|  |  |
| --- | --- |
| **Project Name:** |  |
|  |
| **About you:**  |
| **Applicant Name**  |  |
| **Email**  |  | **Tel. Number** |  |
| **Are you applying as part of a constituted Group**  | Yes | No  |
| **If so – what is the name of your group**  |  |
|  |
| **About your project?**  |
| **Project Summary:** |
| *Please use the section below to give a short overview of the project you would like to deliver. (Max 150 words)*  |
|  |
|  |
| **Which of the following priorities does you project seek to address (please tick all that apply).**  |
|  |  |
|  |  |
| Increase mental health awareness |[ ]
| Reduce drug and alcohol misuse |[ ]
| Support access to services for frail elderly |[ ]
| Help reduce teenage pregnancy |[ ]
| Reduce smoking |[ ]
|  |
| **Please tell us how your project will address this priority and what you expect the outcomes to be:** |
| *Use the section below to tell us how your project will help to address all of the priorities you have identified – what difference do you expect your project to make? Please include any specific outcomes if you can – for example the number of people your project will reach etc. (Max 250 words)*  |
|  |
|  |
| **Please provide further details on how you have decided on your chosen project:** |
| *Use the section below to tell us how you have developed your ideas, include any research you have done, learning from previous projects / good practice or feedback from community members etc. Explain why you think your project will make a difference. (Max 200 Words)* |
|  |

|  |
| --- |
|  |
| **Who are you hoping your project will reach?**  |
| *Please tell us about who your target community is for your project – this may be a particular group or a local area. Why do you think this group needs more help to improve wellbeing or access prevention services? (Max 200 Words)*  |
|  |
|  |
| **Who will you be working with to deliver your project?**  |
| *We want to support the development of new and existing partnerships – please use this section to tell us about the partners involved in this project. Please describe their role in supporting the delivery of the project and whether this is a new, developing or established partnership. (Max 150 words)* |
|  |
|  |
| **Please provide a summary of all of the costs associated with your project.**  |
| *Use the table below to provide a full breakdown of the costs of your project. Costs may be higher than the total grant requested – for example if you have funding from other sources.*  |
| Salaries |  |
| Room / Equipment Hire |  |
| Printing / Materials |  |
| Other (please specify) |  |  |
|  |  |
|  |  |
| Total costs  |  |
| **Total Grant Requested:**  |  |
|  |
| **When do you expect to complete work on your project?**  |
| *Please provide an estimate date when you think your project will finish:*  |
|  |
|  |
| **Please provide some key milestones relating to the delivery of your project.**  |
|  |
| Activity  | Expected Completion Date  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Declaration**  |
| I can confirm that this information I have provided is true and accurate to the best of my knowledge.  |
| Signature: |  |
| Date:  |  |