



## Application Form

Maximum amount is £500

<b>For office use only: Reference Number</b>	
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How did you find out about the COVID-19 Grant Scheme?							
Word of mouth		Social media		Colleague		Newsletter	
Other, please give details							

### Section 1: Organisation details

Name of group/organisation applying

Individual responsible for making application.	
Full name of contact person	Role in group/organisation
Email address (this is how we will mainly communicate with you)	Telephone number
Address of organisation	

Briefly describe your group/organisation's purpose, role and activities. (Maximum 150 words)

Do you charge for the activities/services?

Yes

No

If yes, how much?

## Section 2: Details of communities who will benefit from the grant

Area where activity will be delivered (please tick all relevant boxes)

Clackmannanshire

Falkirk

Stirling

Forth Valley wide

Brief description of target population and number of people who will benefit from the grant. Please tick all relevant boxes.

Children and Young People

Adults with mental health issues

Adults

Adults with disability

Older adults

Adults with physical health issues

All age groups

Children & young people and their families/carers

BAME Groups

Alcohol and Substance Use Communities

LGBT

Domestic Abuse Communities

Homelessness Communities

Other, please specify

Please provide additional details here:

**Will the activity funded by the grant address the following (please tick all relevant boxes)**

Health Inequalities

Mental Health and Wellbeing

Describe what you will to do with the grant if awarded.

How does this activity support those most affected by Covid-19?

If your activity is currently running, please explain how it has adapted as a result of Covid-19.

What changes do you expect for the people you are supporting?

### Section 3: Breakdown of costs (maximum amount is £500)

Description of what the grant will be spent on.	Cost £
Total Cost	

### Section 4: Bank Account Details

Name on account and address			
Bank Account Number		Sort Code	
Signature 1 (An electronic signature will be accepted)		Dated	
Signature 2 (An electronic signature will be accepted)		Dated	

## Section 5: Declaration

<ul style="list-style-type: none"><li>▪ If awarded the grant, I will provide feedback on how the grant has been used and what difference this has made to the target audience.</li></ul>	
<ul style="list-style-type: none"><li>▪ I have read and understood the eligibility criteria and confirm to the best of my knowledge the statements in this application are accurate and true (an electronic signature will be accepted).</li></ul>	
Signature	Date

## Data Protection Act 2018

The information you provide on the grant form shall be kept in a secure, electronic filing system and not shared with any other parties. We may use the information for anonymised statistical data reporting.

We would like to share information with you about Health Promotion Service activities that may be relevant to your organisation/client group.

**If you would like to receive this, please tick the box.**

Please submit applications as soon as possible to: [fv.hpgrants@nhs.scot](mailto:fv.hpgrants@nhs.scot)