**Mental Health Model Groups 2025-2026**

**Mental Health & Emotional Wellbeing Community Development Support Model**

**Expression of Interest**

|  |  |
| --- | --- |
| Name of Group |  |
| **Lead person** |  |
| **Address** (including postcode) |  |
| **Telephone Number** | **Email** |
| **Are you a not for profit group?** | **Yes/ No** |
| **Can this project be completed by 30th January 2026** | **Yes/ No** |

1. **Main geographical area (s) targeted for this proposal by Council and town/area.**

|  |  |  |  |
| --- | --- | --- | --- |
| Antrim and Newtownabbey Borough Council Area |  | Antrim |  |
| Newtownabbey |  |
| Causeway Coast and Glens Borough Council Area |  | Ballymoney |  |
| Coleraine |  |
| Moyle |  |
| Mid and East Antrim Borough Council Area |  | Ballymena |  |
| Carrickfergus |  |
| Larne |  |
| Mid Ulster Council Area |  | Cookstown |  |
| Magherafelt |  |

1. **Brief overview of your organisation or group**

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|  |

1. **What does Mental Health mean to your group?**
2. **Title / Name of Proposed Project:**

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|  |

1. **Summary of proposed project / Please tell us what it is you want to do (e.g. 1 x 6-week emotional wellbeing project?**

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|  |

1. **How will these activities or training support people’s mental health and emotional wellbeing ?**

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|  |

1. **Target Groups: Please select the main beneficiaries by ticking only one of the following**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Senior Citizen (65+) |  |
| Female |  | Disabled people |  |
| Pre-school children |  | LGBTQ+ |  |
| Youth (Under 18’s) |  | Carers |  |
| Adults (Over 18’s) |  | Black and Minority Ethnic |  |
| Vulnerable groups (please state): |  | Parents |  |
|  | Church Based Group |  |

1. **Detailed budget breakdown of funding requested. (Maximum £1000)** *(breakdown of each unit essential, including catering cost per person if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item / Activity** | **Name of Trainer / Provider** | **Cost of each unit** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Totals** |  | **£** | **£** |

1. **How many people will benefit from the project? ­­­­­­­­­­ ­­­­­­­­­­­­­**
2. **Authorised Signature**

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Position |  |
| Date |  |

**Please send your completed application to:**

**Northern Area Community Network**

**Old School House, 25 Mill Street, Cushendall, BT44 0RR**

**Application Forms can be emailed to** [**grants@nacn.org**](mailto:grants@nacn.org)

**Email applications will be accepted. Please remember to keep a copy of this application for your own record.**

**Closing date: Wednesday 30th April 2025 at 12 noon**