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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/N  Community interest group Y/N  Registered Charity Y/N  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 / No  If 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*](mailto:helen.wyatt6@nhs.net) *01709 302042* | | | |