**Healthy Ireland Community Mental Health Fund Small Grants Scheme**

**Application Form**

**Section 1: Applicant**

|  |  |
| --- | --- |
| **Applicant** | |
| **Name of organisation** |  |
| **Details of contact person for correspondence** | |
| **Name**  **Position in organisation**  **Telephone no**  **Email** |  |
| **IN the case of sports clubs, please indicate the National Governing Body of Sport to which the organisation is affiliated** |  |

Is this organisation a member of the Offaly Public Participation Network (Offaly PPN)?

If yes, please provide your Offaly PPN registration number

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |
| **Offaly PPN number** |  |

Does your organisation have a tax reference or charitable status number?

If yes, please provide your tax reference number and tax clearance access number; or your charitable status number

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |
| **Tax reference number** |  |
| **Tax clearance access number** |  |
| **Charitable status number** |  |

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**Section 2: Adherence to the objectives of the scheme**

1. To which of the objectives of the scheme does your project best fit. Please tick one only
2. Support local community, voluntary and sporting organisations to deliver initiatives that promote and enhance mental health and wellbeing
3. Coordinate and implement activities in local community settings
4. Promote collaboration and partnership with formal mental health and suicide prevention services

1. Please give a brief outline of your project and how it will meet the funding objective

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|  |

1. Please tick the target group(s) to be supported

|  |  |  |  |
| --- | --- | --- | --- |
| Disadvantaged communities |  | Disadvantaged men & women |  |
|  |  |  |  |
| Disadvantaged families  (including one parent families) |  | Children & young people |  |
|  |  |  |  |
| People with disabilities  (including people experiencing mental health difficulties) |  | Unemployed young people & adults |  |
|  |  |  |  |
| Traveller & Roma communities |  | New communities, asylum seekers & refugees |  |
|  |  |  |  |
| LGBTI communities |  | Homeless people |  |
|  |  |  |  |
| Older adults |  | People with chronic health conditions |  |

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**Section 3: Cost of the project**

1. Please set out in the table below details of all costs for the proposed project.

|  |  |
| --- | --- |
| **Details** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

1. If the cost of your project exceeds €2,000 please indicate how the balance will be met

|  |
| --- |
|  |

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**Section 4: Declaration**

To be signed by the person primarily responsible for the application and to whom all correspondence in relation to this application will be directed

I the undersigned do hereby declare that the information contained in this application is to the best of my knowledge true and accurate

***Name:***

(Block capitals)

***Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Position in organisation***

***Date:***

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**Completed applications to be returned to:** [healthyirelandoffaly@offalycoco.ie](mailto:healthyirelandoffaly@offalycoco.ie) by 12 noon on Friday, 28th August 2020

**Further information**

For further information or clarification, please contact: -

on 057 93 57462 or by email to [healthyirelandoffaly@offalycoco.ie](mailto:healthyirelandoffaly@offalycoco.ie)

* Dermot Egan, Healthy Ireland Offaly Coordinator
* Oliva Murphy, Healthy Ireland Offaly