



# MENTAL HEALTH SELF HELP RESOURCE

**The Mental Health Self Help Resource is a pool of money available to groups of people throughout Cornwall and the Isles of Scilly who wish to set up self-help initiatives. The resource is managed and administered by Cornwall Mental Health Project.**

## OUR AIMS

It is the aim of the MSHSR to support groups setting up activities that positively promote mental health and reduce the effects of emotional distress, stigma and discrimination.

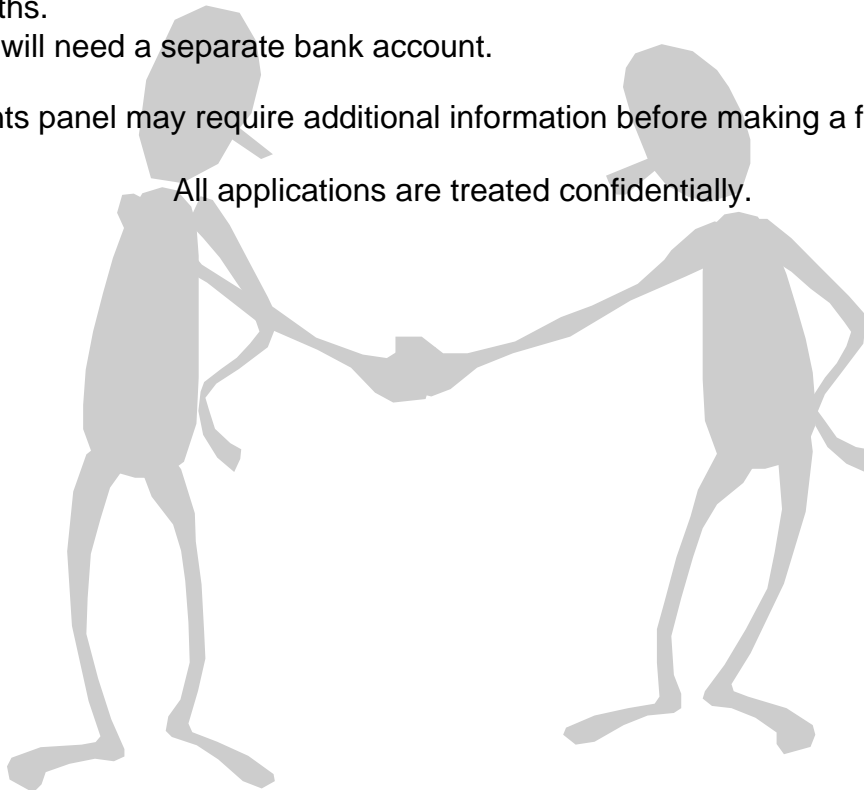
Grants are available to any groups, statutory or non-statutory, where they are likely to benefit people who currently experience, or are at risk of, mental health problems.

### What we want from you

- Your application must be of direct benefit to people with mental health issues.
- Your application should tell us how your activity will reduce stigma and discrimination.
- Your application should tell us clearly about how the grant will be spent.
- Your application should tell us that you agree to send us a progress report after 6 months.
- You will need a separate bank account.

The grants panel may require additional information before making a final decision.

All applications are treated confidentially.





# MENTAL HEALTH SELF HELP RESOURCE

## WHAT WE CAN AWARD GRANTS FOR

- Materials and equipment that is used as part of a group based project or activity.
- Group running costs, including room hire, refreshments and guest speakers / facilitators.  
**PLEASE NOTE:** The Mental Health Self Help Resource panel cannot accept responsibility for any guest speakers / facilitators paid for through the grant.
- A maximum period of one year.

## WHAT WE CANNOT AWARD GRANTS FOR

- Transport costs alone. All transport requests need to be linked to educational or group activities.
- Holidays or one off day trips.
- Items for which other sources of funding are available.
- Which have already been purchased.
- Dates for 2010 Meetings

14<sup>th</sup> April 2010  
16<sup>th</sup> June 2010  
11<sup>th</sup> August 2010  
6<sup>th</sup> October 2010  
8<sup>th</sup> December 2010

**If your own application does not fit in to the categories above,  
please do not let this put you off applying.**

**All Grants are paid by Cheque Only. You will be required to provide invoices and/or receipts to the MHSR as and when you start using the money for its proposed purpose and a progress report after 6 months.**



Cornwall Mental Health Project

# MENTAL HEALTH SELF HELP RESOURCE

## APPLICATION FORM

Please write clearly in **black ink**. Continue onto another sheet if you think it is necessary. Fill in all the appropriate sections below. For further assistance contact: The Administrator, Mental Health Self Help Resource on 01872 243532

|   |  |
|---|--|
| Group name:   | 4. Please describe your group including likely number or attendees. (eg. How many beneficiaries do you have/do you anticipate) |
| Contact name:   |  |
| Contact address:  |  |
| Post Code:  |  |
| Tel. No:  |  |
| Email:  |  |
| District Council Area covered:  |  |
| 1. How much money are you £ applying for?   | 5. What are the aims of your group?  |
| 2. What do you intend to spend the money on? Please provide full costs.   |  |
| 3. Have you applied for or are you receiving any other funding? <input data-bbox="522 1738 716 1787" type="text"/> Yes<br><input data-bbox="522 1801 716 1850" type="text"/> No<br><br>If so, please state where from and how much: | 6. Please tell us how you identified the need for this project/activity.   |



Cornwall Mental Health Project

# MENTAL HEALTH SELF HELP RESOURCE

|  |  |
|--|--|
| <p>8. How long will the activity or project run? (Please give dates)</p>                             | <p>12. What support have you received in the planning of this project?</p>   |
| <p>9. How will you know the project has been successful?</p>   |  |
| <p>10. How do you plan to continue to fund the project or activity after the grant has finished?</p> | <p>13. Has the group already been involved in any similar activities?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>(Please state)</p> |
| <p>11. Where did you hear about the MSHSR?</p>   | <p>14. To whom should the cheque be made payable?</p> <p>Any other information you think may be helpful.</p> <p>Signed: .....</p> <p>Dated: .....</p>                |

**Please return the completed form to:  
Mental Health Administration, Cornwall Mental Health Project,  
2 Princes Street, Truro, TR1 2ES**

Ref. No:

