



Rialtas na hÉireann  
Government of Ireland



Comhairle Chontae na Gaillimhe  
Galway County Council

## HEALTHY IRELAND ROUND 3 Community Mental Health Grant Scheme

### Application Form

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

Please complete this form and return your completed application to Healthy Ireland Coordinator, ERCD, Galway County Council, Prospect Hill, Galway or by email to [healthandwellbeing@galwaycoco.ie](mailto:healthandwellbeing@galwaycoco.ie)

**Closing Date for receipt of completed applications is Friday, 30<sup>th</sup> October 2020 @ 4pm**

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

#### Checklist

Fully completed and signed Application Form	Yes <input type="checkbox"/>	
Registered with Galway Public Participation Network	Yes <input type="checkbox"/>	
Copy of Constitution or Memorandum	Yes <input type="checkbox"/>	
Copy of Public Liability Insurance Policy	Yes <input type="checkbox"/>	
Copy of Quotation(s): 1 (each item under 3,000euro) or 3 (each item over 3,000euro)	Yes <input type="checkbox"/>	
Child Protection Policy	Yes <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**Office Use Only:**

Date Application Received: \_\_\_\_\_ If eligible, Ref. No. assigned: \_\_\_\_\_

Eligible/Ineligible: \_\_\_\_\_ If successful, grant amount awarded: \_\_\_\_\_

## SECTION 1: APPLICANT DETAILS

Name of Applicant Organisation:		
Address of Applicant Organisation:		
If you are registered for tax/VAT, please give your Tax Reference No.		
If you are a registered Charity, please give your Charity Registration No.		
Is your Group/Organisation registered with the PPN (Public Participation Network)?	YES <input type="checkbox"/> Reg. No. _____ NO <input type="checkbox"/>	
Is your Group/Organisation non-profit making?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Contact Names for Correspondence:	1.	2.
Job Title in Group/Organisation:		
Telephone No.'s for Correspondence:		
E-mail Addresses for Correspondence:		
Core Activities of Group/Organisation and brief description of structure, i.e. governed by Constitution, Articles/Memorandum of Association, etc.		
Is your organisation affiliated or connected to any relevant local regional or national body? If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## SECTION 2: PROJECT DETAILS

When will your project start?		When will your project be completed?	
Please identify the Healthy Ireland Framework Goal(s) the programme is aligned with:	<input type="checkbox"/> Increase the proportion of people that are healthy at all stages of life. <input type="checkbox"/> Reduce health inequalities. <input type="checkbox"/> Protect the public from threats to health and wellbeing. <input type="checkbox"/> 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 <input type="checkbox"/>  NO <input type="checkbox"/>	<b>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:</b>	<input type="checkbox"/> Active & Healthy, Physical and Mental Wellbeing. <input type="checkbox"/> Achieving full potential in all areas of learning and development. <input type="checkbox"/> Safe & protected from harm. <input type="checkbox"/> Economic security and economy. <input type="checkbox"/> Connected, respected and contributing to their world.
Please provide a brief description of your project and the main aims:			

<p><b>Please outline the need for your project:</b></p>						
<p><b>Will any of the following groups benefit from your project?</b></p> <p><i>(Please tick where applicable)</i></p>	Disadvantaged Communities	<input type="checkbox"/>	Disadvantaged Men and or Women	<input type="checkbox"/>	Disadvantaged Families, including one parent families	<input type="checkbox"/>
<p><b>Please describe how your project aims to deliver actions in line with the Mental Health theme of Healthy Ireland and its related national and regional policies:</b></p>	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"/>

<p><b>Galway County LCDC is currently drafting a Healthy Galway County Strategy – in its absence, please describe how your project aims to deliver actions in line with Galway County LECP (Local Economic &amp; Community Plan):</b></p>	
<p><b>Please demonstrate your group/organisations experience of delivery of mental health/wellbeing programmes and initiatives</b></p>	
<p><b>Please list any project partners:</b></p>	
<p><b>Please outline any measures that will be taken to ensure your project will be completed in compliance with COVID-19 public health requirements:</b></p> <p><i>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.</i></p>	

Outline the project design and outputs:					
Activity	Outputs	No of Participants	Municipal District	Start Date	End Date
1.					
2.					
3.					
4.					
5.					

### SECTION 3: FUNDING REQUEST

<i>Please breakdown the Expenditure Items which will form part of this project (Please include 1 estimate/quote for each item of expenditure up to 3,000 <u>or</u> 3 written estimates from different independent suppliers for each item over 3,000)</i>	<i>Amount:</i>
	€
	€
	€
	€
	€
	€
<b>Total Expenditure:</b>	€
	€
<b>Amount of funding applied for under this Scheme:</b>	€
If the amount of funding sought is a partial amount of the total project cost, please detail the source of any shortfall in funding for the project:	
Has your Group / Organisation received funding from any Government Department over the last year – if so, please detail the amount and purpose of funding?	
Has your Group/Organisation previously availed of funding under the Healthy Ireland Fund or any other public monies for any projects similar to your current proposed project?	

## SECTION 4: DECLARATION

On behalf of our Group/Organisation, I confirm that:

1. I have read, understood, and accept the Terms & Conditions applicable to this funding.
2. I certify that all information provided in this application, and all information given in any supporting documentation, is truthful and accurate.
3. I agree to the processing and disclosure of information by Galway County Council and to other third parties if required for fund administration, reporting evaluation and audit purposes, and further consent to the disclosure of this information (name of applicant organisation, amount of grant award, details of project/event funded) by these parties relating to the marketing or promotion of this funding.
4. I undertake to comply with all conditions regarding compliance, reporting, and publicity associated with the Healthy Ireland Funding.

Name (in block capitals):	
Signed:	
Position in Applicant Organisation:	
Date:	