 

**Creative Minds Project Application Form 2025**

**Please see document “Creative Minds Project Application Guidance 2025 Kirklees beforecompleting this form**

Please keep your answers concise.

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| **Project Locality:** (please highlight): Calderdale Kirklees  |
| **Organisation (constituted or trading) Name:**  |
| **Project Lead Person & Contact details** Please include name, email address and phone number: |
| **Postal address:** |
| **Project Name:**  |
| **Proposed start and completion dates:** |
| **Project Proposal/description** |
| **Who will benefit? Which groups/services will benefit? Please tick all boxes that apply**[ ]  people who are LGBTQIA+[ ]  men[ ]  women[ ]  older people[ ]  working age adults[ ]  young people (under 18) and/or families[ ]  people with dementia[ ]  carers/families of people with mental health issues or learning disabilities[ ]  people with neurodiversity[ ]  armed forces veterans/ex-service personnel[ ]  people with mental health issues[ ]  adults with learning disabilities[ ]  people at risk of falls[ ]  Calderdale and Kirklees Recovery and Wellbeing College[ ]  Kirklees Talking Therapies[ ]  Kirklees Insight (EIP) teams[ ]  The Physical Health and Wellness Team service[ ]  other (please specify)**Please explain the connections you have established with these groups/services or the plans you have to do so?** |
| **Key Objectives & Benefits of your proposal, describe how will you meet our priorities (please refer to the Creative Minds Project Application Guidance):**  |
| **How will you measure the project’s impact and outcomes?** |
| **Please outline the Project Budget** under the following headings:* Worker spend
* management/planning
* admin
* venue
* overheads (can be up to 10%)
* marketing
* evaluation
* materials/consumables (please note we don’t normally fund equipment or it should be less than 10% of the budget)
* other (please specify)
 |
| **Please specify number of planned sessions/events and length** |
|  |
| **Please specify how many people will benefit?** * Directly
* Indirectly (e.g. carers, family, event audience, online reach)
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| **What are your plans for sustainability when our funding ends?** |

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| **SOURCE OF FUNDING** | **AMOUNT** |
| **Amount requested from Creative Minds** |  |
| **Your Match Funding** cash – please indicate the source(s) of funding and whether it is secured or pending. If pending, please indicate timeline of decision. |  |
| in-kind – source(s) of funding |  |
| **TOTAL INCOME/Project budget needed** (including your match funding) |  |

Please send completed form to alex.feather1@swyt.nhs.uk and cc creativeminds@swyt.nhs.uk. We can accept postal versions by arrangement.

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**For further help or advice please contact:**

Alex Feather, Creative Minds Development Manager for Calderdale and kirklees

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Or the Creative Minds team: 01924 316 285 creativeminds@swyt.nhs.uk