**Vhi Health & Wellbeing Fund 2020**

**Application Form**

1. **General Info**

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| --- |
| Name of organisation |
| Address  |
| Link to annual audited accounts |
| Name of Applicant |
| Position in organisation |
| Telephone |
| Email |
| Organisational Status |
| CHY NumberCRA Number |
| I confirm that this organisation has been in operation for more than 12 months |
| Name of Chief Executive |
| Annual Turnover% Government (incl EU) Funding% Fundraising Income% Earned IncomeNumber of paid staff |
| Number of volunteers |
| Social Media Handles |

 Board of Directors – List and show date joined the Board

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**2. Geographic Spread**

* 1. Please list the county or counties where **the project** to be funded under this proposal will take place (Drop down menu with Cork, Dublin, Donegal, Limerick, Kilkenny and Galway as options)

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1. **The Implementing Organisation**

3.1 Describe your **organisation’s** purpose and activities in 50 words or less

3.2 Describe the beneficiaries of the work of your **organisation** in 50 words or less and include total numbers reached pa.

3.3 Please describe your organisations approach to working with young people? What are the key principles underpinning your practice?

3.4 Please select as appropriate:

* Your organisation is
	+ Fully Compliant with the Governance Code
	+ Partially Compliant with the Governance Code
	+ Non-compliant with the Governance Code
* Your charity prepares financial statements in  compliance with the [**Charity SORP**](http://www.charitysorp.org/)(Statement of Recommended Practice under FRS102) and makes them easily available to the public on your website (Drop down menu – yes/no)

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1. **The Project**
	1. Is this a targeted or universal service? (Drop down menu – Targeted/Universal)
	2. If it is a targeted service, please describe target young person
	3. If it is a universal service, please describe key attributes of location where provided
	4. Please confirm that the project you are proposing for funding is supporting young people aged 12-25 years, and seeks to **strengthen** **resilience** in young people and help them **manage anxiety**

(Drop down menu – yes / no)

4.5 Please confirm that this project will show **measurable impact** in one of the following two areas;

* An increase in knowledge regarding anxiety
* A new skill learned to manage/ support anxiety

(Drop down menu – yes / no)

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1. **Project Purpose**
	1. Please describe the project for which you are seeking funding, and how it works? (max 250 words)
	2. **The Problem**: Please tell us why this project is needed (max 250 words)
	3. **Outcomes:** Please tell us what outcomes you are aiming to achieve with the young people involved? (max 250 words)
	4. **Evidence** – please describe the evidence that is informing the project design? (max 250 words)
	5. **Stage of development** - How long has this project been in operation?
* 0-6 months
* 6-12 months
* 1 year
* 2 years
* 3+ years

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1. **Impact:**
	1. Please confirm which of the two stated metrics for evaluation your project will address?

(Drop down menu - “Increase in knowledge regarding anxiety” or “A new skill learned to manage/support anxiety”)

* 1. Please describe how you plan to monitor impact for this project?
	2. If applicable, please indicate the type of evaluation that has been undertaken and list the key findings of the evaluation
	3. Please detail how many beneficiaries you expect to support with this specific project?
	4. Please detail whether this project will have an influence / impact beyond the direct beneficiaries?

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1. **Implementation**
	1. **People:**

Project Team - Please share some information on the project team (roles, reporting lines, experience) – max 250 words

Delivery: Who is involved in delivering the project on the ground.

* Youthworkers
* Volunteers
* Other Professionals (if other professionals, please detail who specifically)

(Text box here to include information on other professionals)

* Young People (non-beneficiary)

Please describe any other supports or expertise available to the Project Leader elsewhere in the organisation or on the Board to support the project?

* 1. **Prior Experience:** Have you implemented a project like this before? And if so what were the results and key learning?
	2. **Analysis:**
		1. What are the critical success factors to ensure effective implementation of this project proposal?
		2. What potential challenges do you see arising as you implement the project and how do you plan to mitigate for these?
		3. What would success look like for this project after 3 years? (max 100 words)

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1. **Unique elements**

What, if anything, makes your project unique / different that could influence practice? (max 50 words)

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1. **Financial Information**

9.1 **Grant amount:** The grants available with this fund are for €5,000 or €10,000. Please confirm which option is most appropriate for your project? (Drop down menu - €5,000 / €10,000)

9.2 **Budget:** Please fill in the tables below with a detailed budget breakdown of how you would allocate this funding if successful with your application? Please complete both tables as the judges will take this preference on board in their consultations but in some cases the funding awarded may be lower than that requested (2 x separate tables – one for €5000 budget and one for €10,000 budget – each table to have two columns – one for item description and one for amount)

9.3 **Income:** Please include a list of named sources of income for the coming 12 months and indicate where they are secure (drop down table with two columns – one for funder and one for amount). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Image / Video**

Upload a photo and a video on the project that brings the work, the beneficiaries and the impact alive. Max 2 mins. You accept that we can share this on our social media and use in other publicity.

(Drop down menu – yes/no)