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| **Nature Wellbeing Fund 2025** | | | |
| Application Form | | | |
| * Please read the attached guidance notes before completing the application form * Please complete in type or black ink | | | |
| **GENERAL INFORMATION** | | | |
| Name of Organisation | |  | |
| Name of Contact  Please give title, first name and surname | |  | |
| Position in Organisation | |  | |
| Address for Correspondence | |  | |
| Title of Project | |  | |
| Location of Project for which grant is sought (if different from above) | |  | |
| Email contact | |  | |
| Contact Telephone Numbers | |  | |
| **Amount of Grant Applied for:** | |  | |

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| **INFORMATION ON YOUR GROUP OR ORGANISATION** | | | | | | | | | | |
| Is your organisation a Registered Charity? | | | | | | | please delete as appropriate | | | |
| Is your organisation a Company Limited by Guarantee | | | | | | | please delete as appropriate | | | |
| Is your organisation a Charitable Incorporated Organisation? | | | | | | | please delete as appropriate | | | |
| Is your organisation a Community Interest Company | | | | | | | please delete as appropriate | | | |
| If yes, give Registration Number | | | | **N/A** | | | | | | |
| Please enclose the following with your application - **🗹** tick if enclosed | | | | | | | | | | |
| Constitution or governing document | | | | | |  | | | | |
| Quotes | | | | | |  | | | | |
| Latest annual accounts | | | | | |  | | | | |
| List of committee members and their positions in the group | | | | | |  | | | | |
| Relevant policies (equalities policy, safeguarding policies, etc.) | | | | | |  | | | | |
|  | | | | | | | | | | |
| How would you describe your organisation: Please **🗹** the nearest description | | | | | | | | | | |
| A constituted community organisation | | | | | |  | | | | |
| A constituted community sports organisation | | | | | |  | | | | |
| A self-help group | | | | | |  | | | | |
| An environmental group | | | | | |  | | | | |
| Other (please describe below) | | | | | | | | | | |
|  | | | | | | | | | | |
| Please briefly describe your organisation's work and list its aims and objectives (these should be on your constitution) | | | | | | | | | | |
| **Are you currently listed as a provider on the Nature Prescribing Directory? Y / N** | | | | | | | | | | |
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| **PROJECT DETAILS *please refer to the guidance*** | | | | | | | | | | |
| Please give details of how you want to use the funding | | | | | | | | | | |
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| Please describe how your project will help deliver the aims of the Nature Prescribing project (see guidance). How will it benefit members of the community, including those who are disadvantaged? | | | | | | | | | | |
|  | | | | | | | | | | |
| How many people will benefit directly from your project?  (The number of people in your group and any members of the community directly benefitting from your project) | | | | | | | | |  | |
| When will your project start?  How long do you think it will take to complete? | | | | | | | | |  | |
|  | | | | | | | | | | |
| Is this application for whole or part of the cost of your project? (Please tick) | | | | | | | | | | |
| Whole | |  | | | Part | | |  | | |
| Please give details of any other funding you have received or have applied for to fund all/part of this or a related project or activity. | | | | | | | | | | |
| Funding Body | | | Amount Applied For | | | Amount Received | | | | Date of end of funding |
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| **FINANCIAL DETAILS** | | | | | | | | | | |
| Please give a breakdown of the costs you are applying for funding for | | | | | | | | | | |
| **Please itemise expenditure** | | | | | | | | | | Amount (£) |
| *Insert more rows if necessary* | | | | | | | | | |  |
|  | | | | | | | | | |  |
| **Total Applied For** | | | | | | | | | |  |
| Copy this figure to Page 1 | | | | | | | | | | |
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| **BANK ACCOUNT DETAILS** | | | | | | | | | | |
| **Account Name:**  (Please give the full name - this must be the group’s/organisation’s account and cannot be an individual) | | | | | | | | | | |
|  | | | | | | | | | | |
| **Account Number:** |  | | | | | | | | | |
| **Sort Code:** |  | | | | | | | | | |
| **Bank Address:** | | | | | | | | | | |
|  | | | | | | | | | | |
| Signed on behalf of organisation | | | | | Print Name | | | | | |
|  | | | | |  | | | | | |
| Position in Organisation | | | | |  | | | | | |

**Please return to** [Huw.Rees5@wales.nhs.uk](mailto:Huw.Rees5@wales.nhs.uk)

*All information given on this Application Form will be processed and kept by GAVO both electronically and manually in line with the General Data Protection Regulation legislation. The information will be used by GAVO for the administration, monitoring and promotional purposes of the Grant scheme. Copies of this information will be provided to our Panel for the purposes of decision-making but will not be retained by Panel members.*