volunteers for 3 hours per day @£13.13 per hour; 1 day per week, for 8 months (32 weeks) (£13.13 ph is the nationally recognised rate)	£2520.96

Now please complete the table below:

Item	Description: What does this include; approx. how long will it last/needed and for approx. how many	Cost
	1	£0.00
	2	£0.00
	3	£0.00
	4	£0.00



	5		£0.00
	6		£0.00
Volunteer Hours (if any)	7		£0.00
Donated Goods / Discounts (if any)	8		£0.00
TOTAL COST of Project, Service or Event, etc, ie 1+2+3+4+5+6+7+8			£0.00 (A)
Community Partnership Funding you are applying for		£0.00	(B)
Own Funds already held, ie in Bank/Building Society		£0.00	(C)
Match-Funding Awarded but NOT in your account yet #1		£0.00	(D1)
Match-Funding Awarded but NOT in your account yet #2		£0.00	(D2)
TOTAL Funding you will hold, if CP Funding approved, ie B+C+D1+D2			£0.00 (E)
Funding Shortfall, if any, ie (A) minus (E)			£0.00 (F)

If there is a FUNDING SHORTFALL (F), please explain how/where you aim to make that up and when:	
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Costs - Further Info: Only complete this box if you need to add further clarity regarding your costs:	
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8. Sustainability:

How will the project/service/event be sustained / continued once any funding awarded has been used?

9. Publicity:

How will you promote and publicise the project/service/event? We require you to acknowledge the Community Partnership funding provided by East Suffolk Council in any relevant publicity.

10. Delivery Organisation Status:



<input type="checkbox"/> Community or voluntary group <input type="checkbox"/> Registered Charity <input type="checkbox"/> Community Interest Organisation (CIO) <input type="checkbox"/> Local Branch of a National Organisation <input type="checkbox"/> Charitable Company Limited by Guarantee	<input type="checkbox"/> CIC / Social Enterprise <input type="checkbox"/> School <input type="checkbox"/> Village Hall/Recreation Ground Comm. <input type="checkbox"/> Town or Parish Council <input type="checkbox"/> Other - please state:
If registered charity, please state number:	
If registered as a company e.g., Community Interest Company or Limited by Guarantee, please state number:	

11.Supporting Documents:

Does your organisation have the relevant policies and procedures in place? Please click in those boxes (it turns to a 'x') those which are applicable to your organisation/this project/service/event and attach copies (or give web-links) with your submission. **Please note:** *If your project / service / event is operating under an 'umbrella' organisation and their polices & procedures formally cover you, then they will suffice – please send them with your application or via web-links.*

Constitution / set of rules	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Child Protection Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Vulnerable Adults Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Health & Safety Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Equal Opportunities Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>

Please ensure you have attached copies or given a web-link to copies, as any funding awarded cannot be given without these. Click in this box to confirm you have:

If any are 'not applicable' please explain below why, as most organisations we fund would be expected to have all of the above in place or at least be 'work in progress'. Thank you:

12.Applicant Lead Declaration & Data Protection:

Your Own Name:
Your Position in the Organisation:
Your Email Address:



Your Telephone Number:

The information you have supplied is being collected in order for East Suffolk Council to process your application for the funding in accordance with the grant scheme guidance. If you do not provide your consent, East Suffolk Council will not be able to process your application.

Your Information will not be used for any other purpose unless East Suffolk Council obtains your consent or unless permitted by law.

Due to corporate retention requirements for financial information relating to this scheme, information relating to this application will be retained for 7 years. You can request that your information is deleted at any time.

Where you have supplied any personal data relating to other individuals, you confirm that you have made the individuals aware and provided them with a copy of the below privacy notice.

Data will be processed and held securely and in accordance with the UK General Data Protection Regulations and the Data Protection Act 2018 (and any updates).

Further information about data protection and the full Communities Team privacy notice can be found on the East Suffolk Website:

<https://www.eastsuffolk.gov.uk/assets/Your-Council/Access-to-Information/Privacy-Notices/Communities-Privacy-Notice.pdf>

I confirm that:

- I have the authority to represent the organisation making this grant application.
- All information provided in this application form is correct and complete to the best of my knowledge.
- I confirm I am not withholding any information that would be likely to affect the outcome of the application.
- I shall inform East Suffolk Council if, prior to any grant funding being awarded, I become aware of any further information which might reasonably be considered as relevant in deciding whether to fund the grant application.
- I have informed all individuals whose personal data has been included in this application or supporting paperwork that their information has been collected and shared, and I have advised them of the relevant East Suffolk Council Privacy Notices.
- I understand that without prior reference to me the information given in this application may be submitted for checking against records held by East Suffolk Council or other organisations (such as government departments, other agencies, local authorities and the police) for the purposes of assessing my eligibility for grant funding or for the purposes of the prevention and detection of crime.
- I understand that where checks against other departments or organisations are made and discrepancies are identified, the Council may provide details of this application to those



departments and organisations, and this may result in changes being made to those external records.

- I understand that data recorded by or on behalf of East Suffolk Council is subject to the Freedom of Information Act 2000, including information provided in relation to grant applications.

Please ensure you have answered all questions in PEACH before accepting and signing below:

Signature:

On behalf of (state Organisation):

Date:

Thank you for your interest in this Fund and your efforts in the community!

Please now email this as a WORD document, not a PDF to the email address below and don't forget those policies & procedures please! Thank you.

grants@eastsuffolk.gov.uk

If you have queries, please use the same email address as above.

**Hard copies can be submitted and returned to:
Funding Team, Riverside, 4 Canning Road, Lowestoft NR33 0EQ**