**Innovation Fund Application Form**

**Organisation Name:**

|  |
| --- |
|  |

**Lead Contact:**

|  |
| --- |
|  |

**Email Address:**

|  |
| --- |
|  |

**Phone Number:**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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:**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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:**

|  |
| --- |
|  |

**Date:**

|  |
| --- |
|  |