# **Perinatal and Infant Mental Health Small Grants Fund**

## **Application form B – for grants of up to £12,000**

This application form is a guide only to enable you to plan and draft your answers.

To apply you need to complete the online application form here – [PIMH Small grants online application](https://www.tfaforms.com/4905564)  and select **Application form B.**

If you have difficulty applying online, please contact Inspiring Scotland in advance of the due date.

**Please submit your online application by 12pm (midday) on July 9th 2021.**

Before completing this application form, we strongly recommend you read the PIMH Small Grants Fund Information and Guidance notes, FAQs and technical guidance.

Please also contact Inspiring Scotland if you have any questions – [pimhenquiries@inspiringscotland.org.uk](mailto:pimhenquiries@inspiringscotland.org.uk)

As part of your application you will be required to submit/ upload:

* an indicative budget indicating what your grant will be spent on
* a copy of your latest set of annual accounts
* a copy of your constitution

Please note this Application Form is for incorporated organisations with an annual income up to £1 million that can apply for grants of up to £12,000. You need to be registered with the Scottish Charity Regulator (OSCR) to apply. The only exception is for Community Interest Companies (CICs).

To apply using Application form B, you need to have legal personality. Therefore, unincorporated associations and trusts are not eligible to apply to this funding route, but these groups may be eligible for the smaller grants (Application A).

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## Section 1 – tell us about your group/organisation

**1. Legal name of your group/organisation**

**2. Trading name, or known name, if different from above**

**3. Legal form**

Community Interest Company

Company Limited by Guarantee

Scottish Charitable Incorporated Organisation

Community Benefit Society

Co-operative Society

**4. Scottish Charity Registration Number (if applicable)**

**5. Company Number (if applicable)**

**6. Registered Address Details**

Address line 1

Address line 2

Address line 3

Town/city

Local Authority

Aberdeen City

Aberdeenshire

Angus

Argyll & Bute

Clackmannanshire

Dumfries & Galloway

Dundee City

East Ayrshire

East Dunbartonshire

East Lothian

East Renfrewshire

Edinburgh City

Eilean Siar

Falkirk

Fife

Glasgow City

Highland

Inverclyde

Midlothian

Moray

North Ayrshire

North Lanarkshire

Orkney

Perth & Kinross

Renfrewshire

Scottish Borders

Shetland

South Ayrshire

South Lanarkshire

Stirling

West Dunbartonshire

West Lothian

Postcode

**7. Website**

**8. Facebook**

**9. Twitter**

**10. What is your organisation or group’s annual income?** *(enter numbers only – no need for £ symbols or commas)*

**11. Please describe your group or organisation's main purpose, aims and objectives. Please tell us what kind of services or activities you currently deliver, who you support and detail what you currently do to support parents and carers and infants with mental health issues in the period from pregnancy to three years**

**(500 words max).**

**12. What Local Authority or Local Authorities will your funded activity be delivered in?**

Aberdeen City

Aberdeenshire

Angus

Argyll & Bute

Clackmannanshire

Dumfries & Galloway

Dundee City

East Ayrshire

East Dunbartonshire

East Lothian

East Renfrewshire

Edinburgh City

Eilean Siar

Falkirk

Fife

Glasgow City

Highland

Inverclyde

Midlothian

Moray

North Ayrshire

North Lanarkshire

Orkney

Perth & Kinross

Renfrewshire

Scottish Borders

Shetland

South Ayrshire

South Lanarkshire

Stirling

West Dunbartonshire

West Lothian

**13. Are your activities delivered in a:**

Community

Village/town wide

City

Across a local authority area

Multiple local authority areas (regional)

Scotland-wide

**14. Which of the following organisational policies do you have in place?**

Safeguarding (for children and young people and/or vulnerable adults)

Child protection

Health and Safety Policy

Financial procedures

## Section 2 – your contact details

**15. Main contact for the application**

First Name

Last Name

Position

Phone Number

Email address

## Section 3 – tell us about the activities you would like funding for

Successful applicants will be able tell us how the work they deliver locally promotes and supports perinatal and infant mental health. The Small Grants Fund is aligned to the main PIMH Fund and aims to fund activities that contribute to the outcomes of the PIMH Fund.

**16. Please tell us which of the PIMH Fund outcomes your work will contribute to (select as many as appropriate).**

A: Parents and carers with perinatal mental health issues have increased access to specialist care in the area where they live

B: Parents and carers with perinatal mental health issues feel less isolated and better able to seek support from family, friends and their community

C: Parents and carers feel better able to meet the needs of their infants and children (physical, social, emotional and cognitive)

D: Parents and carers are better able to maintain a warm and secure relationship with their infant

E: Infants at higher risk of mental health problems are better supported by parents and carers

**17. How will funding be used to develop and support your current work with expectant parents and/or new parents or carers and/or infants up to three years who are experiencing or at greater risk of mental health issues?**

**(1000 words max)**

Please note that this Fund supports parents and families who are experiencing mild to moderate mental health issues at any point from pregnancy up to an infant’s third birthday through peer or parenting support. Please refer to the aims and outcomes of the PIMH Fund

**18. If you provide counselling or psychological support for parents experiencing perinatal mental health issues and/or therapeutic support for infants, please include the evidence base for your therapeutic work, your training/qualifications and accreditation and outline supervision arrangements in place.**

**(250 words max)**

**19. What evidence do you have that the need exists for these activities? If your activities are up and running already then please tell us about this and why it’s important.**

**(250 words max)**

**20. Please provide details of the scale of the activity you hope to deliver over the funding period (number of beneficiaries and length of activities). This funding will support activity delivered from October 2021 to 31st March 2022 inclusively**

**(150 words max).**

**21. Will your activity specifically support any of the following groups?**

Equality and marginalised groups

People living in rural areas

People living in poverty

**22. How do you ensure your activities take account of the views of people with lived experience of perinatal and mental health issues?**

**(200 words max)**

**23. How will you deliver your work in line with Scottish Government Coronavirus (COVID-19) guidance and how is your work likely to change as protection levels are reduced?**

**(250 words max)**

**24. How will you know what you are doing makes a difference to the people you work with? What will tell you that you are contributing to the PIMH Fund outcomes?**

**(250 words max)**

**25. If you receive a grant are you happy to be part of a group of PIMH funded charities that meets regularly with Inspiring Scotland to share your learning and insights?**

Yes

No

Section 4 – finance

**26. How much money do you need? (Please note, the maximum award is £12,000)**

**27. Please upload an indicative budget indicating what your grant will be spent on.**

**28. Please upload a copy of your latest set of annual accounts**

**29. If you have received Scottish Government funding in the last three years, give details of how much you received, what it was for, over what period and which policy area(s) provided the funding.**

**(200 words max)**

**30. Do you have any other funding applications to Scottish Government currently pending?**

Yes

No

Section 5 – additional attachments

**31. Please upload a copy of your group or organisation’s constitution or set of rules**

Section 6 – authorisation

**32.** I/we apply on behalf of the organisation named above for a grant as proposed in the application in respect of expenditure to be incurred over the proposed funding period on the activities described above.

I certify that, to the best of my knowledge and belief, the statements made by me in this application are true and the information provided is correct.

**Name of authorised person**

**Position of authorised person**

**33. Applicants to the PIMH Small Grants Fund should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004.**

**Please therefore note that information provided may be disclosed in accordance with this legislation.**

**When submitting an application, please let us know if there are any parts of it which would prejudice your commercial or other interests if they were made public, and explain (in broad terms) what harm might result from disclosure and/or publication. However, given our statutory obligations, please note we cannot guarantee confidentiality.**