



CENTRAL LIVERPOOL PRIMARY CARE NETWORK

ACCESS TO MENTAL HEALTH & WELL-BEING GRANT APPLICATION FORM 2021-22

Small grant funding of up to £500 for local community health & wellbeing projects aiming to improve access to mental health support for addressing

- Loneliness and Isolation
- Parental Mental Health
- Men's or Women's Mental Health
- Anxiety and Depression
- Ethnic minority health concerns

Please indicate which criteria you are aiming to address with this project:

- Loneliness and Isolation -
- Parental Mental Health -
- Men's or Women's Mental Health -
- Anxiety and Depression -
- Ethnic minority health concerns -

SECTION 1 – Lead Organisation	
Organisation Name and Address:	
Contact person:	
Role in the Organisation:	
Telephone:	
Email:	
Do you have a constitution?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you a registered Charity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Charity Number:	
Are you a Company Limited by Guarantee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Company Number:	
Are you a Community Interest Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Company Number:	
Are you an Unincorporated Association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bank Details:	Sort Code:	
	Account Number:	
	Account Name:	

SECTION 2 – Your Project

Please answer each question below to help us to understand the project that you are requesting funding for.

Project Name:

What are you aiming to do and why? Please include where the activity/project will take place (200 words max)

How will your project actively engage local people in making positive changes to their health and wellbeing in our communities? Please also explain how you know there is a need in the community for this project and how it will follow current Covid Secure guidelines. (240 words max)

What will the outcomes be of this project? Please specify expected number of people to benefit, including volunteers. (200 words max)

When would you expect the project to start and finish? Please also include whether the venue is managed by a separate organisation (e.g. diocese, or board of trustees) and may be subject to additional safety guidelines.

Who are your primary beneficiaries from your project?	<input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Families <input type="checkbox"/> Young people <input type="checkbox"/> Older people <input type="checkbox"/> Black, Asian, and other ethnic minority community members <input type="checkbox"/> Asylum seekers and refugees <input type="checkbox"/> Resident association <input type="checkbox"/> Disabled community members <input type="checkbox"/> LGBT <input type="checkbox"/> General community Other.....
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<p>Which age cohort will the project focus on?</p> <p>Are there any secondary beneficiaries? (Please highlight).</p>	<p><input type="checkbox"/> 0-19 <input type="checkbox"/> 20-34 <input type="checkbox"/> 35-49 <input type="checkbox"/> 50-64 <input type="checkbox"/> 65 -89 <input type="checkbox"/> 90+</p> <p><input type="checkbox"/> All ages</p> <p><input type="checkbox"/> Women</p> <p><input type="checkbox"/> Families</p> <p><input type="checkbox"/> Young people</p> <p><input type="checkbox"/> Older people</p> <p><input type="checkbox"/> General community</p> <p><input type="checkbox"/> Resident association</p> <p><input type="checkbox"/> Sports or arts</p> <p><input type="checkbox"/> Minority groups</p> <p>Other:</p>																								
<p>Do you have the necessary insurance, risk assessments, Health, and Safety procedures in place?</p>	<p>Public Liability Insurance</p> <p>Employer's Liability Insurance</p> <p>Risk Assessments (incl Covid-19)</p> <p>Health and Safety procedure</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>																						
<p>If your project involves working with vulnerable adults or children, please confirm that you have a Safeguarding Policy and that the relevant staff / volunteers have a current DBS check.</p> <p>Sefton CVS can support individuals/ organisations with achieving this.</p>	<p>Safeguarding Policy</p> <p>DBS checks</p>	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>																						
<p>Please provide an itemised breakdown of the project requirements and their likely cost.</p> <p>Please tell us how much the TOTAL project will cost and how much funding are you asking from the CLPCN Grant.</p>	<table border="1"> <thead> <tr> <th data-bbox="550 1545 1220 1601">Item</th> <th data-bbox="1220 1545 1465 1601">Cost</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Item	Cost																					
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	Total cost of project	£
	Funding requested from CLPCN	£
If the total cost is more than you are requesting, where are you getting the rest from?		
Who will be running the activity?	<input type="checkbox"/> Volunteers	How many?
	<input type="checkbox"/> Paid Staff	How many?

Declaration:

I declare that to the best of my knowledge and belief the information supplied on this application form is correct. This application is following the guidance notes, and I confirm that I have the authority to sign on behalf of the organisation making this application.	Signed:
	Position:
	Date:

You can return your form: Please complete and return this form via email to CLCPNAdmin@livgp.nhs.uk and Hayley.corless@livgp.nhs.uk