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| --- | --- | --- | --- | --- | --- |
| **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)* | | | | | |
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| **Which of the following priorities does you project seek to address (please tick all that apply).** | | | | | |
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|  | | |  | | |
| 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)* | | | | | |
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| **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)* | | | | | |
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| **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)* | | | | |
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| **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)* | | | | |
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| **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 | |
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| **Declaration** | | | | |
| I can confirm that this information I have provided is true and accurate to the best of my knowledge. | | | | |
| Signature: |  | | | |
| Date: |  | | | |