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| Health Promotion ServiceCommunity Grant Scheme 2022 - 2023Application FormMaximum amount is £500 |  |  |

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| --- | --- |
| For office use only: Reference Number |  |

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| How did you find out about the Community Grant Scheme? | | | | | | | |
| Word of mouth |  | Social media |  | Colleague |  | Newsletter |  |
| Other, please give details | | |  | | | | |

**Section 1: Organisation details**

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| Name of group/organisation applying |
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| 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**

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| --- | --- | --- | --- |
| **Area where activity will be delivered (please tick all relevant boxes)** | | | |
| Clackmannanshire | Falkirk | Stirling | Forth Valley wide |

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| 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 |  |
| Refugees |  | Travelling Communities |  |
| Homelessness Communities |  | Other, please specify |  |
| Please provide additional details here: | | | |

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| Describe what you will to do with the grant if awarded. |
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| How does this activity support those most affected by health inequalities and poor mental health and wellbeing? |
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| If you have made any adaptions to your activity as a result of Covid-19, please list them here. If not, mark as non-applicable. |
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| What changes do you expect for the people you are supporting? |
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**Section 3: Breakdown of costs (maximum amount is £500)**

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

## Section 4: Bank Account Details

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| --- | --- | --- | --- |
| 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**

|  |  |
| --- | --- |
| * **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.** | |
| * **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).** | |
| Signature | Date |

## Data Protection Act 2018

The information you provide on your application shall be kept in a secure, electronic filing system and not shared with any other parties and may be used for anonymised statistical data reporting.

Should your application not satisfy our criteria but that of other funding streams across the Forth Valley Health and Social Care Partnership, please tick the box to permit forwarding of your application.

## We would like to share information with you about Health Promotion activities including those delivered by external partners that may be relevant to your organisation/client group.

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

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