



Sligo County Council
Comhairle Chontae Shligigh



Rialtas na hÉireann
Government of Ireland



The Healthy Ireland Fund supported by the Department of Health and the Department of Children and Youth Affairs

Healthy Ireland

Community Mental Health Fund Small Grants Scheme for County Sligo 2020

Application Form

FOR OFFICE USE ONLY

Date Received:

Reference Number:

LCDC recommendation:

GROUP /ORGANISATION NAME:

**ALL APPLICATIONS ARE TO BE RETURNED
by email to
healthyireland@sligococo.ie
By 4pm on October 23rd 2020
CLOSING DATE WILL BE STRICTLY ADHERED TO.**

*If you have any queries, please email healthyireland@sligococo.ie For further enquiries call
91 14434*

Please read the Small Grant Scheme Application Guidelines before completing this form.

Healthy Ireland Fund Round 3 Community Mental Health Fund Small Grant Scheme 2020

The Department of Health (“the Department”) operates a grant scheme through the Local Community Development Committees (LCDCs). This programme, the CMHF Small Grant Scheme provides funding to **Local Community Groups, Voluntary Groups and Sporting Organisations** to deliver actions which are in line with the **Mental Health Theme of Healthy Ireland Round 3**.

TERMS AND CONDITIONS

1. Under the Community Mental Health Fund, supported by the Department of Health, grants will be provided towards projects or actions which are in line with the mental Health Theme of Healthy Ireland Round 3. The scheme does not provide funding for the employment of staff.
2. The activity or project must benefit the local community and relate to the key priority areas identified in the Sligo LECP 2016 – 2021.
3. The information supplied by the applicant group /organisation must be accurate and complete.
4. Misinformation may lead to disqualification and/or the repayment of any grant made.
5. All information provided in respect of the application for a grant will be held electronically. The Department reserves the right to publish a list of all grants awarded on its website.
6. The Freedom of Information Act applies to all records held by the Department and Local Authorities.
7. The application must be signed by the Chairperson, Secretary or Treasurer of the organisation making the submission.
8. It is the responsibility of each organisation to ensure that it has proper procedures and policies in place including appropriate insurance where relevant.
9. Applications must be on the Community Mental Health Fund Application form
10. Evidence of expenditure, receipts /invoice stamped paid must be retained and provided to the LCDC or their representative as part of the claims process.
11. Proof of payment relating to expenditure by way of a Bank Statement, must be provided to the LCDC or their representative, clearly showing the following as part of the claims process:
 - a. Details — Bank Name, Account Name and Address, Account Number, Sort Code Number, IBAN and BIC number
 - b. Date — when payment was made
 - c. Amount — amount paid
 - d. Reference — expenditure reference
12. The grant period will run from **date of approval to May 31st 2021**.
13. Grant monies must be expended by **May 31st 2021** expenditure incurred prior to the date at which the grant period commences should not be included
14. The Funder’s contribution must be publicly acknowledged in all materials associated with the purpose of the grant.
15. No third party or intermediary applications will be considered.
16. Late applications will not be considered.
17. Breaches of the terms and conditions of the grants scheme may result in sanctions including disbarment from future grant applications.

18. Please ensure the application form is completed in full, including copies of all relevant supporting documents. Incomplete applications will not be considered for funding.
19. Project claims for work commenced retrospectively will not be accepted
20. Applicants should be aware that an equity/fairness approach will be taken by the LCDC to ensure an even distribution of funding and a maximum one project per group will be considered for funding.
21. In order to process your application, it may be necessary for Sligo County Council to collect personal data from you. Such information will be processed in line with the Local Authority's privacy statement which is available to view on https://www.sligococo.ie/gdpr/sligococo_dataprivacystatement.pdf.

All questions on this form must be answered. Please write your answers clearly in block letters.

SECTION 1 – YOUR ORGANISATION

Name of Group / Organisation	
Address Eircode	
Contact name	
Role in Group/Organisation	
Telephone number	
E-mail	
Website	
Alternative Contact name	
Alternative Telephone number	
Alternative E-mail	

STRUCTURE OF GROUP / ORGANISATION

Does your group have/hold the following?

Chairperson ☐ Secretary ☐ Regular Meetings ☐ Annual General Meeting ☐

Please give details: _____

Year established: _____

Is your organisation affiliated or connected to any relevant local regional or national body?

YES ☐ **NO** ☐

If **YES**, please give details below:

Name of organisation(s): _____

How does your organisation link in with other organisations in your area? _____

Charitable Status Number (if applicable): _____

Tax Reference Number (if applicable): _____

Tax Clearance Access Number (if applicable): _____

Has your Organisation / Group registered with the relevant local Public Participation Network (PPN)?

YES ☐

NO ☐

Please Note: All organisations must register with Sligo Public Participation Network in order to draw down funding. You can Register with the PPN at <https://www.tfaforms.com/4686176>

Has your group/organisation a constitution / Rules or Memorandum & Articles of Association policy in place? YES ☐ NO ☐

Has your group/organisation a valid insurance policy in place? YES ☐ NO ☐

Has your group/organisation a data protection policy in place? YES ☐ NO ☐

Has your group/organisation a child protection policy in place? YES ☐ NO ☐

PREVIOUS FUNDING

Has your group/organisation received funding under any grant schemes from 2017 to current date i.e. grants from Government Departments or Local Authority?

YES ☐

NO ☐

If **YES**, please give details below:

Name of scheme	Funding organisation	Amount of funding

Has your organisation availed of funding under the Healthy Ireland Fund Programme?

YES ☐

NO ☐

If **YES**, please give details of the project which received funding:

If any of the above funding was paid through the Local Authority, have you submitted your Bank Account Details previously?

YES ☐

NO ☐

Do you receive funding from any other organisation?

YES ☐

NO ☐

If **YES**, please give details below:

Funding organisation	Amount received	Date received

SECTION 2 – Project Details

Programme Title: _____

When will your project begin? _____

When will your project be completed? _____

Municipal District that will benefit from this project: _____

Identify the Healthy Ireland Framework Goal the programme is aligned with:

- ☐ Increase the proportion of people that are healthy at all stages of life.
- ☐ Reduce health inequalities.
- ☐ Protect the public from threats to health and wellbeing.
- ☐ Create an environment where every individual and sector in society can play their part in achieving a healthy Ireland.

Does your action target children and young people (0-24) years?

YES ☐

NO ☐

If **YES**, please identify one outcome in 'Better Outcomes, Brighter Futures', National Policy Framework for Children and Young People' your action contributes to. These outcomes are as follows:

- ☐ Active & Healthy, Physical and Mental Wellbeing.
- ☐ Achieving full potential in all areas of learning and development.
- ☐ Safe & protected from harm.
- ☐ Economic security and economy.
- ☐ Connected, respected and contributing to their world.

Outline how the programme will complement or contribute to the national and local policies, priority area of Mental Health and Sligo Local Economic and Community Plan:

- Healthy Ireland Framework and National Policy Framework for Children & Young People (the latter only if targeting children and young people)

- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____

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- This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Disadvantaged Communities	<input type="checkbox"/>	Disadvantaged Men and or Women	<input type="checkbox"/>	Disadvantaged Families, including one parent families	<input type="checkbox"/>
Children and Young People	<input type="checkbox"/>	People with Disabilities	<input type="checkbox"/>	Unemployed Young People and Adults	<input type="checkbox"/>
Traveller and Roma Communities	<input type="checkbox"/>	New Communities, Asylum Seekers and Refugees	<input type="checkbox"/>	LGBTI Communities	<input type="checkbox"/>
Homeless People	<input type="checkbox"/>	Older People	<input type="checkbox"/>	People with chronic health conditions	<input type="checkbox"/>

Activities and Outputs Table

Note: These will be included as an addendum to your grant agreement and progress will be monitored.

	Activity Output(s)	Primary Target Group	No of Participants	Completion Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Identify any implementation partners:

Provide a detailed breakdown of programme costs including tutor/facilitator (rate), venue hire, course materials and all other related costs?

Total Funding sought for this programme _____

Please indicate any other forms of funding available to your organisation or group:

Source	Amount

If your project does not receive the full amount applied for, would the project: -
(choose one option only):

- Go ahead, unchanged?
- Not go ahead?
- Proceed on a reduced basis?

Section 3 – Declaration

- I declare that the information given in this form is correct.
- I confirm I have read and fully understand the Terms and Conditions of the Community Mental Health Fund Small Grant Scheme (see page 2 of this form).
- I confirm that I have read the Community Mental Health Fund Application Guidelines prior to completing this form.
- I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.
- I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that the grant will facilitate a larger project which they would otherwise be unable to afford.
- I confirm that the applicant group/organisation is tax compliant (if tax registered).
- Successful applications for funding under this programme will only be paid to the applicant organisation's Bank Account. Please ensure you have your Bank Account details to hand if your application is successful.
- I confirm that if successful, grant aid awarded will be expended by May 31st 2021

Name in block capitals: (on behalf of group / organisation):	
Signature: (Printed signatures will not be accepted)	
Position held in group / organisation (block capitals): (Chairperson or Secretary)	
Date:	