



# Community Mental Health Small Grants Application Form

## Healthy Ireland Fund- Round 3

*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 3<sup>rd</sup> 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.

At a local level, the fund is administered by the LCDC, and all actions funded must not just be aligned to the above *2013-2025 National Framework*, but also to the LCDC's own Local Economic Community Plan (LECP) for the commencement, progress and/or strengthening of relevant actions in the LECP.

Please refer to [\*Framework for Improved Health and Wellbeing 2013-2025\*](#) and Healthy Waterford Plan 2018-2021.

Completed application forms must be returned to

Colette O' Brien,  
Community Section,  
Waterford City & County Council,  
Baileys New Street,  
Waterford

or to [cobrien@waterfordcouncil.ie](mailto:cobrien@waterfordcouncil.ie)  
by 4pm Friday 16<sup>th</sup> October 2020

**Community Mental Health  
Small Grants Application Form  
Healthy Ireland Fund- Round 3**

|                                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Organisation Name</b>                                                                                                                                                          |  |
| <b>Contact Details</b><br>(including Name, Address,<br>Telephone No and Email<br>Address)                                                                                         |  |
| <b>Programme Title</b>                                                                                                                                                            |  |
| <b><i>Identify need for<br/>intended action</i></b>                                                                                                                               |  |
| <b>How does your<br/>programme support<br/>Mental Health in your<br/>community? (please<br/>refer to the eligible<br/>costs section in the<br/>grant guidelines<br/>document)</b> |  |

|                                                                                                               |                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>What theme in the Healthy Waterford Strategic Plan 2018-2021 does your action relate to and how</b></p> |                                                                                                                                                                           |
| <p><b>Outline the project design and outputs.</b></p>                                                         | <p>No of Participants:</p><br><p>Age:</p><br><p>Target Group:</p><br><p>Activity (New or Existing):</p><br><p>Project Partners (If applicable):</p><br><p>Time Lines:</p> |

|                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Provide a detailed breakdown of programme costs (for example tutor, venue hire, catering costs etc.)</b></p> <p><i>Any single use plastics as part of costs such as forks, balloons and straws will not be covered.</i></p> |                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Is the project sustainable after completion? If so, explain how.</b></p>                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Outline geographic area(s) of benefit for this project</b></p>                                                                                                                                                              | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> County-wide</div> <div style="width: 50%;"><input type="checkbox"/> Comeragh</div> <div style="width: 50%;"><input type="checkbox"/> Waterford Metropolitan</div> <div style="width: 50%;"><input type="checkbox"/> Dungarvan Lismore</div> </div> |

- I declare that the information given in this form is correct.
- I confirm I have read and fully understand the Guidelines of the Community Mental Health Fund Small Grants 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 is tax compliant (if tax registered).
- Projects less than €5,000 **must include** estimates/quotes from a minimum of three different independent suppliers with this form
- Applicants **must provide** evidence of relevant policies/safeguards if the funding will be used in relation to children, young people or vulnerable adults
- Applying Sports Clubs must provide evidence of their affiliation to an ISC recognised National Governing Body of Sport

- I understand that any successful applicants who are non-compliant will be required to return the funding
- I acknowledge that successful applicants will be required to provide;
  - ❖ Declaration of compliance
  - ❖ Post project report
  - ❖ Photographic evidence
  - ❖ Invoice / receipts must be in groups name and stamped paid
- I confirm that the application form is completed in full and that all relevant information, including supplier estimates, is included with my application. I understand that incomplete applications will not be considered for funding.

|                                                                    |  |
|--------------------------------------------------------------------|--|
| <b>Name in block capitals (on behalf of group / organisation):</b> |  |
| <b>Signature:</b>                                                  |  |
| <b>Position held in group / organisation (block capitals):</b>     |  |
| <b>Date:</b>                                                       |  |

**Important things to remember in preparing your budget:**

1. ALL COSTS MUST BE CLEARLY EXPLAINED and ITEMISED for THE ACTION.
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.

**Any Publicity documentation, press releases, website or other media should include acknowledgement and logos of Healthy Ireland Fund, Waterford City and County Council, Waterford LCDC, Government of Ireland and Pobal.**

**Material aides for participation in the programme and any publicity materials relating to same must display the Healthy Ireland Branding where possible.**

**Revenue regulations relating to part time lecturers, teachers and trainers must be adhered to or any such cost will be an ineligible spend (Taxation of Part Time Lecturers/ Teachers/ Trainers Part 05-01-11).**

**If required, additional supporting documents may be requested.**

