

**NHS Forth Valley**

**Grant Scheme 2018-2019**

**Small grants of up to £400 (Community) and £300 (SME) are available for health improvement projects within communities.**

**Application and Guidance Notes**

Applications will be considered from organisations across Forth Valley and should address one or both of the following priorities:

* **Health Inequalities (PLEASE CLICK ON THIS LINK)**

<http://www.healthscotland.scot/media/1184/tackling-inequalities-leaflet-the-right-to-health_apr2016_english.pdf>

* **Mental Health and Wellbeing (PLEASE CLICK ON THIS LINK)**

<http://www.healthscotland.scot/media/1626/inequalities-briefing-10_mental-health_english_nov_2017.pdf>

Support with your activity may be available from the health promotion service – contact [joseph.hamill@nhs.net](mailto:joseph.hamill@nhs.net) (Community) and [m.walsh@nhs.net](mailto:m.walsh@nhs.net) (SME).

Payment will be made by B.A.C.S. Please make sure this information is correct and your finance department is informed.

Successful applicants will be required to raise an invoice.

Financial records should be kept detailing expenditure as you may be asked to provide receipts for any goods or materials purchased.

In any publicity associated with the project, the support of NHS Forth Valley, Health Promotion Service must be acknowledged.

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| **Name of group/organisation applying.** | | | |
| \* | | | |
| **Individual responsible for making application.** | | | |
| **Full name** | | **Role in group** | |
| \* | | \* | |
| **Email address** | | **Telephone number** | |
| \* | | \* | |
| **Contact address: (for correspondence).** | | | |
| \* | | | |
| **Contact address: (for finance) if applicable.** | | | **Telephone no: (for finance) if applicable.** |
| \* | | | \* |
| **Email address: (for finance) if applicable.** | | | **Fax number: (for finance) if applicable.** |
| **\*** | | | **\*** |
| **Bank account no:** | | **Sort code:** | |
| **\*** | | **\*** | |
| **Signature 1:** | **\*** | **Dated: \*** | |
| **Signature 2:** | **\*** | **Dated:** \* | |

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| **Briefly describe your group/organisation.** |
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| **Describe what you want to do.** |
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| **Why is this project needed?** |
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| **What changes do you expect?** |
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| **Target population and number of people who will benefit.** |
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| **Breakdown of Costs** | | |
| Description of what money was spent on. | **Cost** | **Total Cost** |
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**All successful applications are required to submit an evaluation report and a brief financial summary on completion of the project/activity. Please include copies of any relevant newsletters, articles and/or photographs you may have of your project.**

Please send to [elainehaston@nhs.net](mailto:elainehaston@nhs.net) or by post addressed to: - Elaine Haston, NHS Forth Valley, Health Promotion Service, Room 3, 1st Floor, Central Supplies Department, Colquhoun Street, Stirling, FK7 7PX.