



Midlothian Voluntary Action

PEER SUPPORT START UP FUND



NAME OF GROUP, OR PROPOSED GROUP (if applicable)

NAME OF CONTACT/ NAMED PERSON

Completed Application forms should be returned by post to:

George Wilson

Manager

Midlothian Voluntary Action

4-6 White Hart Street

Dalkeith

Midlothian

EH22 1AE

INFORMATION ABOUT YOUR ORGANISATION/GROUP

Note: the applicant must be an agreed representative of the organisation/group to benefit by the grant

1. Contact Details

Contact Name.....

Address for correspondence:

..... Position in organisation/group:

..... Telephone no:

..... Email:

Postcode:

INFORMATION ON HOW THIS GRANT WILL HELP

2. Describe how you will use this grant

a) How will this grant be used to develop the health and well being of participants/group members? (e.g. help with building confidence, self esteem , help people feel less isolated, more connected with others and with community, develop new skills, physical health, exercise etc)

b) How will you know your outcomes have been achieved? (How will you know that you have achieved what you set out to do?)

c) How do you know there is a need for this piece of work?

3. Please detail as appropriate, how you plan to spend the grant? ITEM/RESOURCE		AMOUNT (£)
Staffing		
Volunteers/ Freelance worker		
Travelling expenses		
Childcare/crèche		
Room hire		
Publications		
Publicity		
Equipment (this cannot be more than 50% of amount applied for.)		
Volunteer training and expenses		
Refreshments		
Other (please specify)		
Total grant applied for		

4. I understand that, should this group receive a grant, after 3 months a small evaluation report about how the money was used and which activities happened will be required.

I understand the grant can only be used for the purpose stated.

Name:

Position:

Date: