**Innovation Fund Application Form**

**Complete and return to:** **east@mentalhealthdevon.co.uk**

**Organisation Name:**

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**Lead Contact:**

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**Email Address:**

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**Phone Number:**

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**Describe your project, explaining who it will benefit and why is it innovative:**

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**How much money would you like to apply for and how would you spend it?**

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**What outputs will you record and when do you expect to achieve them?**

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**Please describe the values of your organisation and how those values, and this project, will align with the Community Mental Health Framework’s ambitions of person-centred tailored services, collaborative multi-agency partnerships, and support for those falling through the gaps:**

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**How will you continue project activity once this funding is used?**

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**Devon Mental Health Alliance requirements**

I agree to:

* display the Devon Mental Health Alliance logo on relevant documents,
* participate in Devon Mental Health Alliance communications activity,
* share information that can be used to measure the impact of my work, and
* share evidence of expenditure upon request.

**Signature:**

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**Date:**

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