

## **Memorandum of Agreement – Suicide Prevention Innovation Fund**

### Introduction

This Memorandum of Agreement dated XXXXXXXXX

Between: The Independent Mental Health Network (hereinafter 'IMHN'), on behalf of the Bristol, North Somerset and South Gloucestershire Suicide Prevention Transformation Fund Working Group

And: XXXXXXXXX

for the provision of funding via the Suicide Prevention Innovation Fund.

### Funding Specifics

1. Amount of funding: the memorandum concerns the provision of up to the amount of £XXXX ('the funding').
2. Purpose of funding: the amount mentioned above is to support the recipient of funding deliver a project entitled XXXXXXXX (the 'initiative'). The initiative will take place during XXXXXXXX. The initiative will take place at/in XXXXXXXX.
3. The specifics of the initiative are outlined in the recipient of funding's original application to the Suicide Prevention Innovation Fund and includes subsequent agreement/clarifications made with grants panel (if any).

### Promotion and Information

1. IMHN agree to, where appropriate, promote details of the initiative across its online and offline outlets. This, where appropriate, will include promotion as part of *Shine On*, a campaign across the local area concerning suicide prevention and self-harm prevention/awareness generally.
2. The recipient of funding agrees to, where appropriate, provide information or other promotional items (including details of the initiative as they become confirmed) to IMHN to enable effective promotion.
3. The recipient of funding agrees to include reference to the fact that the initiative is funded by the Suicide Prevention Innovation Fund, and include a link to the Shine On Campaign webpage: [www.shine-on.life](http://www.shine-on.life)
4. The recipient of funding agrees to, following delivery of the initiative, complete and return the attached feedback form, reporting on the initiative.

5. In the event that the recipient of funding is no longer able to deliver the initiative, or the nature and specifics of the initiative require significant alteration/modification, the recipient of funding agrees to communicate with IMHN at the earliest possible opportunity.

Payment Arrangements

1. Where the recipient of this funding is an organisation (charitable incorporated organisation, community interest company, or any other group that is legally constituted), the funding will be paid on receipt by IMHN of an invoice for the agreed amount of funding.
2. Where the recipient of this funding is individual, community group, or any other organisation that is not legally constituted, the recipient of the funding is asked to claim back their expenditure. The expenditure will be reimbursed following provision of evidence, such as receipts.
3. By accepting this Memorandum of Agreement, the recipient of the funding agrees to ensure that the funding is used in a way consistent with the initiative outlined in their original application to the Suicide Prevention Innovation Fund, and further clarifications made with the funding board.
4. As such, the recipient of the funding agrees to ensure that all or any part of the fund is not used for any other purpose, including but not limited to: personal and political purposes.
5. Failure to adhere by these provisions, or failure to provide adequate evidence of expenditure (where applicable), may result in the funding being withheld or recalled.

Liability

1. IMHN will not be liable for any losses or other unforeseen event as a result of the initiative. The organisation, delivery, and other matters connected to the initiative will remain the sole responsibility of the recipient of funding. This includes but is not limited to: ensuring appropriate insurance is in place (where applicable) and appropriate health and safety standards are followed.

Signed:

XXXXXXXX on behalf of the Suicide Prevention Innovation Fund Grants Panel on XXXXXX.

and

Signed:

Suicide Prevention Innovation Fund – Spring 2020  
Recipient of Funding – Memorandum of Agreement  
Reference: MOA-SPXX

\_\_\_\_\_ (on behalf of the recipient of funding) on \_\_\_\_\_.

*Please complete your name and insert the date in the two spaces above. We ask that you include an electronic signature above the next of your name and date. If you do not have an electronic signature, you can create one easily using a free online service. We have used this one in the past: <https://www.mobilefish.com/services/signature/signature.php>*