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| **Men’s Mental Health - Small Grant Application Form** |
| **Group Details** |
| **Group information** |
| **Name of organisation or group:** |  |
| **Type of organisation -**delete those that don’t apply | Non-Profit Y/NCommunity interest group Y/NRegistered Charity Y/NOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Tell us briefly what your organisation does.**  | *How often you meet, your aims and main activity, etc* |
| **When did your group/ organisation start?** |  |
| **Do you have the following?**-Constitution/ Terms of reference - Public Liability Insurance- Keeping vulnerable people safe (Safeguarding process and/or training)  | *Please attach a copy or send a link* |
| **Do you have any of these-**Website, social media account (ie Twitter or Facebook) | *Please share any links* |
| **Bank details**Bank name, address and account details. | *The bank account should be in the name of the organisation and have at least two people signing cheques* |
| **Any other relevant information you would like to tell us about your organisation** |  |
| **Contact Information** |
| **Name of main contact for the organisation** |  |
| **Role in organisation**  |  |
| **Telephone** |  |
| **E-mail** |  |
| **Address and postcode** |  |
| **Please supply names of two referees**  | *This should be people who know and can comment on the work your group does* |

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| **Project Details** |
| **Project Title:** |  |
| **Project Description – please provide us with the background to your project.**  | **You might want to consider these questions – please keep your reply to 500 words or less.***-What need is there and how will it address this?**-How have you involved local men in developing your ideas?**-What difference do you hope to make?**-How will you work with the local community?**-Is this a one off piece of work or will it continue after the funding?* |
| **What experience does your group have of working with men in this area and how will you use this experience?** |  |
| **When will the project begin/finish?** | Start Date: | End Date: |
| **How much funding will you be requesting?** | £ |
| **Have you received any funding from other sources?** | Yes / NoIf yes describe |
| **Total cost of the project?**  | £ |
| **Breakdown of what the funding will be spent on:** | How the money will be spent | Amount |
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| **When will the money be spent by?** |  |
| **How will the money benefit your organisation?** |  |
| **Who will benefit from the project?** | *How many people, and how will they benefit?* |
| **How will you promote the project?** |  |
| **How will you evaluate your project? Please give us examples.** |  |
| *Please return this form to* *Helen Wyatt, Patient and Public Engagement Manager Rotherham CCG, Oak House, Moorhead Way**Bramley, Rotherham S66 1YY* *helen.wyatt6@nhs.net* *01709 302042* |