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**Workplace Health and Wellbeing Initiative**   
**Small Grant Scheme Application Form**

**(Phase 2 Applications)**

**You must read the guidance notes before filling in this application**  
  
If you have any queries or wish to discuss your health and wellbeing project with a council officer before submitting your application please contact Mind Body Business Team:

Rachel McManus Telephone 0300 013 3333 ex 40232   
Email [healthandwellbeing@ardsandnorthdown.gov.uk](mailto:healthandwellbeing@ardsandnorthdown.gov.uk)   
or Angela McAllister Telephone 0300 013 3333 ex 40897   
Email [angela.mcallister@ardsandnorthdown.gov.uk](mailto:angela.mcallister@ardsandnorthdown)

The submission deadline date for application is Friday **11th October 2024**.

All questions in this application MUST be completed.

1. **About your organisation**

|  |  |  |
| --- | --- | --- |
| **Organisation Name** |  | |
| **Full Business Address**  **Postcode** |  | |
| **Main contact Name** |  | |
| **Telephone Number** |  | |
| **Email** |  | |
| **Number of Employees** |  | |
| **What legal status is your organisation, mark box** | Sole Trader   Partnership   Social Enterprise   Limited Company   Other | |
| **VAT Registration number (if registered)** |  | |
| **What sector does your organisation operate in:** | Agri Tech / Agri Food | Hospitality |
| Agriculture / Fishing / Marine Environment | Leisure / Fitness |
| Construction | Life & Health  Sciences |
| Creative Industries | Logistics / Haulage / Distribution |
| Digital / ICT / Communications | Manufacturing |
| Engineering | Retail |
| Fintech / Financial Services | Services – customer, health & personal care |
| Food / Drink  Manufacture | Services – professional |
| Green Economy (Energy / Waste) | Tourism |
| Other sector not included above detail below: | |
| **Have you received a Mind Body Business Small Grant Before (Priority will be given to new applicants.)** | YES    NO | |
|  |  |  |

1. **Do you currently offer any health and wellbeing activities or services to your employees (if answered yes, please provide details).**

|  |
| --- |
| YES    NO  **Details**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Provide details of your proposed initiative relating your response to as many of the areas in the Take 5 Steps to Wellbeing approach as possible (see guidance notes for assistance in detailing your proposed initiative by reading the examples provided).**

**Take 5 Steps to Wellbeing Approach**

|  |
| --- |
| **Connect**  Connect with the people around you: family, friends, colleagues and neighbours at home, work, school or in your local community. Think of these relationships as the cornerstones of your life and spend time developing them. Building these connections will support and enrich you every day. |
| **Keep Learning**  Don’t be afraid to try something new, rediscover an old hobby or sign up for a course. Take on a different responsibility, fix a bike, learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy. Learning new things will make you more confident, as well as being fun to do. |
| **Be Active**  Go for a walk or run, cycle, play a game, garden or dance. Exercising makes you feel good. Most importantly, discover a physical activity that you enjoy; one that suits your level of mobility and fitness. |
| **Take Notice**  Stop, pause, or take a moment to look around you. What can you see, feel, smell or even taste? Look for beautiful, new, unusual or extraordinary things in your everyday life and think about how that makes you feel. |
| **Give**  Do something nice for a friend or stranger, thank someone, smile, volunteer your time or consider joining a community group. Look out as well as in. Seeing yourself and your happiness linked to the wider community can be incredibly rewarding and will create connections with the people around you. |

1. **Detail how this initiative will benefit your business, how it will benefit you as an employer and your employees.**

1. **How many employees do you hope will benefit from this initiative, please state the proportion of staff in relation to full time, part time and shift workers?**

1. **Project Expenditure**

Please provide a detailed breakdown of ALL costs involved in this initiative(s). Please state if the cost is inclusive of VAT.

|  |  |  |  |
| --- | --- | --- | --- |
| Item or Activity Description | Quantity | Total Net Cost (£) | Total Gross Cost (i.e. VAT included) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total £ | |  |  |

For businesses that are VAT registered, we will pay up to £250 excluding VAT, on approved activities. For small businesses that are not VAT registered, we will pay up to a maximum of £250 including VAT on approved activities.

**8 Checklist and submission**

Please tick the following criteria checklist that applies to you:

|  |  |
| --- | --- |
| My business is located in the Ards and North Down Borough Council area. |  |
| I agree to source a local provider from the Ards and North Down Borough Council area where possible, or a regional charitable provider. |  |
| I have provided full details of the proposed initiative(s) and included ALL costs in this application. |  |
| I agree that the proposed initiative(s) could be easily continued by the individual or employer (at our own expense in the future) should it prove successful. |  |
| I understand that no activities can commence until I receive written confirmation (Letter of Offer) that my grant has been approved up to a specified amount. |  |
| I will return my Acceptance form to my Letter of Offer, and company bank details on the accompanying Supplier Form within 10 days of receipt to facilitate prompt payment. |  |
| I understand that the grant of financial support offers up to the value of £250 (see notes\* on VAT registration in 6. Project Expenditure)  I understand any costs greater than £250 for the initiative will be paid by me/my company. |  |
| I agree to submit copy of detailed/itemised receipts and an invoice to ANDBC in relation to my approved initiative to enable payment on completion of the initiative and provide evaluation evidence. |  |
| I agree to completing the Subsidy Control Declaration and Evaluation upon completion of my initiative to enable reimbursed payment to be processed. I note that NO payment will be made without submission of these forms. |  |

**9 Please mark box where you heard of the Mind Body Business Small Grant Scheme**

|  |
| --- |
| Newspaper  Council Website  Bus Back  Word of Mouth  Social Media  Other (please state) Email shot |

**10. By signing this form, I agree to share my details with Ards and North Down Borough Council, and the grant funder the Public Health Agency for NI (PHA).**

**Signed on Behalf of the Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:** **Position:**

**Date:**

**Please return completed applications form to:**

Rachel McManus, Mind Body Business, Health & Wellbeing, 2 Church Street, Newtownards BT23 4AP or email [healthandwellbeing@ardsandnorthdown.gov.uk](mailto:healthandwellbeing@ardsandnorthdown.gov.uk)

***Using your Personal Information***

*Ards and North Down Borough Council’s Environmental Health Section and Economic Development section take your right to personal privacy seriously. Personal information you supply will be used for the purpose of the delivery of Mind Body Business Small Grant Scheme and related Mind Body Business activities. This information is collected and processed with your consent only and will be used for the duration of Mind Body Business project or until you contact the Council to tell it that you are no longer interested in receiving information.*

*Please confirm, by ticking below, that you give consent for the Council to contact you. You retain the right to withdraw your consent and can do so at any time by contacting* [*healthandwellbeing@ardsandnorthdown.gov.uk*](mailto:healthandwellbeing@ardsandnorthdown.gov.uk) *or* [*maura.bettes@ardsandnorthdown.gov.uk*](mailto:maura.bettes@ardsandnorthdown.gov.uk)*. You have a right to see and review the information held on you. If you wish to request your personal information or have a data protection query, please put your request in writing, stating clearly who you are and your query to: Data Protection Officer, Ards and North Down Borough Council, City Hall, The Castle, Bangor, BT20 4BT, email:* [*dataprotection@ardsandnorthdown.gov.uk*](mailto:dataprotection@ardsandnorthdown.gov.uk)*, Telephone: 0300 013 3333 or visit the Council’s website at* [*www.ardsandnorthdown.gov.uk*](http://www.ardsandnorthdown.gov.uk/)

Shape

**TICK HERE TO CONFIRM YOUR CONSENT**