**Improving Mental Health and Reducing Suicide and Self-Harm Grant Application Form**



**SECTION 1: TELL US ABOUT YOUR ORGANISATION**

(Please refer to Guidance Notes)

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| Q1. Name of your organisation: |  |
| Q2. Name of main contact: |  |
| Q3. Address of contact person: |  |
| Telephone: |  |
| Email: |  |
| Q4. Please indicate if your project is being delivered with a partner organisation. If so, please name this organisation and their location here. |  |
| Q5. Please give a brief overview of your organisation and the main activities and / or services you currently provide. **(Max 200 words)** | |
|  | |
| Q6. What is the status of your organisation? *(see guidance note 2 for eligibility)* | |
| Unincorporated community group | |
| Faith organisation | |
| School, college or university | |
| Commercial organisation | |
| A Registered Charity  *(please state number)* |  |
| Other Not for Profit / Social Enterprise  *(please state type e.g. CIC, Company Limited by Guarantee etc.)* |  |
| Other *(please state)* |  |
| Q7. How long has your organisation been established? |  |

**SECTION 2: TELL US ABOUT THE GRANT YOU ARE REQUESTING**

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| Q8a. Please tell us about your proposed project. (Please refer to guidance notes 3 and 4 for the types of projects we are looking to support)  **(Max 750 words)** |
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| Q8b. Please tell us how many people you estimate will benefit from this project including – where appropriate – all direct beneficiaries and any indirect beneficiaries. |
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| Q9. Please identify any key risks of delivering this grant and ways in which you will mitigate these. For example, how you might accommodate prevailing conditions linked to Covid-19: (please see guidance note 5) |
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| Q10. Please provide a detailed breakdown of total project expenditure below for the following financial year. Please note that all funding must be used by the end of December 2022.  (see guidance notes 6 - 10): | |
| **Expenditure Items** | **£** |
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| Q11 What is the total overall cost of your project? |  |

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| Q12. If applicable, please detail any match funding associated with this application (this is desirable but not essential) This can include your own funds, earned income or external grants. | |
| **Match funding details** | **£** |
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| **Total** | **­** |

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| Q13. How much grant are you requesting from the Suicide Prevention Grants Fund? |  |

**SECTION 3: HOW YOUR PROJECT RELATES TO THE SUICIDE PREVENTION PROGRAMME AIMS AND DESIRED OUTCOMES**

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| Q14. Please tell us which of the Suicide Prevention Programme outcomes your project will mainly contribute to ***(tick no more than 4)*** | |
| Reducing loneliness and social and emotional isolation |  |
| Reducing suicides |  |
| Reducing stigma and discrimination and raising awareness |  |
| Changing culture and building resilience |  |
| People affected by suicide are effectively supported (postvention) |  |
| Q15. Please tell us which of the 5 Ways to Well-Being your project best fits? (Please tick) | |
| Connect |  |
| Be Active |  |
| Take Notice |  |
| Keep Learning |  |
| Give |  |

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| Q16. Please provide detail about how you will know whether your project is successful, for example a summary of how you plan to monitor and evaluate this project including details of any specific tools used. *(see guidance note 11)* **(max 500 words)** |
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**SECTION 4: SUPPORTING INFORMATION CHECKLIST**

Please complete the checklist below and ensure that you have enclosed the relevant paperwork to support your application. Please note that this list is not exhaustive and you may be asked for additional supporting information which is not detailed below.

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| **Supporting Information** | **Tick** |
| Constitution / Memorandum and Articles of Association of Organisation (VCSE organisations) |  |
| A signed copy of latest audited accounts |  |
| Copy of Safeguarding Policy |  |
| Copy of Equalities and Diversity Policy |  |
| Any Covid-19 Operating Risk Assessments |  |
| Please detail the insurance cover (i.e. public liability and / or buildings and contents) that your organisation has in place that is relevant to this application. | |
|  | |
| Please confirm that the appropriate Disclosure and Barring Service (DBS) checks been carried out on those staff working with and / or supporting proposed beneficiaries. | |
| Yes  No | |
| Please confirm that your processes are GDPR compliant. | |
| Yes  No | |

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| If there is a reason why you have been unable to supply any of the information outlined in Section 4, please detail why in the box below. |
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| **Declaration:**  I the undersigned confirm that I have the authority to submit this funding application on behalf of the organisation named in Q1. | | | |
| **Signature of Applicant:** | |  | |
| **Date:** | |  | |
| ***Data Protection:*** | | |
| *All the information you enter on this form will be stored and held in accordance with relevant data protection legislation and used by NYCC and its agents for the purpose of analysing, recording and publicising grants.* | | |
|  | *Please check the box to indicate you have read this statement and agree to your data being used for these purposes.* | |
| *If you do not agree to this, please write stating this fact to the address below.*  *Stronger Communities Team, North Yorkshire County Council, County Hall (Room 38), Northallerton, DL7 8AD* | | |