

Direct Grants

small grants to voluntary and community organisations in the Scottish ESF Objective 3 Programme area.



PROJECT PART-FINANCED BY THE EUROPEAN UNION
Europe and Scotland
Making it **work together**

for SCVO use
Reference No.

Application for grant assistance

Read the guidance notes:

All the questions need to be answered and you should not put "see attached" under any question to refer to another document – we cannot accept supporting information or appendices.

This form must be completed in type or **BLOCK CAPITALS** using **BLACK INK** - an electronic version of the form may be printed from the Direct Grants web page: www.scvo.org.uk/direct_grants.

As we require an original signature on each application we cannot accept submissions by email or fax.

Certification Signature

I certify that I am authorised to submit this application on behalf of the group detailed below. The information which follows is true and accurate to the best of my knowledge.

Signature Date

Name

Position in organisation

Contact Details

1. What is the name of your group?

2. Who is the main contact for correspondence and enquiries about this project?

Name

3. Contact Details

Address for correspondence (please ensure you include your post code)

Address

.....

..... Postcode

Contact telephone: (code and number)	
Fax (if available)	
Email (if available)	

About your Group

4. What is the main objective of your group?

Tell us what the group does and why

--

5. The people involved in your group

How many management committee/ steering group members are there?			
How many of these live locally?			
How many other members are there in the group?			
How many staff do you employ? Full time – part time – sessional	Full-Time	Part-Time	Sessional

6. Please tell us about any working contacts you have with:

	Organisation/ Department	Contact Officer
Your Local Council		
Your local Health Authority or Trust		
Your local CVS or Volunteer Bureau		
Your Local Enterprise Company		
Other		

7. Where does your group draw most of its membership from and where does it carry out most of its activities

Town, village and/or neighbourhood	
Postcode District (e.g. PH3)	

Funding

8. Please tell us about any other grants or funding you have received or have applied for in the last three years

	Funder	Successful			Amount
		Yes	No	Pending	
Lottery Funds					
Local Authority /SiP					
Health Authority/Trust					
LEC/Local Economic Partnership					
Other Funder (please specify)					
Other SCVO grants e.g. LSC, BBF, Direct Grants (quote reference)					

9. How much do you have in your cash/banked reserves that is not specifically earmarked or ring fenced for other activities?

- 10a. Please outline your fundraising activities and any future plans for generating income

- 10b. What will happen at the end of the **DIRECT GRANTS** funding?
What plans have you for extending or building on this project?

About your Project

11. What will your project be called?

This should not be the same as your group's name

12. Describe what your project will do.

13. Explain how this project is relevant to the needs of your community.

Tell us about the main type or group of people who will benefit from your project and the economic or social benefits of your project to these people.

14a. Where will the project take place?

14b. Where will the majority of participants come from?

Area
Postcode District (eg PH3)

Area
Postcode District (eg PH3)

15. What are the key events or achievements of the project and when will these be undertaken or reached?

Your events and achievements should be specific and realistic in order that you can measure the progress.

Event or achievement	Likely date

Funding Sought

16. How much are you asking from the Direct Grants programme?

17. Complete the table below detailing the individual items you want your direct grant to pay for. Ensure that you identify the items in sufficient detail for us to establish value for money

	Item(s)	Anticipated cost
Staff salaries (including sessional workers and volunteer expenses)		
Training fees		
Premises rental and, utilities costs		
Hire and lease of equipment		
Printing, design and photocopying		
Advertising, publicity and recruitment		
Consumables and stationery		
Publications and training materials		
Telephone/Fax		
Internet		
Postage		
Small items of equipment		
Professional fees		
Travel		
Catering, venue hire accommodation etc		
Child or dependent care		
TOTAL: This should be the same as the figure in Q.16		

18. How much will your project cost in total?

19. If you are not asking for 100% funding, how will you raise the remainder?

Timing and Participation

20. When do you expect this project to begin?/...../..... (dd/mm/yy)

The start date should be at least two months after the date of application

(NOTE: we cannot fund any activity started or committed before you attend a managing your grant workshop).

21. When do you expect the project to end?/...../..... (dd/mm/yy)

(This should be no longer than one year after the date of approval)

22. When will you wish the grant to be paid?/...../..... (dd/mm/yy)

If successful we will need to agree a payment and expenditure schedule with you – in some cases we may only be able to offer you phased payments.

23. How have you identified or researched the need for your project?

24. How will you publicise this project?

Achievements

25.

a. How will the project make a difference to your group?	
b. How will the project benefit the people your group seeks to serve?	
c. How many people will benefit as a result of the project?	

26. Your project should include at least one of the following
Please estimate the numbers of:

	Number
a. People trained or into education	
b. People helped or advised	
c. Women given assistance	
d. New community businesses set up	
e. Community audits/surveys	
f. Feasibility study	
g. New fund raising activity	
h. Extended services	
i. Increased numbers of volunteers	
j. People accessing new ICT services	

Eligibility Checklist

This form will allow us to quickly confirm that your project meets the first eligibility check we carry out on receipt of your application.

Is your organisation (please tick all that apply)

- ▶ A community group?
- ▶ A voluntary organisation?
- ▶ A registered charity
- ▶ A community cooperative or not for profit business?
- ▶ A consortium of partnership?
If yes, please list member organisations over the page
- ▶ Other?
Please specify

Are the members of your management committee or steering group volunteers and do they live in the local community? Yes No

Is your organisation's management independent or controlling influence or directions from a local authority, health authority or any other statutory agency? Yes No

Does your organisation have a constitution or agreed set of written rules that allows you to do what you are applying for? Yes No

Is membership of your organisation open to all and do you act with an understanding of the principles of equal opportunities? Yes No

Does your organisation have, or is it willing to open its own bank or building society account requiring two signatures each with a different address? Yes No

Does your organisation have independent access to its own funds, control its own budget and expenditure and present its own accounts? Yes No

Is your organisation prepared to enter into a formal agreement with SCVO regarding the delivery of the project, record keeping and monitoring of expenditure and reporting on activities funded by direct grants? Yes No

Have you signed the application form? Yes No

Have you completed every question on this application form?
(N.B. incomplete applications will be returned). Yes No



Eligibility Checklist

This form will allow us to quickly confirm that your project meets the first eligibility check we carry out on receipt of your application.

Is your organisation (please tick all that apply)

- ▶ A community group?
- ▶ A voluntary organisation?
- ▶ A registered charity
- ▶ A community cooperative or not for profit business?
- ▶ A consortium of partnership?
If yes, please list member organisations over the page
- ▶ Other?
Please specify

Are the members of your management committee or steering group volunteers and do they live in the local community? Yes No

Is your organisation's management independent or controlling influence or directions from a local authority, health authority or any other statutory agency? Yes No

Does your organisation have a constitution or agreed set of written rules that allows you to do what you are applying for? Yes No

Is membership of your organisation open to all and do you act with an understanding of the principles of equal opportunities? Yes No

Does your organisation have, or is it willing to open its own bank or building society account requiring two signatures each with a different address? Yes No

Does your organisation have independent access to its own funds, control its own budget and expenditure and present its own accounts? Yes No

Is your organisation prepared to enter into a formal agreement with SCVO regarding the delivery of the project, record keeping and monitoring of expenditure and reporting on activities funded by direct grants? Yes No

Have you signed the application form? Yes No

Have you completed every question on this application form?
(N.B. incomplete applications will be returned). Yes No