|  |
| --- |
|  |

**Healthy Ireland Round 3 2019-2021**

**Community Mental Health Small Grants Scheme**

**APPLICATION FORM**

*Healthy Ireland, A Framework for Improved Health and Wellbeing 2013 – 2025* is the national framework for action to improve the health and wellbeing of Ireland over the coming generation.

Now in its 3rd year, the ‘Healthy Ireland Fund’ aims to support innovative, cross sectoral, evidence-based projects, programmes and initiatives that support key national policies in areas such as mental health, physical activity, nutrition and sexual health, tobacco and alcohol and development of spaces and places for health and wellbeing.

Wexford County Council, on behalf of Wexford Local Community Development Committee (Wexford LCDC) is now seeking submissions for a **Community Mental Health** Small Grants Scheme to deliver actions or projects which are in line with the Mental Health theme of Healthy Ireland.

**Please refer to the Application Guidelines before completing this application**.

**Applications must be made to by**

**4pm on Wednesday 30th September 2020.**

Where possible, **applications should be made electronically** using this link provided in the guidance documents.

Only where this is not possible, applications may be made by post to:

Healthy Wexford

Community Department,

Wexford County Council,

County Hall,

Carricklawn,

Wexford  Y35 WY93

For any queries, please email community@wexfordcoco.ie or call 053-9196525

##### TERMS AND CONDITIONS

* Applications must fit under Healthy Ireland Theme 2: Mental Health.
* The activity or project must benefit the local community and must also be aligned with the local plans/strategies as outlined in the Grant Guidelines.
* The information supplied by the applicant group /organisation must be accurate and complete. Misinformation may lead to disqualification and/or the repayment of any grant made.
* All information provided in respect of the application for a grant will be held electronically.
* Wexford County Council and The Department of Health reserves the right to publish a list of all grants awarded.
* The Freedom of Information Act applies to all records held by the Department of Health and Local Authorities.
* The application must be signed by the Chairperson, Secretary or Treasurer of the organisation making the submission if postal or sent by one of these, if online application.
* It is the responsibility of each organisation to ensure that it has proper procedures and policies in place, including appropriate insurance, where relevant.
* The LCDC in evaluating proposals received may seek advice and consult with other agencies, and may disclose information on projects under consideration to those experts and agencies. Application is deemed as acceptance of this action.
* A letter of acceptance for the grant/funding agreement must be signed.
* Grantees must follow public procurement guidelines and have evidence of same.
* Evidence of expenditure, receipts /invoices must be retained and provided to the LCDC. Payment will be made in arrears, on receipt of invoice/evidence of expenditure, with all to be expended by 31st May 2021, and drawn down by 14th June 2021.
* Grantees will be required to complete a project report as part of the funding.
* Any publicity documentation, press releases, website or other media should include acknowledgement and logos of Healthy Wexford, Wexford LCDC, Government of Ireland and Pobal. and include the strapline ‘*The Community Mental Health Fund, supported by the Department of Health*
* A visit by the HI County Coordinator will be organised at an appropriate time agreed by both parties between during the project phase.
* Generally no third party or intermediary applications will be considered.
* Late applications will not be considered.
* Applications by post should use the correct value of postage stamps and allow sufficient time to ensure delivery not later than the closing date.Claims that any application form has been lost or delayed in the post will not be considered, unless applicants have a Post Office Certificate of Posting in support of such claims.
* Breaches of the terms and conditions of the grants scheme may result in sanctions including disbarment from future grant applications.
* Please ensure the application form is completed in full. Incomplete applications will not be considered for funding.
* In order to process your application, it may be necessary for Wexford 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 [www.wexfordcoco.ie](http://www.wexfordcoco.ie)

**Disclaimer – Please read carefully**

It will be a condition of any application for funding applied to Wexford County Council using this form that the applicant has read, understood and accepted the following:

Wexford County Council shall not be liable to the applicant or any other party, in respect of any loss, damage or costs of any nature directly or indirectly from:

* The application or the subject matter of the application.
* The rejection for any reason of the application.
* Wexford County Council shall not be held responsible or liable, at any time in any circumstances, in relation to any matter whatsoever arising in connection with the administration of activities.
* In respect of monies provided by Wexford County Council, the council does not undertake the role of ‘’Client’ or ‘Employer’ as defined in the Safety, Health and Welfare at Work Act 2005.
* All relevant public liability insurance, event management and required permissions are the responsibility of the event organisers.

Wexford County Council requires the procurement of goods and services, in a manner, to ensure at all stages of the development and / or retrofit of publically funded facilities that accessibility and equality (access and equality for end user) is accounted for, In line with Disability and Equality Legislation.

|  |
| --- |
| **Healthy Ireland Round 3 2019-2021****Community Mental Health Fund Small Grants Scheme - Wexford****APPLICATION FORM** |
| **Organisation Name** |  |
| **Contact Name** |  |
| **Contact Address** |  |
| **Contact Telephone** |  |
| **Contact Email** |  |
| **Project Title** |   |
| **Does your group have/hold the following?***(Please tick all that apply)* | Chairperson ☐ Secretary ☐ Annual General Meeting ☐Regular Meetings ☐ Bank Account ☐ |
| **Year established** |  |
| **Is your organisation affiliated or connected to any relevant local regional or national body?**  | YES ☐ NO ☐ | If Yes, what is the name of the organisation(s): |
| **Charitable Status Number (if applicable)** |  |
| **Tax Reference Number (if applicable)** |  |
| **Tax Clearance Access Number (if applicable)** |  |
| **Has your Organisation / Group registered with Wexford Public Participation Network (PPN)?**  | YES ☐ NO ☐  | *If not, please see wexfordppn.ie to find out more and to register* |
| **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?** *(If providing services to and/or involving children or vulnerable adults)* | YES ☐ NO ☐ N/A ☐ |
| **When will your project start:** |  | **When will your project be completed:** |  |
| **Please identify the Healthy Ireland Framework Goal(s) 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.  |
| **Please provide a brief description of your project and the main aims?***Please include any information you feel will support your application, including plans for sustainability where relevant* |  |
| **Please demonstrate the need for your project** |  |
| **Will any of the following groups benefit from your project?** *(Please tick where applicable)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Disadvantaged Communities  | [ ]  | Disadvantaged Men and or Women  | [ ]  | Disadvantaged Families, including one parent families  | [ ]  |
| Children and Young People | [ ]  | People with Disabilities  | [ ]  | Unemployed Young People and Adults  | [ ]  |
| Traveller and Roma Communities | [ ]  | New Communities, Asylum Seekers and Refugees | [ ]  | LGBTI Communities | [ ]  |
| Homeless People | [ ]  | Older People | [ ]  | People with chronic health conditions  | [ ]  |

 |
| **Please describe how your project aims to deliver actions in line with the Mental Health theme of Healthy Ireland** *If targeted at children & young people please also outline how it will align to the National Policy Framework for Children & Young People*  |  |
| **Please demonstrate your group/organisations experience of delivery of mental health/wellbeing programmes and initiatives** |  |
| **Provide a detailed breakdown of project costs including tutor (rate), venue hire, catering costs?***Single use plastics* as part of costs such as forks, balloons and straws will not be covered. Costs not aligned with the programme for healthy eating e.g. fizzy drinks will not be covered. *VAT will only be paid where it is included in the application amount.*  |  |
| **Important things to remember in preparing your budget:** 1. ALL COSTS must be clearly EXPLAINED and ITEMISED.2. All costs applied for must be directly related to the action outlined in the application form. 3. All costs must be verifiable in the future i.e. when submitting your expenditure claims the costs you claim must be capable of being verified e.g. by receipts, invoices, procurement processes, tenders, attendance records. 4. All costs must be additional costs to the organisation for the delivery of the actions.  |
| **Please list any project partners** |  |
| **Total Funding Applied for**  | **€\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please outline any other sources of funding you are in receipt of that will support this project***Please include source and 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?     [ ]   |
| **Has your group/organisation received previous funding paid through Wexford County Council or Healthy Ireland Funding?** **If yes, please provide details?**  | YES [ ]  NO [ ]   |
| **Please outline any measures that will be taken to ensure your project may be completed adhering to Government Covid 19 guidelines***For example, please show how you have met guidelines set by relevant regional/national bodies, completed training, implemented measures to facilitate social distancing, use of face coverings, cleaning etc.* |  |
| **Outline the project design and outputs** |
| **Activity** | **Primary Target Group** (age/demographic) | **No of Participants** | **Municipal District** | **Start Date** | **End Date** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |

**Data Protection Act 2018 & GDPR Regulations - Paper and Computerised Records**

Wexford County Council supports community development initiatives and projects throughout County Wexford and is required to collect information from individuals and community groups who it assists with associated grant aid, etc.

Some of the information sought is personal data and sensitive personal data which will be processed and securely stored by Wexford County Council in paper and electronic form in compliance with the above Acts and GDPR Legislation.

Information subsequently received may be added to such records. You, as a Data Subject, have a number of rights under the Acts, including access to your information.

Requests should be addressed to: Freedom of Information Office, Wexford County Council, County Hall, Carricklawn, Wexford Town, Y35 WY93.

The information we record will be used only for the following purposes:

* Processing applications
* Compiling statistical information
* Analysing information about applicants for other bodies such as Government Departments e.g. The Department of Rural and Community Development.
* Publication of applicant and project details (including photography) for publicity and promotional purposes.

Personal data will be disclosed only in accordance with Wexford County Council’s duties under the Data Protection Acts. For further information on our privacy policy see our website.

**Application Declarations**

* I have read and understand the above Data Protection & GDPR statement and give consent to Wexford County Council for the use and disclosure of data and information as outlined above.
* I have read and understood the Disclaimer provided on this form (see above)
* 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 Healthy Ireland Small Grants Fund (see above).
* I confirm that I have read the 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).

**Signature:**

I/ We confirm that the details supplied are true and correct to the best of my/our knowledge I/we agree to all declarations set out above:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position held in group/organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_