



Community Wellbeing – Mental Health Support Expression of Interest

Introduction

Welcome to the Community Wellbeing Mental Health Support Grant Scheme (Grant Scheme) Expression of Interest Form (EOI).

Before You Start

Please ensure you have:

- Read the [Applicant Guidance](#)
- Confirmed your organisation is eligible
- Developed a clear project idea aligned with the fund priorities

Your application will be assessed **only on the information provided in this form.**

This word document form is intended for guidance purposes only. Applications will only be accepted via the Microsoft form.

You will find more information about the Scheme on our website at www.malvern hills.gov.uk/wellbeingfund

The deadline for submission is midnight on **Friday 5th June 2026.**

Section 1. Contact Details

1. Contact Details:

First name of main contact person:

Surname of main contact person:

Role in the organisation of main contact person:

Email address of main contact person:

Telephone number of main contact person:

Alternative telephone number:

Section 2. Organisation Details

2. About your organisation:

Organisation Name:

Address:

Website (if applicable):

3. Organisation type (please select one):

Company limited by guarantee with charitable status

Registered charitable organisation

Community Interest Company

Unincorporated not for profit organisation

Other (please specify):

4. What type of governance document do you have? (please select all that apply)

(Note: copies of relevant documents will need to be submitted before entering into a grant agreement.)

Constitution

Terms of Reference

Trust Deed

Memorandum and Articles of Association

Safeguarding Policy

Public Liability Insurance

DBS checks (where applicable)

Other (please specify):

5. About your organisation (max 200 words)

Please describe:

- **What your organisation does**
- **Your purpose**
- **Key activities/services**
- **Who you support**
- **Any relevant experience**

6. Public Funding Declaration

Have you received public sector funding in the last 3 years?

Yes

No

7. Please provide details of the value(s), date(s) and funder(s) for the other public sector funding you have received in the past 3 years:

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8. Experience and Capacity (max 300 words)

Please describe:

- **Staff/volunteers involved in delivery**
- **Relevant qualifications or experience**
- **Any accreditations or partnerships**

9. Please provide details for one recent reference (within the last 3 years):

Organisation name:

Contact name:

Email address:

Telephone number:

Section 3. Project Proposal

10. Project Title:

11. Project Summary (max 300 words):

Provide a clear overview of your project:

- **What you will deliver**
- **Where it will take place**
- **Who it is for**
- **How it supports mental wellbeing**

12. Need for the Project (max 250 words):

Explain:

- **Why this project is needed**
- **Evidence of local demand (data, feedback, waiting lists, etc.)**
- **How it links to local priorities**

13. Priority Area (select all that apply):

Please describe the activity you are proposing, including delivery model, frequency, and intended outcomes. Indicate which priority area(s) this supports:

Young people

Farming / rural communities

Financial wellbeing

Dementia support

Other (please specify):

14. Project Activities (max 250 words)

Describe what you will actually do:

- **Types of activities/services**
- **Frequency (e.g. weekly sessions)**
- **Duration of the project**

Section 4. Target Beneficiaries

15. Who will benefit (max 200 words):

Describe:

- **Target group(s)**
- **Any specific needs or barriers**
- **How you will ensure accessibility and inclusion**

16. How do you currently promote and reach your target beneficiaries?

(e.g. referral pathways, partnerships, social prescribing, community outreach, digital channels)

17. If successful, how will you promote, sustain, and scale this activity within the district after the funding period?

18. Estimated Reach

- **Number of participants**
- **Geographical area covered**

19. Please describe how you will ensure equitable access, including for underrepresented or vulnerable groups:

Section 5. Outcomes and Impact

20. Intended Outcomes (max 200 words):

What difference will your project make?

Please describe the impact your project will have on local people or the wider community. We are interested in the changes or benefits that will result (e.g. improved wellbeing, increased confidence, reduced isolation), rather than a list of activities or outputs (such as number of sessions delivered or participants involved).

21. How will you measure impact (max 200 words)?

Please explain how you will assess whether your project has achieved its intended outcomes, focusing on the changes experienced by participants or the community.

Examples include:

- **Changes in wellbeing (e.g. before/after surveys)**
- **Reduced isolation or increased community connection**
- **Increased confidence, skills or resilience**
- **Participant feedback, testimonials or case studies**
- **Evidence of sustained behaviour or lifestyle changes**

Section 6. Funding Request

22. Amount requested (£):

Between £5,001 and £50,000. VAT should be excluded.

23. Budget Breakdown (max 250 words):

Provide a clear summary of how the funding will be spent. This should outline cost areas and, where appropriate, include indicative figures e.g.:

- **Staffing**
- **Venue hire**
- **Equipment**
- **Other direct project costs**

24. Funding Period

Projects must not start before September 2026 and must be fully completed 31st March 2028. Shorter projects durations are acceptable.

Please provide:

Proposed project start date:

Proposed project end date:

25. Value for money (max 250 words):

Explain why this represents good value for money. Please include information on whether match funding has been secured or is being contributed, and how the project demonstrates value through outcomes such as impact, reach, sustainability, or prevention, or longer-term benefit.

Section 7. Partnership Working

26. Is it anticipated that the Project will involve working in partnership with other organisations?

Yes

No

If Yes:

27. Please list any organisations you will work with to deliver this project and clearly describe their role and contribution. For each partner, provide partner name and role in the project in the table below. If you have more than three partners, please list the remainder in the 'other' row.

	Partner Name:	Role in the Project:
Partner 1:	<input type="text"/>	<input type="text"/>
Partner 2:	<input type="text"/>	<input type="text"/>
Partner 3:	<input type="text"/>	<input type="text"/>
Partner 4:	<input type="text"/>	<input type="text"/>

Please list any additional partners and their roles below:

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Section 8. Safeguarding, Compliance and Risk

28. Key Risks and Mitigation (max 150 words):

What are the main risks and how will you manage them? Please list the tables and mitigation actions in the table below. If you have more than five risks, please list any additional lists in the box provided.

	Risk description:	Mitigating actions:
Risk 1:	<input type="text"/>	<input type="text"/>
Risk 2:	<input type="text"/>	<input type="text"/>
Risk 3:	<input type="text"/>	<input type="text"/>
Risk 4:	<input type="text"/>	<input type="text"/>
Risk 5:	<input type="text"/>	<input type="text"/>

Please use box below to describe any additional risks and the mitigating actions you will take:

Section 9. Project Readiness

29. Delivery Readiness (Max 150 words)

Are you able to start and to deliver the project within the timeline:

Yes

No

Section 10. Declaration

30. By submitting this application, you confirm the following (please check the boxes to confirm):

You have read and understood the [Applicant Guidance](#)

The information provided is accurate and complete

You are authorised to submit this application on behalf of your organisation

You understand that funding cannot be used retrospectively

31. Your details:

Name:

Position:

Date: