Grant form

Application template provided by Rethink Mental Illness.
Rethink Mental Illness is not responsible for the application process or its outcomes.

Thank you for your interest in the Community Grant facilitated by:

(funder)

Please complete the application form below ensuring you have answered each question and provided sufficient detail.

(amount)   is available for the year and is funded by   (funder)

Applications will be accepted throughout the year with a small panel meeting monthly.

Deadlines for applications
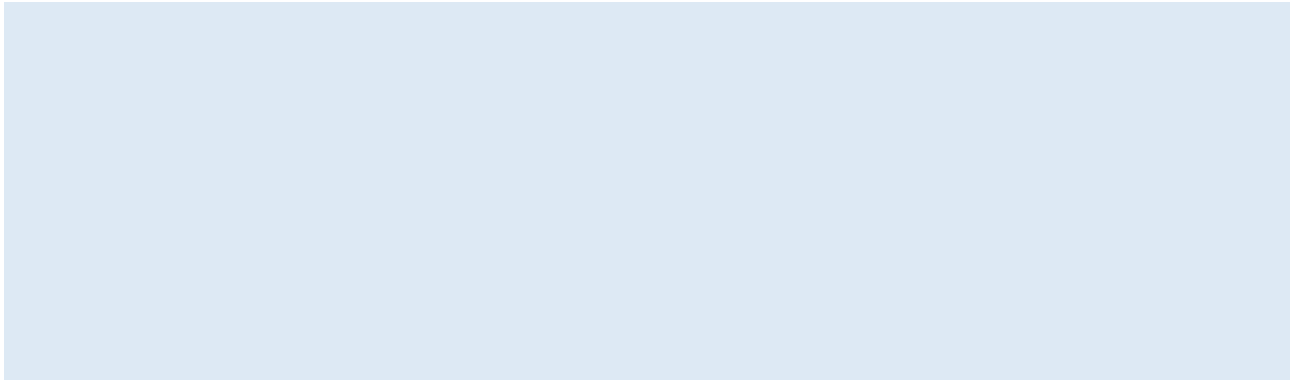
(date)

Please send completed application forms to:

National context

You may want to include some information about the national context here, for example why the funding is available.
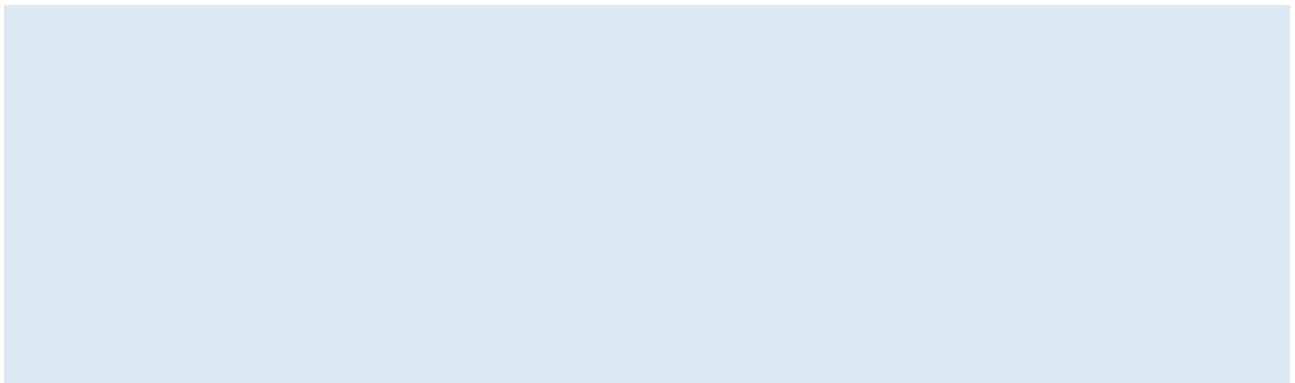
Local context

You may want to include some information about the local context here, for example which groups have been identified as priority groups.

Outcomes

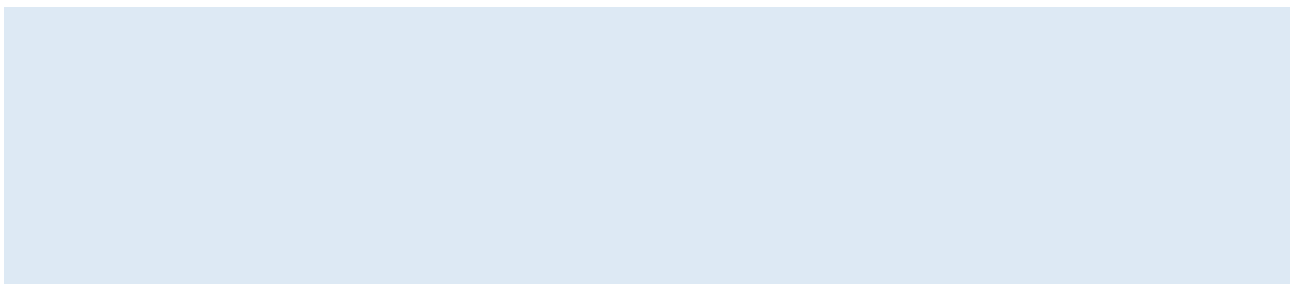Describe the outcomes the fund hopes to achieve here.
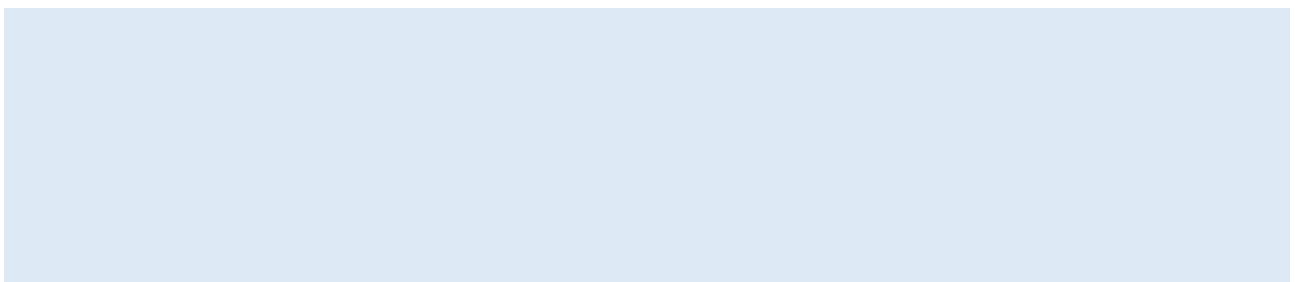
Ideas to evaluate your project

Read our Programme organisers evaluation journey for more information.

Criteria for funding

Before submitting, please check you meet the criteria below:

Priority will be given for any project working with the following groups of people:

Application

Organisation name

Main contact name

Email

Phone number

Organisation venue (or contact address if not based at a venue)

Which local authority area will your project be based in?

Type of organisation

How much money are you applying for?

Please describe your project. What do you plan to do? Max 500 words

How many people do you hope your project will benefit?

How will your project support the group you are working with? Max 500 words

How have people who are likely to benefit from your project helped to shape the activity you are planning? Max 500 words

How will people be referred or signposted towards your project? Max 300 words

What will happen after the funding for your project ends? Max 200 words

How will you evaluate your project? Max 300 words

Planned start date

Please provide a breakdown of your expected project costs

Equipment/activity/item	Budgeted cost
Total cost:	

If successful we want to pay your grant money to you as quickly as possible, please complete your bank details to allow us to do this. If you do not have a bank account in the name of your organisation, or if you are an individual, please leave this blank and we will discuss payment with you if successfully awarded a grant.

Name of bank

Sort code   **Account number**

Name of organisation who holds this account

Application
Terms and Conditions

Application
Submitting your application

By submitting your application form you confirm that, should you be successfully awarded a grant, you are agreeing to the above terms and conditions.

Signed by

Name

Date

On behalf of
(name of organisation)

Signed by

Name

Date