**West Essex Suicide Prevention**

**Community Fund Application 2023**

**Before completing this form please read the Guidance Notes**

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| Your organisation name: |  |
| Your organisation’s full address including postcode: |  |
| Website:  Social Media: |  |
| Main contact: |  |
| Job Title or Role: |  |
| Main contact email address: |  |
| Main contact telephone no: |  |

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| --- | --- | --- | --- | --- | --- |
| **About your organisation:** | | | | | |
| **What type of organisation are you? Please tick one** | | | | | |
| Registered Charity | Company Limited by Guarantee | Unincorporated club or association | Community Interest Company | Charitable incorporated Organisation | Other: please specify |
|  |  |  |  |  |  |
| **Charity and/or Company number if applicable:** | | | | | |

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| Please provide a brief summary about your organisations purpose and core activities Max 100 words | |
|  | |
| Project Title: |  |
| Project Start Date  *Please give actual dates* |  |
| Where will your project take place? Which geographical area will it cover |  |
| How many people will benefit from this funding? |  |
| How many people will be involved in delivering this project | Number of Staff:  Number of Volunteers:  Other - Please specify: |
| Please let us know of any partners that will be working with you on this project |  |
| How will you deliver the project within Covid-19 restrictions? |  |
| Project Summary  What do you want to do?  How do you know it’s needed?  How does it reach the target groups identified?  *Max 500 words* | |
|  | |
| Please tell us of at least 3 measurable project outcomes. Please provide a detailed explanation for each outcome including:   * Who will benefit from the project and how they will be engaged? * How the project will make a difference to its beneficiaries * How the project will benefit the wider local community   *Max 200 words per outcome* | |
| Outcome 1 | |
| Outcome 2 | |
| Outcome 3 | |
| Project Milestones  *Please explain the timetable for the delivery of this project and detail key milestones* | |
|  | |
| ***Exit Plan -*** *please give brief details of your exit plan – how will you ensure sustainability of the project when the funding is spent.* | |
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| Section 4 Financial Details:  How will you spend the grant? *Will you be buying items, or hiring venues/products, or paying someone to undertake a task or provide a service? Please list the items and the cost.*  *(provide quotes if appropriate)* |

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| **Description** | **Cost** |
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| Total Project cost? | £ |
| How much has been raised so far? Include match funding here. | £ |
| How much money are you applying to this fund for? | £ |

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| Please describe how your project provides good value for money. *For example: details of match funding, services in kind or volunteer time and skills provided to the project:* |

*By signing this document, you will be confirming that you have the authority to commit to the proposed project (e.g. approval from your committee/board and agreement from partners).*

Print Name ………………………………………… Position ……………………………………

Signed:……………………………………………… Date: ………………………………………

**Supporting Documents: Please submit the following with your application if available:**

* A copy of the organisations governing document, constitution or articles of association.
* Quotes for any capital/equipment expenditure

**Once completed please return the signed grant application form and supporting documents by the closing date 14th April 2023 by 5pm for the attention of** :

Lois Sparkes

Mind in West Essex

10-11 Corner House

Bush Fair

Harlow

Essex CM18 6NZ

[training@mindinwestessex.org.uk](mailto:lsparkes@mindinwestessex.org.uk)