



# Glasgow Communities Fund 2020 - 2023

## APPLICATION FORM

### SECTION A – YOUR ORGANISATION

A1. Please provide the full legal name of your organisation.

A2. Please provide the registered address and contact details for your organisation.

Address

Phone

Email

A3. This application must be submitted by a Senior Officer or Board / Committee Member with authority to apply on behalf of your organisation. Please provide their name and designation below.

Name

Designation

#### HELP NOTES

Please refer to these help notes as you complete the Application Form. However you should also refer to:

- [The Fund Guidance](#)
- [Step by Step Guide to the Application Form](#)
- [Website](#)

A1. This should be the name that is shown on your Governing Document.

A2. Please include full address and postcode, phone number and email. Please include any house name or flat number.

A3. For example, Manager or Director.

A4. Please provide a brief overview of the purpose, aims and objectives of your organisation.

A4. This should include detail on your organisation's experience and ability to manage and deliver community led services.

### Governance

A5. Please select your organisation type from the drop down menu below.

If 'Other' please provide detail below (if you are in the process of changing your Governing Structure, please provide details in the box below, including the date of acknowledgement from OSCR):

A5. If you have selected 'Other' please detail in the space provided.

A6. Please provide registration numbers for the following, if applicable:

Scottish Charity Regulator number:

Company number:

A6. If you are not a registered charity or company you can still apply for this Fund.

A7. Has your Governing Document been reviewed by your Board / Management Committee in the last three years?

Yes – Please submit a signed and dated copy of your Governing Document with this application.

No – **You are not eligible to apply for this fund.**

A7. We expect organisations to review their Governing Document annually, however, we will accept documents that have been reviewed and dated within the last 3 years.

A8. Please provide the dates of your last three Board/Committee meetings (dd/mm/yyyy).

A8. Please note that you are required to submit minutes from these meetings with the application form.

A9. Is your Board / Management Committee currently quorate?

Yes

No – **You are not eligible to apply to apply for this fund.**

A10. Please provide details of who is currently on your Board / Management Committee.

Name	Designation

A11. Has your Board / Management Committee / staff received training on equality and human rights best practice?

Yes – Please provide date below (dd/mm/yyyy):

No

A12. Please describe how you ensure or take steps to improve access to your organisations services to relevant equality groups.

A9. A Quorum is the minimum number of Board/Management Committee Members you need to make a decision. This is specified in your Governing Document.

A10. Please ensure you include all current members of your Board/Management Committee.

A11. If successful in your award, you may be asked to attend training facilitated by Glasgow City Council or its partners.

A12. We want to know how you address any barriers equality groups face when trying to access your services. For example, advertising your services in different languages, or by making modifications to your building if required.

## SECTION B – YOUR PROJECT

B1. Please provide the name of the project you are seeking funding for.

B2. Please provide the main contact for this project.

Name

Designation

B3. Please provide the project address and contact details.

Address

Phone

Email

Website

Social Media Channels

B4. What is the proposed start and end date for this project?

Project Start (dd/mm/yyyy)

Project End (dd/mm/yyyy)

B1. This is the name we will refer to throughout the life of your grant award.

B2. This is the person that we will contact regarding the day to day running of this project.

B3. Please include full address and postcode, phone number, email and website. Please include any house name or flat number.

By Social media, we mean, Facebook, Twitter, Instagram etc.

B4. This is the date that you expect the project to start and end within the period of 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2023.

B5. Please provide a brief summary of the proposed project.

B5. Please provide a brief summary of the project you are seeking funding for.

B6. Please tell us where you will deliver your project. Check all that apply.

<input type="checkbox"/> All South Sector		
<input type="checkbox"/> Linn	<input type="checkbox"/> Newlands / Auldburn	<input type="checkbox"/> Greater Pollok
<input type="checkbox"/> Govan	<input type="checkbox"/> Cardonald	<input type="checkbox"/> Pollokshields
<input type="checkbox"/> Langside	<input type="checkbox"/> Southside Central	

B6. Please select each Ward that you will deliver your project.

For more information on the neighbourhoods within each Ward, please refer to this [website](#).

<input type="checkbox"/> All North East Sector		
<input type="checkbox"/> Calton	<input type="checkbox"/> Springburn / Robroyston	<input type="checkbox"/> East Centre
<input type="checkbox"/> Shettleston	<input type="checkbox"/> Baillieston	<input type="checkbox"/> North East
<input type="checkbox"/> Dennistoun		

<input type="checkbox"/> All North West Sector		
<input type="checkbox"/> Anderston / City / Yorkhill	<input type="checkbox"/> Hillhead	<input type="checkbox"/> Victoria Park
<input type="checkbox"/> Maryhill	<input type="checkbox"/> Garscadden / Scotstounhill	<input type="checkbox"/> Drumchapel / Anniesland
<input type="checkbox"/> Canal	<input type="checkbox"/> Partick East / Kelvindale	

<input type="checkbox"/> Citywide
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B7. Please indicate which of the Glasgow Communities Fund priorities your project will contribute to. You can pick one or both priorities.

Improving Communities

Resilient Communities

### **Project Development**

B8. Please provide evidence of the need and support for this project within your community.

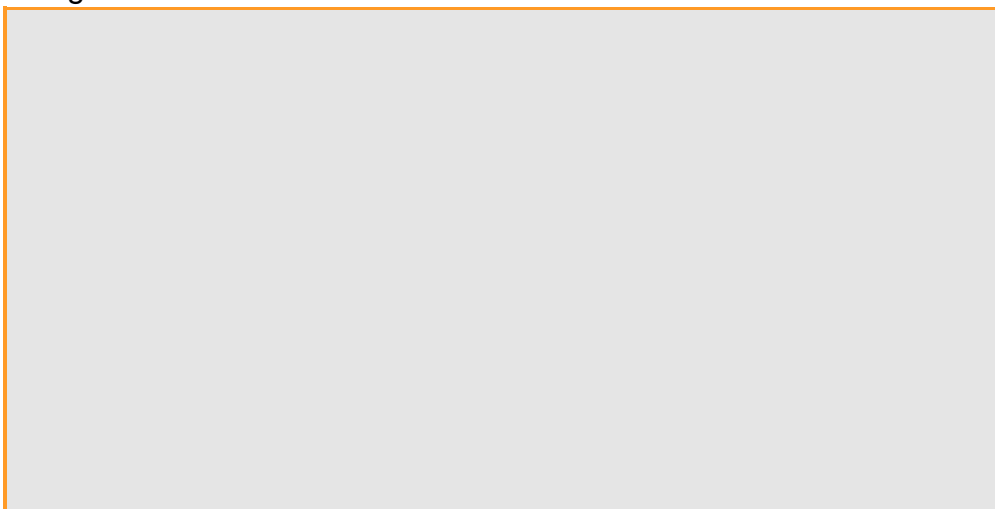
B7. Please refer to the [Fund Guidance](#) for more information on each priority. When you complete questions B8 to B14, you should refer to the Fund outcomes and priority areas and ensure that your project aligns to them.

B8. Tell us how you know that this project is needed.

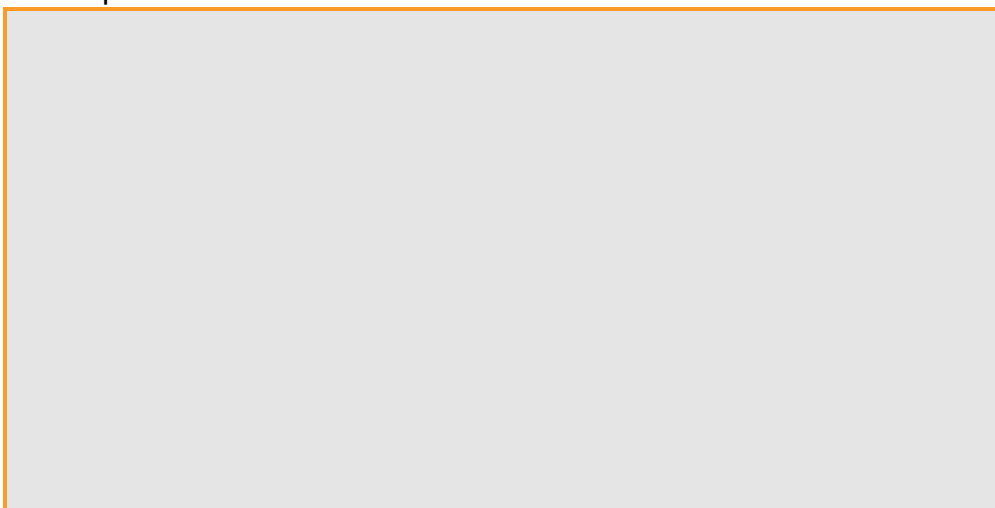
- Have you identified a gap?
- How have target groups been identified?
- Do local people / beneficiaries support this idea?

B9. Please describe how you are involving local people in the design, development and delivery of this project.

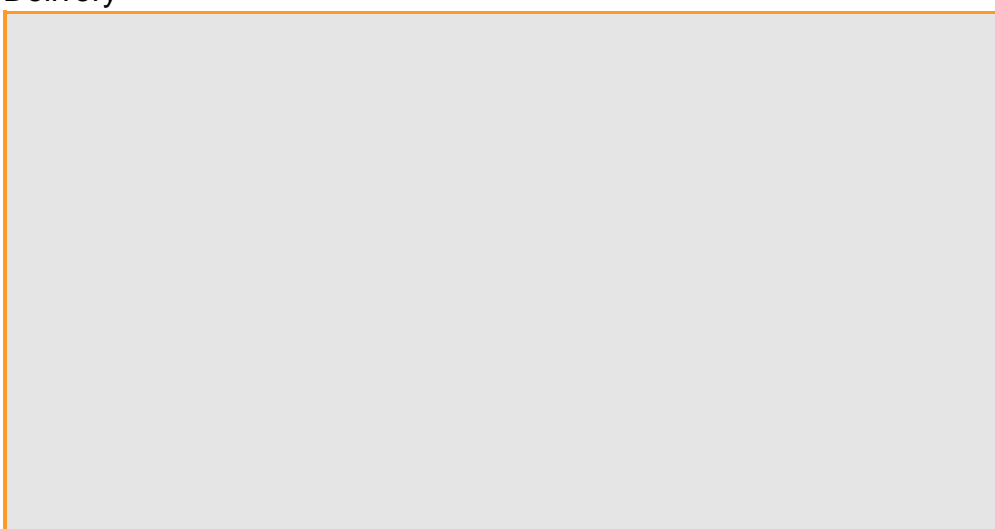
Design



Development



Delivery

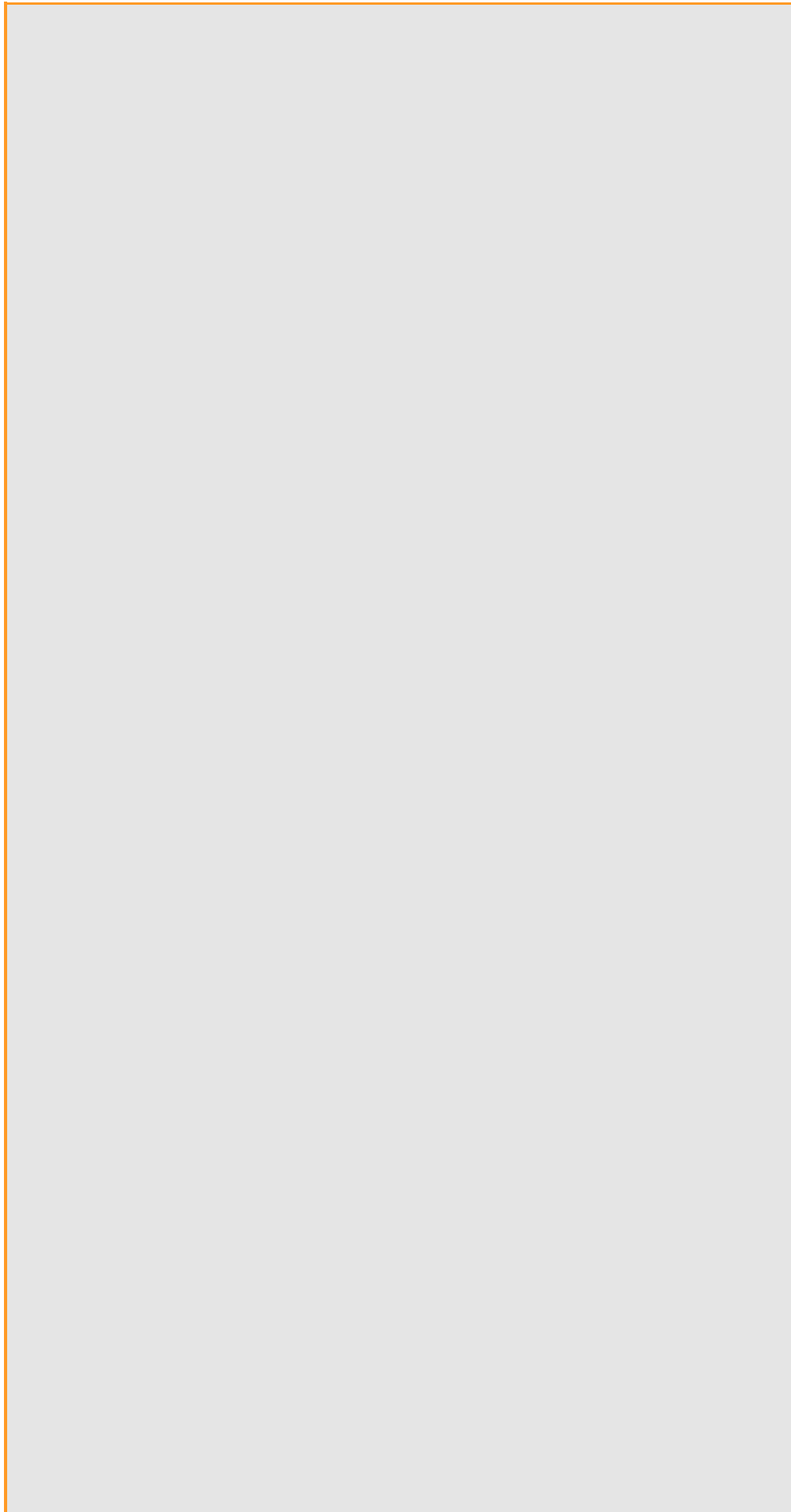


B9. Please outline how you have ensured participation of those representing local interests.

For example, participatory budgeting, engagement events, community-led action research, volunteering opportunities as part of your service delivery.

## Project Delivery

B10. Please describe the activities and services you will provide.



B10. We want to know the purpose of the project.

- Who is it aimed at?
- What will you do?
- How will you do it?
- Where will you do it?

Please provide information for each year of funding you are applying for.



B11. Please describe how your proposal is aligned with or complementary to other similar or linked activity within the community.

B12. Please tell us if your project is targeted towards any of the following groups. Please check all that apply:

<input type="checkbox"/>	Early Years 0-5 years	<input type="checkbox"/>	Children 6-11 years
<input type="checkbox"/>	Young People 12-24 years	<input type="checkbox"/>	Ethnicity
<input type="checkbox"/>	Working Age 16-64 years	<input type="checkbox"/>	LBGTI+
<input type="checkbox"/>	Older People 65 + years	<input type="checkbox"/>	Families
<input type="checkbox"/>	Gender	<input type="checkbox"/>	Carers
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Lone Parents
Other (Enter Details)			

B11. We want to know how your project will enable a more joined up approach with partners. Have you considered the work and services delivered by other organisations in the area?

B12. Please refer to the definitions below.

Gender: Male, Female, Non-binary

Disability: someone who has a mental or physical impairment that has a substantial long term adverse effect on their ability to carry out normal day to day activity.

Ethnicity: White, Black, African, Caribbean, Indian, Chinese, Bangladeshi, Pakistani, Mixed Background (people whose parents are of a different ethnic background to each other) and other.

LBGTI+: Lesbian, Bisexual, Gay, Transgender, Intersex and other.

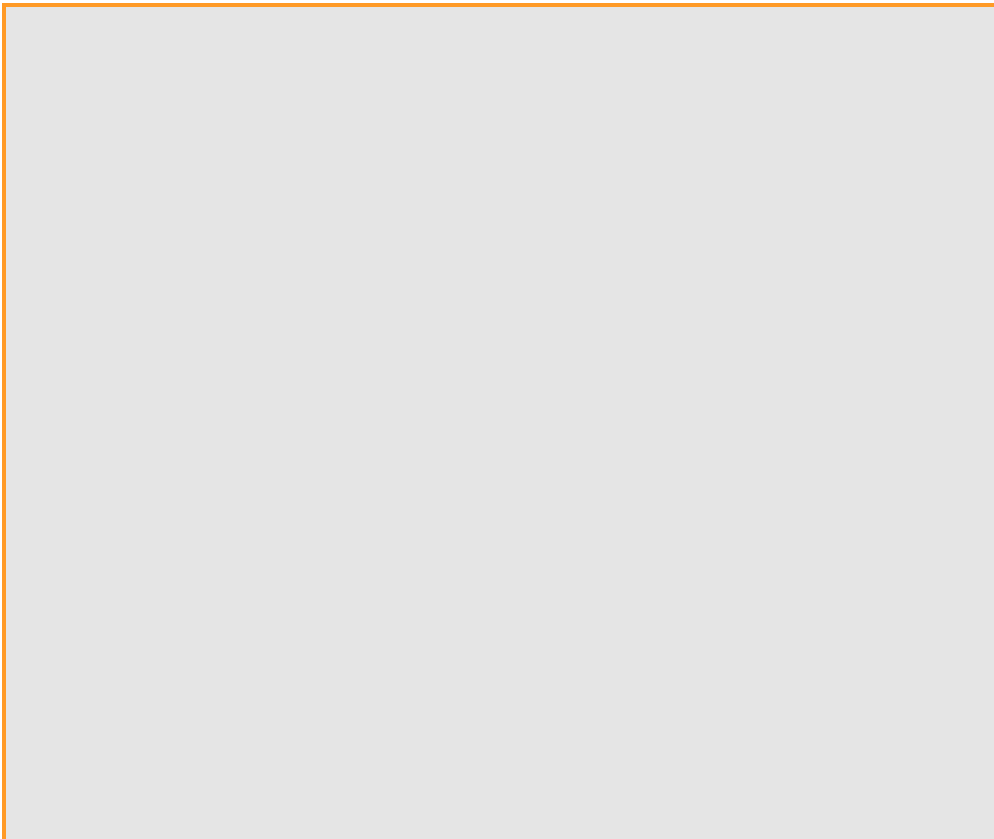
## Project Impact

B13. Please describe the outcomes you anticipate will happen as a result of this project.



B13. This is specific changes that will happen as a result of your project. For example young people have improved aspirations, confidence and social skills.

B14. Please outline the overall impact you expect your project to make and how you will measure this.



B14. Please detail the difference your project will make to beneficiaries as well as the wider community.

B15. Please tell us the total number of service users and volunteers (excluding Board / Management Committee members) you anticipate will benefit from your project. Please complete for each year that is applicable.

	<b>2020-2021</b>	<b>2021-2022</b>	<b>2022-2023</b>
Service Users			
Volunteers			

B16. Please detail your plans for the project beyond the end of your requested funding period. Please include details of your proposed exit strategy.

B15. Please provide details for all that apply.

B16. Please include plans for the project beyond the end of your requested funding period.

## Project Finance

B17. Please tell us how much funding you are applying for from us, any other funding you require and the total project costs for each year. Please do not apply for less than £20,000 or more than £200,000 in each year.

	2020-2021	2021-2022	2022-2023	Total
<b>Requested from GCF</b>				
<b>Other Funding</b>				
<b>Total Costs</b>				

B18. Please tell us the organisations total income and expenditure in your last financial year.

Financial Year	Income	Expenditure	Surplus / Deficit

B19. Please give us the date of your financial year end (dd/mm).

## Bank Information

B20. Please provide details below of the account you want us to pay the grant into if your application is successful.

Bank Account Name

Bank Address

Sort Code

Account Number

Please scan and send us a copy of your most recent bank statement (within 3 months) with your application.

B17. This is the total costs of the project per year. Please enter a 0 in any years that you are not applying for. These figures should match the total costs within the [budget template](#) provided.

B18. Please submit your latest accounts with your application. These should be less than 15 months old, dated and signed. New organisations should submit estimates of income and expenditure for the first 12 months.

B20. This must be a UK Bank in the legal name of your organisation. There should be at least two signatories which are not related on the account.

Bank statements will not be returned to you.

## Statement of Practice

You should note that if your project involves working with children, young people or vulnerable adults then we expect you to be able to meet the following requirements:

- Have safeguarding policies appropriate to your Organisation's work and what you are asking us to fund, which you review every year.
- Complete a rigorous recruitment and selection process for staff and volunteers who work with children, young people or vulnerable adults including checking criminal records at least every three years and taking up references.
- Follow statutory or best practice guidance on appropriate ratios of staff or volunteers to children, young people or vulnerable adults.
- Provide child protection and health and safety training or guidance for staff and volunteers.
- Carry out a risk assessment and secure extra insurance, if appropriate.
- Ensure that you comply with the Care Inspectorate legislation around day care of children / young people.
- Ensure that you comply with the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. Find out more about [who is protected](#) from discrimination, [the types of discrimination](#) under the law and [what action you can take](#).

## Declaration

Please check the boxes to confirm the following:

- The organisation will meet the relevant policy and practice requirements as set out in the Statement of Practice.
- I declare that the information provided in the form is accurate and complete, and that I have authority to submit the form on behalf of the organisation.

**By signing this declaration you are confirming that you are an authorised signatory for the organisation applying to the Glasgow Communities Fund.**

Full Name

Role in Organisation

Signature

Date (dd/mm/yyyy)

## Statement of Practice

There is no need to submit copies of policies at this time, however we may ask to see the policies as part of our monitoring framework.

## Declaration

The signatory **must** be a Board or Management Committee Member.

We will accept typed electronic signatures.