**PROMOTING MENTAL WELLBEING THROUGH PHYSICAL ACTIVITY PROGRAMME FUNDING**

**Application Form**

**Explanatory Notes**

**Purpose:**

To provide grants to community and voluntary organisations in Hertfordshire to promote mental health wellbeing through innovative physical activity projects.

(Please note: You will need to have a constitution and trustees for your organisation as a minimum requirement).

**Insurance:**

Please note the insurance statement below as it is a requirement by Hertfordshire County Council. Evidence of insurance will be asked for if the bid is successful.

* **£5,000,000 Public Liability Insurance (minimum cover for any one incident)**
* **£10,000,000 Employers Liability Insurance (minimum cover for any one incident)**
* **£5,000,000 Professional Indemnity Insurance (minimum in the aggregate)**

**Application forms must be sent to** **PublicMentalHealth@hertfordshire.gov.uk** **by:**

**12pm Monday 21st February 2022**

**All applications received after this time and date will be automatically deleted.**

Please complete all sections in full as incomplete applications will be rejected.

**Please note the following before writing your application form:**

* Only voluntary and not-for-profit organisations can apply. There can only be ***ONE*** application per organisation.
* Maximum grant per application will be £10,000.
* The project must be related to the delivery of services that support physical activity to promote mental health wellbeing
* There is a **word limit for each question** (specified within each question).
* Please do not provide additional evidence as hyperlinks and avoid linking to multiple sites throughout your application to avoid difficulty reading.
* Shortlisted applicants may also be interviewed to further explain details about their project (at the discretion of the panel). You will be informed in one week in advance if applicable and it is advisable you have access to Microsoft Teams to enable this).
* Project funds need to be spent within a year (April 2022 – March 2023). There is no commitment for funding after this period

Guidance Notes have been designed to help with completing the Application Form. Hertfordshire County Council (HCC) Public Health strongly advise that these Guidance Notes are read prior to submission as they are designed to help applicants provide the information required.

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**Applicant details (please complete):**

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **VAT Registration Number** **(*if applicable*):** |  |
| **Company Registration Number****(*if applicable*):** |  |
| **Company Address:** |  |
| **Principal contact name:** |  |
| **Job title:** |  |
| **Email address:** |  |
| **Contact number:** |  |

*This application must be signed off by relevant staff/Chair of Trustees at the end of this form.*

**APPLICATION FORM**

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| 1. **About your organisation**
 |
| **Please tell us about your organisation, it’s main aims/functions/activities and membership/communities you serve?** *Your response to this question is limited to 500 words. If we do require more information, we shall contact you.* |
| [please insert your answer here] |
| **Weighting 10% | Max 5 points available**  |

|  |
| --- |
| 1. **Project proposal**
 |
| **Please explain your project to promote physical activity and describe how it will:**1. **Include the 5 steps to mental wellbeing**
2. **Support mental health wellbeing**

*Your response to this question is limited to 800 words. We are happy for you to input diagrams/illustrations within the answer. If we do require more information, we shall contact you.*  |
| [please insert your answer here] |
| **Weighting 40% | Max 5 points available**  |

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| 1. **Safeguarding**
 |
| **How would you address any safeguarding issues if they arose?***Within your answer,* *please describe any policies or training your organisation has for safeguarding.**Your response to this question is limited to 250 words. If we do require more information, we shall contact you.* |
| [please insert your answer here] |
| **Weighting 10% | Max 5 points available**  |

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| --- |
| 1. **Target population**
 |
| **How will you encourage the target population to participate in your project? [Especially those facing disadvantages, health inequalities and have low levels of physical activity]***Please be sure to include how you will promote diversity and equality as well as considering the needs of Carers.**Your response to this question is limited to 300 words. If we do require more information, we shall contact you.* |
| [please insert your answer here] |
| **Weighting 20% | Max 5 points available** |

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| --- |
| 1. **Project evaluation**
 |
| **How will you evaluate this project? What sort of evidence would you use to demonstrate this?***Your response to this question is limited to 500 words. If we do require more information, we shall contact you.* |
| [please insert or attach your answer here] |
| **Weighting 15% | Max 5 points available** |

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| 1. **Budgeting**
 |
| **Please state how much you are applying for and please provide a detailed breakdown of costs/budget.** *If you have matched funding, please detail.**Your response to this question is limited to 300 words. If we do require more information, we shall contact you.* |
| [please insert or attach your answer here] |
| **Weighting 5% | Max 5 points available** |

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| 1. **Partnership**
 |
| **If you are making use of other community resources or working in partnership as part of this proposal, please state:**1. **Who the partners are?**
2. **Details regarding any funding from district or county councils or other matched funding**

*Your response to this question is limited to 250 words. If we do require more information, we shall contact you.* |
| [please insert or attach your answer here] |
| **Not scored or weighted** |

**Please ensure you complete sign off on next page before submitting.**

**Sign off**

*We fully endorse this application for the physical activity/mental health project.*

*By signing this we understand that if selected we will be required to agree and sign a formal partnership agreement with HCC before any work can commence or any funding will be provided for the project.*

*By signing this form, we consent to this application being shared with Hertfordshire County Council Public Health.*

[ ]  *By checking this box, I agree to the terms and conditions of this application.*

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| --- |
| **Name and signature of organisation contact leading on this form:** |
| **Name** | **Job title** |
|  |  |
| **Signature** | **Date** |
|  |  |

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| --- |
| **Head of department (or relevant manager):** |
| **Name** | **Job title** |
|  |  |
| **Signature** | **Date** |
|  |  |

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| **Chair of Trustees:** |
| **Name** | **Job title** |
|  |  |
| **Signature** | **Date** |
|  |  |

*The space below is for any other key partner sign-off that you would like to include.*

*You are welcome to add more partners if required.*

|  |
| --- |
| **Organisation:**  |
| **Name** | **Job title** |
|  |  |
| **Signature** | **Date** |
|  |  |

|  |
| --- |
| **Organisation:**  |
| **Name** | **Job title** |
|  |  |
| **Signature** | **Date** |
|  |  |

**Please note:**

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