



**Office Use Only**

Reference No:

CHO:

Name of Organisation:

## Connecting for Life Sligo Leitrim

### APPLICATION FORM 2021

HSE National Office for Suicide Prevention and Connecting for Life (CfL) Sligo Leitrim are seeking applications for once off funding of up to a maximum of €5,000 for local community and voluntary groups to support initiatives to reach at risk/vulnerable groups in relation to improving their mental health and wellbeing, and reducing the risk of suicide and self-harm.

This funding relates to the national CfL goals of improving knowledge and attitudes toward mental health and suicide, and to improve awareness of appropriate supports and services for the whole population and to priority groups.

#### **The following conditions apply to applications submitted for consideration:**

- Applications must be for one-off projects that can be completed within the year of application.
- Applications that have major on-going revenue implications cannot be considered. These include the employment of staff, capital funding and running costs.
- Applications for projects which are already covered by HSE funding cannot be considered.
- Projects that already have service level agreements or grant aid agreements with the HSE cannot be considered.
- By making an application for funding, the organisation is committing to the terms and conditions of the HSE's Letter of allocation.

**Before you start, here is the information you need to apply:**

1. Details about your organisation

- The legal name of your organisation
- Your organisation's address
- What type of organisation it is (for example, a registered charity or not-for-profit company)
- Details of your contact person (name, address, telephone number, email)

2. We ask for information about your project

- And how your project will help your community
- We want to know about your project costs
- We also want to know about where your organisation receives its funding
- We need you to make sure that your application is once-off and that it has no major on-going revenue implications (e.g. capital projects / day to day running costs)

3. We also ask you to read and tick our checklist on page 11

4. Application form and copies of all the documents we ask for should be sent to Thomás McBride, ROSP

**5. The type of projects we fund:**

- Initiatives to support wellbeing and access to supports and services, including early intervention and postvention supports for people in Sligo and Leitrim with a particular focus on mental health, wellbeing and suicide.
- Information events, seminars, webinars, group activities, support groups – to reach groups in Sligo and Leitrim including at risk groups in relation to supporting their mental health, and reducing risks of suicide and self-harm. Such events/activities could, for example, address known risk factors such as:
  - Alcohol or drug misuse
  - Sense of isolation
  - Lack of social support / connections
  - Relational or social losses
  - Stressful life events
  - Stigma associated with help-seeking behaviour.
  - Lack of physical activity
  - Poor nutritional habits / knowledge

## Section 1: Organisation details

### Enter the full legal name of your organisation.

*If you are receiving or have received HSE funding, enter the name you have previously used*

Name of organisation / group

Name of contact / liaison person for the application (include Title: Mr/Ms/Mrs, etc

Position in organisation

Address

Eircode

Telephone

Email

Website

What year was your organisation set up?

Enter contact details for chairperson and secretary

Chairperson

Secretary

Name

Address

Phone No.

### Organisation Status / Charitable Status

*Please tick all of the following that are relevant to your organisation*

Incorporated Company

Yes  No

Registered Company Number:

Registered Charity

Yes  No

Charities Regulatory (CRA) No:

Unincorporated Community Organisation

Yes  No

With a Constitution in place:

Yes  No

### Insurance Details

**Please tick the box if the organisation will be in a position to comply with the HSE requirements for insurance as follows:**

The Organisation undertakes to have sufficient insurance coverage in respect of all services or activities it delivers when using the Grant. The extent and adequacy of the insurance cover is a matter for the

Organisation and its insurance advisors

## Section 2: Your Project

Please tell us about your project in this section.

### 2.1 Project name

*What is the name of your project? Your project name should be simple and to the point.*

### 2.2 Project location.

*Which county will your project be based in?*

### Where will your project take place?

*If your project covers more than one area, please tell us where most of it will take place*

### 2.3 Project dates

What is your project start date:

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[Click here to enter a date.](#)

What is your project end date:

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[Click here to enter a date.](#)

## 2.4 Project idea

### Tell us about your project

*Here are some ideas of what to tell us about your project.*

- *Describe the project and say what it is about*
- *What would you like to do*
- *Set out exactly what you will spend the money on*
- *What difference will your project make*
- *How will people benefit from your project*
- *How will you make sure people know about it*

**What specific group / at risk group is your project aimed at?**

Please consider the full reach of your project proposal, primary target group, secondary target groups.

How many people will benefit from your project?

Tell us how your project will work with other agencies and organisations?

## 2.5 Project costs

What is the total cost of the project	€	<input type="text"/>
What is the cost for this year	€	<input type="text"/>
How much are you contributing to your project	€	<input type="text"/>
How much funding do you need for your project	€	<input type="text"/>

**List the costs you would like us to fund** (Please attach quotes and estimates for your project to this application form)

No.	Item Description	No.	Item Description

**If the total cost of your project is more than the funding you have requested from us, tell us where the rest of the funding is coming from?**

Name of Funder	Amount

### Section 3: Overview of your organisation

**Overview of your organisation**

**What are your organisation's objectives?**

**List your organisation's current activities**

**What group(s) of people benefit from your organisation's activities?**

**Enter the current number of workers involved in your organisation**

Paid full-time	Paid part-time	Volunteers	Community Employment / Other	Others	Total

**Section 4: Other funding**

**Does your organisation have other current funding arrangements with the HSE?** Yes  No

**Enter the amount you will receive in 2021** €

**Have you applied for or received any funding in the past 3 years?** Yes  No

*(If yes, please set out details, including details as to any unsuccessful applications)*

Source of Funding (i.e. HSE, Other public source or private)	Amount	Purpose	Successful/Unsuccessful



## Declaration

### Confirmation and Execution

(To be completed by Chairperson, Hon. Treasurer of Organisation/Group)

1. **On behalf of:** \_\_\_\_\_.
2. **I,** \_\_\_\_\_ **wish to apply for a grant towards the project/service** named above and I declare, that all the information given in this form is true and complete to the best of my knowledge and belief.
3. I confirm that I am authorised to make this application and to sign this Agreement

If successful I confirm that the organisation will forward signed confirmation that the 2021 HSE CFL Grant awarded was used for the stated purpose.

**Signature:** \_\_\_\_\_  
**Chairperson**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**Treasurer**

**Date:** \_\_\_\_\_

**Note: Signing this declaration does not guarantee your application will be successful. All applications are subject to our evaluation process. We will notify you if your application is successful.**

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**Award Detail – to be completed by the HSE when an application is successful.**

Amount awarded

Additional conditions if relevant. Specifics in relation to the amount awarded if different than application amount.

**Signed on behalf of the Health Service Executive**

Signature:

Date:

Name \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

## HSE CFL application form: checklist

Place a tick in the boxes below to confirm that you have included the correct documents	Tick
Insurance declaration ticked	
Declaration signed and dated	
Copy of estimates of project costs attached	
Last available audited accounts (or other statutory accounts) or an Income & Expenditure account certified by the Chairperson of the Organisation	
<p>Confirmation that your organisation has a written constitutional document*</p> <p>While you are not required to submit your constitution with this application it may requested at any stage of the process.</p> <p>*Note: It is a requirement that your organisation has a written document outlining the aims and objectives, organisational structures, etc. Guidance is available on <a href="https://www.hse.ie/eng/services/publications/non-statutory-sector/explanatory-guides.html">https://www.hse.ie/eng/services/publications/non-statutory-sector/explanatory-guides.html</a></p>	

**Please send your completed form and correct documents in an envelope marked ‘HSE CFL Application 2021’ to:**

Email: [Thomas.mcbride@hse.ie](mailto:Thomas.mcbride@hse.ie)

By Post:  
 Thomás McBride,  
 Resource Officer for Suicide Prevention,  
 HSE Sligo Leitrim Mental Health Services  
 2<sup>nd</sup> Floor, JFK House, JFK Parade,  
 Sligo.  
 F91 XTX2

**Closing date for receipt of applications is 5 pm on Friday 8th October 2021**