



Moray Communities Mental Health & Wellbeing  
Fund Year 3 Application Form

Organisation/Group Details

**Organisation / Group name**

**Organisation / Group Address (including postcode)**

If you do not have a registered address for your group/organisation please type 'Not Applicable'.

**Organisation legal status:(The named legal structures are those that are stated in the eligibility guidance that tsiMORAY has received from the Scottish Government.)**

- Charity
- Community Interest Company (CIC)
- Community Group
- Scottish Charity Incorporated Organisation (SCIO)
- Other

**If 'Other' please explain here**

**Are you formally constituted?**

Yes

No

**Charity or Ltd Company Number (if applicable)**

If you do not have a Charity/ Ltd Company Number, please type 'Not Applicable'.

**Please provide a brief description of your organisation/group (maximum 100 words)**

0/100

**Income: Please tell us the total amount of income for your organisation/group during most recent financial year:**

Up to £5,000

Up to £10,000

Up to £25,000

Between £25,000 and £100,000

Between £100,000 and £500,000

Between £500,000 and £1 Million

Over £1 million

Project Contact

**Main Contact Name**

**Role/Position in Organisation/Group**

First Name

Last Name

**Address (including postcode)**

**Telephone**

**Email**

**Second Contact Name**

**Role/Position in Organisation/Group**

First Name

Last Name

**Address (including postcode)**

**Telephone**

**Email**

example@example.com

**How many people are on the Board or Committee that runs your organisation/group? \***

If you are unconstituted, please type 'Not Applicable'

**Does your organisation have a bank account?**

Yes

No

**Are you submitting an application on behalf of a partnership of organisations?**

Yes

No

**Please name the other organisations in the partnership:**

About Your Application

**Is your project a new project or are you developing an existing project?**

New project

Existing project

**Did your project receive grant monies from Year 1 or 2 of Communities Mental Health and Wellbeing Fund?**

Yes - Year One

Yes - Year Two

No

**Please provide details of the impact your project has had so far. (maximum 75 words)**

0/75

About your Proposed Project

**Project Name**

**What will you do or develop in your project? (maximum 200 words)**

0/200

**What change or difference will this make? (maximum 200 words)**

0/200

**How will you know? (maximum 200 words)**

Recipients of this grant will be required to fill out an Evaluation Action Plan so we can see how you plan to measure/demonstrate the difference your project makes in terms of outcomes for people.

0/200

Please provide a project timeline, including start date, end date and duration. All projects must commence on receipt of funding and finish within 12/18 months.

**Start Date**

**End Date**

Month Day Year

Month Day Year

**Duration (days)**

**Why do you want to do this project? Tell us how you identified a need for this project and who you involved. We particularly want to understand how people who are to benefit from the project have been part of the process. If you have spoken to any local partners or statutory services to understand the need in your local area, please include this (Maximum 200 words)**

0/200

**Describe how you are working with other organisations, agencies or businesses in your local community. (Maximum 200 words)**

0/200

**If your annual income is more than £1million please explain how the outcomes for your community would not be addressed without funding for your project.**

**Where in Moray will the activities outlined in your project take place? You can tick more than**

**one option.**

- Buckie area
- Elgin area
- Forres area
- Keith area
- Lossiemouth area
- Milnes area
- Speyside area
- Moray-wide

Project Priorities

**Please advise if your project focuses on Prevention, Early Intervention or Both?**

- Prevention
- Early Intervention
- Both

**Is your project for the general population (general); open to all but with a focus on target groups (targeted), or aimed directly at target groups (restricted)?**

- General
- Targeted
- Restricted

**Which one key local priority will your project impact on the most?**

- Social Isolation & Loneliness
- Socio-economic Disadvantage
- Adults 25+ facing multiple barriers
- Young people aged 16 - 24 years old
- Suicide Prevention/Mitigation
- Bereavement
- Parents and Unpaid Carers
- 'At Risk' Groups: including but not limited to New Scots, Refugees, LGBTI (Lesbian, Gay, Bisexual, Transgender, and Intersex)

## CHIME (Connection, Hope, Identity, Meaning, Empowerment) values.

Please describe briefly how 'Connection' and at least one other CHIME value (see guidance) will be improved because of your project (20 words)

CHIME (Connection, Hope, Identity, Meaning, Empowerment)

Please describe briefly how 'Connection' and at least one other CHIME value (see guidance) will be improved because of your project (20 words)

### **Connection - please complete, this is a mandatory**

0/20

### **Hope & Optimism**

0/20

### **Identity**

0/20

### **Meaning**

0/20



## Empowerment

0/20

**Which of the following groups will be most likely to benefit from the activities outlined in your application? Please tick up to three groups.**

Parents and unpaid carers - including but not limited to the perinatal period

Young People aged 16-24

Adults 25+ facing multiple barriers

Women (particularly young women and women affected by male sexual violence)

People with long term health condition or disability

People who are or have been on the highest risk (previously shielding) list

People from minority ethnic communities

New Scots, refugees and people with no recourse to public funds

People facing socio-economic disadvantage

People experiencing severe and multiple disadvantages

People with diagnosed mental illness

People living with a dementia

People who have experienced psychological trauma (including adverse childhood experiences)

People who have experienced bereavement or loss

**What is the total amount of funding being requested? Please note that you must complete and submit a PROJECT BUDGET SHEET as part of your application.**

**What else might you need for your project? This could be access to advice, equipment, transport, venues or things that money can't buy.**

**Is there anything that you could offer to groups? It may be that you have equipment you could share, advice you could give, support you could offer, access to a venue etc.,.**

**If your organisation has/intends to apply to this Fund in other parts of Scotland please tell us which areas.**

**As there is no guarantee of this Fund continuing beyond Year 3, what considerations have you made to continue the project beyond the length of funding? (maximum 50 words)**

0/50

**Please type your name here. This will act as your signature prior to submitting your application on behalf of your organisation.**

First Name

Last Name

**Position in Organisation**

**Please insert the date on which you are submitting your application.**

Day

Month

Year

Completing Your Application

Please include with your fully completed application form:

- a copy of your governing document. You might know this as your constitution, your Trust Deed or your Memorandum of Articles of Association (Not required for Unconstituted Groups)
- a copy of your most recent annual accounts (Not required for Unconstituted Groups)
- a completed PROJECT BUDGET SHEET

If you require any further information please contact: [Funding@tsimoray.org.uk](mailto:Funding@tsimoray.org.uk)

**Closing date for applications: 10am, Monday 8th January 2024.**

Double-click to edit this text..