**Humber Teaching NHS Foundation Trust**

**Community Mental Health & Wellbeing Grant**

**Application Form**

**About your organisation**

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| --- | --- | --- |
| **1** | **Name of organisation applying** |  |
| **2** | **Grant amount required** |  |
| 3 | Name and role of applicant |  |
| 4 | Contact email address |  |
| 5 | Contact phone number |  |
| 6 | Address of organisation applying |  |
| 7 | Organisation type | * Registered charity * Constituted Community or Voluntary organisation * Constituted Group or Club (a group that has a list of rules describing its purpose and how it’s run) * Not-for-profit company * Community Interest Company (CIO) * A business with social objectives that reinvest all profit into these objectives * A Community Benefit Society * Charitable Incorporated Organisation (CIO) * Faith Group * Parish or Town Council leading a community-led project * Other (please state): |
| 8 | Registered charity number (if applicable) |  |
| 9 | Number of employees |  |
| 10 | Number of volunteers |  |
| 11 | Names of Trustees/Directors |  |
| 12 | Annual income 2024/25 |  |
| 13 | Reserves |  |

**About your project**

|  |  |  |
| --- | --- | --- |
| 14 | Tell us what your group or organisation does  **150 words max** |  |
| 15 | What type of health and wellbeing issues do people who you support typically experience? (See explainer in FAQs for more details.)  **150 words max** |  |
| 16 | Please tell us whether the people you support experience barriers to accessing healthcare or whether they are part of vulnerable / marginalised communities: (please see explainer in FAQ's)  **150 words max** |  |
| 17 | Please share some of the strengths of the communities you support.  **150 words max** |  |
| 18 | What is the need or challenge you hope to address with this funding? What data (qualitative or quantitative) do you have to evidence this need?  **150 words max** |  |
| 19 | Describe the project / activity that will be undertaken with this funding.  **150 words max**  You will need to provide a project timeline (including any mobilisation period) when you submit this application. |  |
| 20 | Please tell us about any co-production with service users that has formed this project. Please detail how you have involved the people you support in the design or development of this plan, and how you might expect them to have ingoing involvement in the delivery or review of the project in the future.  **150 words max** |  |
| 21 | How many people will be supported throughout the course of your project / activity? |  |
| 22 | Please provide the outcomes / Impacts you expect that will allow for a successful project.  Please include any wider impacts you expect your project to have on your local communities and / or the Health and Care System along with evidence to support this.  **150 words max** |  |

**Project budget**

|  |  |  |
| --- | --- | --- |
| 23 | Amount required from this grant |  |
| 24 | Amount already secured from other sources |  |
| 25 | If you have already secured some funding, please describe the source and what it will fund |  |
| **Please note you will be required to submit an itemised list of all costs as a ‘Project Budget’. Please submit this with your application.** (There is a list of all documents that need to be included at the end of this application form.) | | |

**Your bank details**

|  |  |  |
| --- | --- | --- |
| 26 | Bank account name |  |
| 27 | Bank account number |  |
| 28 | Sort code |  |

**Declaration**

|  |  |  |
| --- | --- | --- |
| 29 | I confirm the information provided on this application is correct. | * Yes |
| 30 | I have permission/delegated authority from Trustee/Management to submit this funding application. | * Yes |
| 31 | Name of person with authority to sign a grant offer letter |  |
| 32 | Their role within the organisation |  |
| 33 | Contact email address  (This is where we will send the panel’s decision) |  |

Before submitting this application please ensure you attach all the documents that are required:

* Application form
* Project budget
* Project timeline
* Constitution
* Most recent bank statement
* Safeguarding policy
* Equal Opportunities policy
* Insurance documents to cover proposed activities (i.e. Public Liability Certificate)

Please email your application to: [hnf-tr.communitygrants@nhs.net](mailto:hnf-tr.communitygrants@nhs.net)