**SMALL GRANT APPLICATION FOR: Community Mental Health Transformation 2023-2024**

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| **SECTION A: ABOUT YOU**  |
| 1. Date of Application:
 |
| 1. Legal name of organisation applying:
 |
| 1. Is the organisation known by any other name?
 |
| 1. Applicant Type, please state: -

|  |  |
| --- | --- |
| Charity |  |
| Limited Company |  |
| Other (please specify)  |  |

 |
| 1. Limited company or registered charity number:
 |
| 1. When was your organisation set up?
 |
| 1. Tell us about the purpose of your organisation and who it helps (max 50 words)
 |
| 1. Where is your organisation based?
 |
| 1. Where does your organisation currently work?
 |
| 1. What was your turnover in the last financial year? (if applicable)
 |
| 1. Main Contact for application

|  |  |
| --- | --- |
| Individual contact name  |  |
| Position in organisation |  |
| Registered Address |  |
| Telephone Number |  |
| Alternative Tele Number |  |
| Email address |  |
| Alternative email  |  |
| Website of Organisation |  |

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| 1. Previous Applications

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| --- | --- |
| Have You applied to Gloucestershire ICB (Integrated Care Board) (previously known as Gloucestershire CCG) for charitable funds previously | Yes/No |
| If Yes, please provide details |

 |
| 1. If yes, was your application successful?
 |
| 1. Does your current application relate to any other ongoing/previous projects? (Maximum 50 words)
 |
| 1. Please give an example of a project you have carried out in the last 3 years and who it helped (Maximum 350 words)
 |
| 1. Core Criteria: Please tick below the following your application would meet: -

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| --- | --- |
| **Core Criteria** | **Tick** |
| Supporting people experiencing Serious Mental illness |  |
| Supporting prevention and early intervention |  |
| Innovation and transformation |  |
| Supporting adults  |  |
| Supporting people living in Gloucestershire |  |

 |
| 1. Which of your Project Principles are linked in with Integrated Locality Partnerships (ILP) and supporting place-based care (Please tick below options)

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| --- | --- |
| **Project Principles**  | **Tick** |
| Co-produced by people with lived experience to shape and create your project |  |
| Person Centred - a project that is built around people experiencing serious mental illness |  |
| Strength based |  |
| Increases Equality and Diversity  |  |
| Strengthens local networks |  |

 |
| 1. Which area(s) will benefit from this grant?

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| **Area**  | **Tick** |
| Countywide  |  |
| Gloucester  |  |
| Cheltenham |  |
| Tewkesbury  |  |
| Forest of Dean |  |
| Stroud |  |
| Cotswolds |  |

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| **SECTION B: About Your Project** |
| 1. Amount of Grant Applied for

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| --- |
| £ : |

 |
| 1. Tell us the name of your project
 |
| 1. Please tell us about the project or activity you want us to fund? (Minimum 500 words, maximum 2,000 words – Continues overleaf)
 |
| 1. What activities will you deliver and how?
 |
| 1. Is there a specific target group your project is aimed at?
 |
| 1. How will you publicise your project? (Maximum 50 words)
 |
| 1. How did you identify the need for this work and what did you do to involve people with mental health challenges and/or your community in identifying the need?

(Minimum 250 words, maximum 1,000 words – Continue overleaf) |
| 1. How will people with mental health challenges be involved in planning, delivering and/or evaluating this project?
 |
| 1. You will be required to demonstrate what you achieved. How will you measure

the outcomes of your project? (Maximum 100 words) |
| 1. Will you be seeking or have you received funding from any other sources for

this project? If yes, please specify (Maximum 50 words) |
| 1. Please explain how you have calculated your costs (Maximum 50 words)
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| **SECTION C: TIMELINES** |
| 1. What is the expected start date of your project?
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| 1. What is the expected completion date of your project?
 |
| 1. Please set out a detailed timeline for the project from start to completion.

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| Item Or Activity | Time for Completion |
|  |  |
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| **SECTION D: REPORTING & PUBLICITY** |
| **If we make a conditional offer to provide funding for your project you will****be required to provide us with the following within 28 calendar days of our****notification to you:** |
| 1. A summary from your most recent accounts
 |
| 1. Your latest annual report (or summary of how the finances will monitored)
 |
| 1. A financial statement
 |
| 1. Insurance Policy
 |
| 1. Health & Safety Policy
 |
| 1. Safeguarding Policy
 |
| 1. Equality & Diversity Policy
 |
| **Following an award to you, we will require:** |
| 1. Monthly updates
 |
| 1. On completion of the project, a full report
 |
| **In submitting this application, you confirm that:** |
| 1. You are authorised by your organisation to apply for this funding
 |
| 1. All the information contained in your application is accurate and true.
 |
| 1. Use of the NHS Logo or Gloucestershire ICB Name: Permission to use the GICB Name or NHS Logo for any advertising relating to this project must be requested and received in advance.
 |
| **After your project is complete, you will be required to demonstrate to us that:** 1. you have achieved what you set out to do. Should you be unable to do this,
2. we reserve the right to request the funding is returned to us.
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| **SECTION E: DATA SECURITY AND PROTECTION TOOLKIT**  |
| 1. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian’s 10 data security standards

<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit> |
| 1. In order to qualify for Grant Funding, the Recipient must complete and publish an annual information governance assessment and must demonstrate satisfactory compliance as defined in the Data Security and Protection Toolkit (or any successor framework), as applicable to the Project and the Recipient’s organisation type. <https://www.dsptoolkit.nhs.uk/>
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| **SECTION F: FRAUD, BRIBERY & CORRUPTION** |
| It is a requirement of Gloucestershire ICB that all bidders for Grant funding must have a **Fraud, Bribery and Corruption Policy** in place before funds can be released. Please submit this policy with your application. |

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| **For office Use Only:**  | **Date** |
| Received by Commissioner:  |  |
| Data Security and Protection Toolkit Completed:  |  |
| Fraud, Bribery and Corruption Policy: |  |
| Forwarded for funding Approval to  |  |
| Authorised by: Title |  |
| Grant Agreement prepared by |  |

**Please forward your application to:** smallgrants.enquiries@ghc.nhs.uk

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| **Commissioning Lead GHC (Gloucestershire and Care NHS Foundation Trust)**  | Name:  |
| Address: |
| **Contract Manager**  | Name: |
| Address |