**Live Well Kent Innovation Fund 2018/19**

**Application Form**

**Please carefully read the guidance notes before completing the application form.**

**General Details**

Group/organisation/individual’s details

Name of group/organisation/individual:

Address:

Postcode:

Telephone:

Email:

**Contact details**

Contact person for this application from your organisation and their details, or named contact of supporting organisation, if applying as an individual, and their details:

Organisation (if supporting individual application):

Position/job role:

Email:

Telephone:

**Organisational Structure** (only to be completed by groups and organisations)

Does your group/organisation have a legal or constituted structure (‘x’ relevant box)

No Yes (If ‘yes’ please describe briefly, e.g. ‘we are a charity’.)

Please provide your group or organisation’s company or charity number (if applicable):

How long has your group/organisation been established for? (‘x’ relevant box)

0-2 years 2-4 years 4+ years

Please give a brief description of your group or organisation’s purpose and aims:

**Project Proposal**

**What is your project name:**

**List below who will be involved in the delivery of activities or anyone who will be supporting / collaborating with you. You can include staff names and roles, where appropriate.**

**How many people will your project work with directly (or reach if an indirect delivery project, such as an awareness campaign or event)?**

**Describe your project. How do you know there is a need for the project and were people with mental health issues involved in the design? What are you hoping to achieve through the project (its aims) and how will you do this (objectives/activities), and over what time period? (500 words limit)**

**Which Live Well Kent outcomes and principles will your project support? You need to meet one or more outcomes, and three or more principles. Points are not awarded for how many of these your project meets above the minimum, but how well it meets these, and demonstrates your understanding of them for your project. (500 words limit)**

**How and why is your project/initiative innovative? We are either looking for new ideas or projects, or for new ways of delivering or developing support, which may build on existing work. We will not fund existing services or projects where there is no evidence of innovation. (500 words limit)**

**Financial Information**

What is the total cost of the project?

How much are you requesting from the Live Well Kent Innovation Fund?

How much match funding do you have already (if any) and who from? (Include materials, venue or time you or others will give)? (Match funding is not essential but can help to show value for money.)

**Breakdown of total project costs/budget**

|  |  |  |  |
| --- | --- | --- | --- |
| Action/item | Amount | Funder | Secured Y/N |
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**Cost per participant/service users = (Project total amount divided by number of participants/service users)**

**£**

Signed on behalf of the Group/Organisation

Name: Position:

Signed: Date:

Group/organisation declaration (to be completed on all individual applications)

I support this application and will provide information, advice and guidance to ensure the best outcomes for the project.

Name:

Signed:

Please email your completed application to [alexyoung@porchlight.org.uk](mailto:alexyoung@porchlight.org.uk) by **5pm on Friday 20th July 2018.**

Successful applicants’ funding will start in October 2018.