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**Mental Health Project Commission**

**2023**

**PLEASE READ**

* West End Morecambe Big Local (WEM) is looking to commission work to support Mental Health in the West End community, within a maximum budget of £50,000.
* This is an open commission, and we will narrow down the project/s based on the range of submissions and what will fit within our budget.
* We may fund one significant project or a number of different sized projects.
* Please submit the project at a scale you wish to deliver. If we like the project (but scale is an issue) we will come back and talk to you.
* We would welcome joint organisational bids.
* We encourage answers to focus on detail rather than general background and ask for no more than 500 words to any one question in sections 3,4 and 5, and 250 words for other answers.
* Chosen projects will be asked for more detail as part of completing an agreement.
* If you have any questions about this form or commission, please email them to the secretary at [admin@westendmorecambe.co.uk](mailto:admin@westendmorecambe.co.uk)
* **CLOSING DATE:** This form should be returned by the end of the day **Monday 24th April 2023** and either sent electronically to [admin@westendmorecambe.co.uk](mailto:admin@westendmorecambe.co.uk) or as a hard copy posted to: WEM, c/o LDCVS, The Cornerstone, Sulyard Street, Lancaster, LA1 1PX.
* We will inform groups about any decision within a month of closing.

**www.westendmorecambe.co.uk**

March 2023

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**Mental Health Project Commission**

**1: Your group or organisation**

|  |  |
| --- | --- |
| Your organisation |  |
| Contact name |  |
| Postal address |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| Website |  |

|  |  |  |
| --- | --- | --- |
| 1. What does the organisation do? | | |
|  | | |
| 2. Who runs or manages the organisation? | | |
|  | | |
| 3. How long has the organisation existed? | | |
|  | | |
| 4. Approx how many individual people does the organisation work with annually? | | |
|  | | |
| 5. Roughly what percentage (%) of those people live in the West End? | | |
|  | | |
| 6. What is your organisation’s status? *(Please add registered number if applicable)* | | |
| An informal association |  | |
| Registered Charity |  | |
| CIC |  | |
| Public Sector organisation |  | |
| Company Ltd by guarantee |  | |
| Other business / enterprise |  | |
| Other *(please say)* |  | |
|  | | |
| 7. Does the organisation have a bank account? | | |
| Yes / No | | |
| 8. What was your organisation’s approximate turnover in the year 2021 - 2022? | | |
| *Please round to the nearest £10,000* | | £ |
| 9. Very roughly as a percentage, where was that income sourced? | | |
| *West End / Morecambe* | | % |
| *Lancaster / district / regional* | | % |
| *National* | | % |

**2: The ‘community’ your organisation works with**.

|  |
| --- |
| 1. What is your geographic area of benefit? |
|  |
| 2. Does your organisation largely focus on any specific theme or issue. For example, arts, employment, housing, education, recovery, etc. If yes what? |
|  |
| 3. Do you target people with a particular background. For example, age, gender, ethnicity, economic or social status. If yes who? |
|  |

**3: The mental health project**

|  |  |
| --- | --- |
| 1. What is the title of your project. |  |
|  | |
| 2. Describe your project / activity to help mental health in the West End |  |
|  | |
| 3. Who would it help? *Please be specific* |  |
|  | |
| 4. How will it help their mental health? *Please be specific* | |
|  | |
| 5. How many individuals do you envisage being directly helped in this project? | |
|  | |
| 6. How have you identified the need for this work? | |
|  | |
| 7. How would you deliver this work? | |
|  | |
| 8. Would you work with any other group or organisation? If so, who and how. | |
|  | |
| 9. How would you measure the outcomes or success of your project? | |
|  | |
| 10. Please list what policies on mental health & duty of care your organisation has | |
|  | |

*Boxes 1-3 above may be summarised in a listing of what projects have come forward. We may publish this publicly, with your organisations name, in part to see if other funders may pick up projects not chosen. Please note: None of the other information on this form will be shared outside of WEM.*

**4: Difference**

|  |
| --- |
| What difference will the project make to West End residents? What will change or improve because of the work you will do? *Please be specific* |
|  |

**5: Background to the project**

|  |
| --- |
| 1. Please list any other mental health work done in the past. |
|  |
| 2. What, if anything, is wholly new about the project you are now outlining? |
|  |
| 3. How do you measure mental health outcomes? |
|  |
| 4. How do you distinguish your mental health work from general wellbeing work? |
|  |
| 5. Who or what direct mental health expertise will be involved in your project? |
|  |
| 6. How will you communicate the opportunity of your activity to new users? |
|  |
| 7. Avoiding labels and the potential stigma of mental health can be an issue. Please describe to what level your service openly engages with the topic when promoting, recruiting, or working with participants. |
|  |

**6: Timescale**

|  |
| --- |
| 1. When would you like your project to start and how long would it run for? |
|  |
| 2. Is any of the work sustainable after this funding ends? If yes, how? |
|  |

**7: Funding**

|  |
| --- |
| 1. Please give a breakdown of expected project costs and budget. |
|  |
| 2. What is the total funding you are requesting from WEM? |
|  |
| 3. Have you secured / looked at any other funding sources for this work? |
|  |
| 4. Are there any voluntary / in-kind contributions involved in this project? |
|  |

**8: Anything else**

|  |
| --- |
| This space is for anything else you wish to tell us. |
|  |

**9: Confirmation**

|  |
| --- |
| I confirm that the information contained in this proposal is true and accurate and that I am authorised to sign on behalf of my organisation. |
| Name: |
| Role in organisation: |
| Date: |

**CLOSING DATE**

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