Falkirk Health and Social Care Partnership

Falkirk Suicide Prevention Fund Application Form

|  |  |
| --- | --- |
| Part 1: Project Information |  |
| Organisation: |  |
| Main Contact: |  |
| Contact Address: |  |
| Contact Phone: |  |
| Contact Email: |  |
| Total Amount Requested: |  |
| Proposed Start Date: Please state the expected date of delivery – ie. when will staff be in place and/or expenditure begin. |  |
| Current End Date (if relevant): |  |

|  |
| --- |
| Summary of what you intend to do: Please provide a summary stating what you intend to do with funding e.g., employ X staff to test X new provision. Max 250 words. |
|  |

|  |
| --- |
| Current Situation and Planned Change: Please outline the current situation or service and how you plan to change it with the assistance of this fund. |
|  |

|  |
| --- |
| **Justification for Planned Change:**  Please explain the need for this project and how you know the need exists. Please tell us who has been involved in the development of the project/service. |
|  |

# Part 2a: Fund Priorities

Please tell us which priorities your project aims to achieve.

|  |  |
| --- | --- |
|  | YES OR NO |
| Priority 1- Suicide Prevention |  |
| Priorities 2- Self-Harm Prevention |  |
| Priority 3- Suicide Awareness: To encourage others to understand and talk about suicide |  |
| Priority 4- Postvention Support: Support for people that have been impacted by suicide. |  |
| Projects must also provide support for at least one of the four suicide risk factors identified by Health Improvement Scotland. Please select at least one of the following | YES OR NO |
| Pressures within communities including stigma, poor social cohesion, deprivation and lack of safety |  |
| pressures within Scottish society including inappropriate reporting and representation of suicidal behaviour by the media |  |
| the quality of response from services including insufficient focus on the prevention, identification and assessment of needs |  |
| pressures on individuals including family breakdown, low educational qualifications, insecurity of employment and alcohol and substance misuse. |  |

# Part 2b: Outcomes

|  |  |  |
| --- | --- | --- |
| Activities(what will be undertaken) | Outcomes(what measurable change will happen as a result of the activity) | Performance Indicator(how will progress towards change be measured?) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Part 3: Outputs – Participants & Partnership Working

|  |
| --- |
| Participants: Who will be supported by the project and where will the project be targeted/located? Max 200 words |
|  |

|  |
| --- |
| **Partnership working:**  Tell us who your project partners are and if appropriate how referrals will be made to the service? E.g., referral via partner or external? Max 200 words. |
|  |

Services are expected to be able to provide evidence of progress towards the outcomes and outputs described above.

Reports will be requested quarterly, and they should include evidence of service reach (the spread of services and activity levels) as well as direct service user testimony that records their satisfaction with the service provided.

# Part 4: Inputs - Budget and Resources

|  |  |
| --- | --- |
| Proposed Start Date: |  |
| Proposed End Date: |  |

|  |  |
| --- | --- |
| Do you have other sources of funding for this project/service? |  |

|  |
| --- |
| If yes, please provide details: |
|  |

|  |
| --- |
| How much will it cost to deliver this initiative? Please provide a breakdown of the total expected costs from the proposed start date to the proposed end date of the initiative. Costs should be detailed by financial year. Please also note any costs that you will contribute to the delivery of the initiative e.g., staff time, facilities, equipment. |

|  |  |
| --- | --- |
| DETAILED COSTINGS Please provide costs and details associated with the total project | £ |
| Items of Expenditure (non-staff costs) |  |
| Staff Costs |  |
| Funding sought: | **£** |
| Costs that you can commit: | **£** |
| Total expenditure: | **£** |

|  |  |
| --- | --- |
| Bank account name: Please note that payment can only be made to an organisation with a bank account and cannot be made to a personal bank account. |  |
| Account number: |  |
| Sort code: |  |

# Part 5 Sustainability

|  |
| --- |
| **Please provide details on how you plan to sustain your project once funding has finished.** |
|  |

# Part 6: Supporting Evidence

|  |  |
| --- | --- |
| Constitution |  |
| Evidence of good impact, e.g., evaluation report (If relevant/available) |  |
| Most recent audited accounts or management accounts OR most recent three bank statements |  |

# Part 7: Declaration

## I can confirm that I have the authority to apply to this funding and I am the person to contact for more information/progression updates.

## If awarded funding, I will provide feedback on how the funding has been used and what difference this had made.

## I have read and understood the eligibility criteria and confirm to the best of my knowledge that the statements in this application are accurate and true.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

Please complete the application form and submit your proposal along with any supporting documents via email to: [integration@falkirk.gov.uk](mailto:integration@falkirk.gov.uk).