**RevdR**



**GRANT APPLICATION**

**Expression of Interest in Short Term funding –**

**Community Mental Health and Wellbeing Supports and Services**

Office use only: Forms must be kept for the financial year the claim is made and 6 further years

**Name of Organisation:** ……..........................………………………

**Meeting Place or Office Address:** ………………………………….

…………………………………………………………………………….

…………………………………………………………….……………....

**Postcode:** …………..….……….……………………………...

**OfficeTel No:** ................………...………………………………..

**Fax No:** ………………………………………………………

**E-Mail Address:** ………………………………………………………

**Charity Number (if appropriate):** …………………………………

**Date Organisation Established:**  …………………………………

**Link Officer Name (if appropriate)**  .............……...........................

|  |  |
| --- | --- |
| **For Official Use Only** | |
| **Date Received:** |  |
| **File Reference:** |  |
| **Serial Number:** |  |
| **Constitution Checked:** |  |
| **Accounts Checked:** |  |
| **Equal Opps Statement:** |  |
| **Date Acknowledged:** |  |
| **Further Info Requested:** |  |
| **Date of Decision:** |  |
| **Amount Awarded:** |  |
| **One World Doc No:** |  |
| **Paid In Instalments:** |  |
| **Signature of Officer:** |  |
| **Signature of Manager:** |  |

|  |  |  |
| --- | --- | --- |
| Name of Organisation's Contact *(Board/Committee Member)*  **Name:**  **Address:**  **Tel No:**  **E-mail:** |  | **Organisation's Day to Day Contact *(Worker)***  **Name:**  **Address:**  **Tel No:**  **E-mail:** |

**TERMS & CONDITIONS OF GRANT**

1. The organisation must submit any changes to their written Constitution/Memorandum of Arts/SCIOs and equal opportunities policy. Any changes to the Management Committee must also be notified to the Health & Social Care Link Officer / Monitoring Officer.
2. The organisation must have a bank account in the name of that organisation. There must be at least two authorised signatories to this account who are members of the committee or the organisation. The signatories should not be related and all cheques must be signed by at least two of them. If the committee decides to operate all or part of its financial matters via online banking, it shall make provision to ensure that two of the designated signatories shall approve all online payments. This should be done preferably in conjunction with the bank or, if this is not possible, through a procedure agreed by the committee.
3. Provision must be made for up-to-date accounts to be kept and for those accounts to be certified annually by an independent examiner/auditor. Accounts must clearly show Health & Social Care's contribution to the organisation. The Annual Report and Accounts must be submitted annually to The Health & Social Care Monitoring Officer as soon as they have been approved by your AGM. Health & Social Care reserve the right to reduce or withhold grant aid where an organisation's unrestricted reserves are deemed excessive.
4. The grant must only be used for the purpose for which it was approved. No aspect of the activity being funded should be party political in intention, use or presentation. At the end of a project, or in any case where the organisation ceases to exist, or where there is a breach of any of the grant conditions, any unspent grant will be repaid. In respect of equipment purchased with grant assistance, satisfactory storage facilities should be provided.
5. All organisations who receive grant aid from Health & Social Care will be subject to Health & Social Care’s Monitoring and Evaluation Procedures. Failure to comply with these procedures will result in support being withdrawn. The organisation must be open to inspection by official representatives on request.
6. The organisation must be prepared to give Health & Social Care’s External Auditors, Internal Auditors and Officers access to all books, accounts, records and vouchers, including bank statements, returned cheques and cheque stubs on request. Where necessary, Health & Social Care will have the right to approach the organisation’s bank and auditors/independent examiners to obtain information about the detailed transaction of this account.
7. The whole amount of grant or, at the discretion of the appropriate Committee part of that amount, shall be repaid to Health & Social Care if any information given in connection with the grant is found to be false or misleading, or fails to disclose a material fact bearing upon the consideration of the application.
8. All organisations should ensure that in carrying out the activity for which the grant has been given that they shall not commit any act of discrimination rendered unlawful by the Equality Act 2010. In particular, they should ensure that they are open to all who could benefit or wish to take part and at a minimum are meeting the general duties under the Act. The organisation should have an equal opportunities policy in line with current legislation.
9. All organisations working with children, young people or vulnerable adults should ensure that in carrying out their activities, they meet the requirements of the Health and Safety at Work Act 1974 and the Protection of Vulnerable Groups (Scotland) Act 2007. In particular, for all activities involving children, young people and adults at risk, a protection policy and procedures should be in place, with staff and volunteers being members of the PVG Scheme.
10. Ensure the organisations meets the General Data Protection Regulations (GDPR)
11. By submitting your application, you agree to allow Fife Council to retain your personal data on its database in order to process your application. We will use the information you give us to help assess your application and administer any grant we award you. We will also use this information to send you information on relevant funding seminars/funding bulletins. We may share your details with Fife voluntary Action (FVA) the 3rd Sector interface who represent third sector bodies. I have read, and agreed to comply with, the above conditions, and confirm the information given is correct
12. As part of the application process for grant funding, applicants are be asked to provide a statement verifying their Fair Work First commitment and confirming it has been developed in agreement with the workforce. This should be from the relevant trade union where one is present, or workers representative(s) where there is no union present. A short statement agreed by an appropriate workforce representative, confirming the organisation’s progress in adopting Fair Work First commitments, should be submitted to the grant maker, in advance of the conclusion of the grant. This should be from the relevant trade union where one is present, or workers representative(s) where there is no union present. Grant recipients will also be expected to provide information about the changes they have made and related impacts for their workforce and organisation. The employer should fully involve and engage the relevant trade union(s) or employee representative(s) to review actions and outcomes and identify further improvements for advancing the fair work first commitments. For more information: [Fair Work First Guidance: Supporting the implementation of Fair Work First in workplaces across Scotland (www.gov.scot)](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2021/01/fair-work-first-guidance-support-implementation/documents/fair-work-first-guidance-supporting-implementation-fair-work-first-workplaces-scotland/fair-work-first-guidance-supporting-implementation-fair-work-first-workplaces-scotland/govscot%3Adocument/fair-work-first-guidance-supporting-implementation-fair-work-first-workplaces-scotland.pdf)

**I have read, and agreed to comply with, the above conditions, and confirm the information given is correct.**

**Signed:** ...................................................…...............  **Date:** ..................…………………………....

**Position in organisation:** ...............……………...………………….............………….......................

(CHAIRPERSON / BOARD or COMMITTEE MEMBER)

|  |  |  |  |
| --- | --- | --- | --- |
| **Management Committee - please attach a separate sheet if more room is required** | | | |
| Office | Name | If a Member or Officer of Fife Council  Please State Service and Job Title | Tick if a Cheque Signatory |
| Chairperson |  |  |  |
| Secretary |  |  |  |
| Treasurer |  |  |  |
| Committee Member |  |  |  |
| Committee Member |  |  |  |
| Committee Member |  |  |  |
| Committee Member |  |  |  |

|  |
| --- |
| **Constitution / Memorandum of Arts / SCIO:**  Has there been any changes to your Organisation's Constitution / Mem of Arts / SCIO since it was submitted. YES / NO    ***If yes, please attach an updated version*** |

## Aims & Objectives of Organisation

**Name & Address of Bank:** ……..........................……………………………………………………..……………………..

………………………………………………………...…………....…..……………........................…….................………….

**Bank Account Name:** ............................………………………………………………………………….…………………..

**Account No:** …………………………………………………….. **Sort Code:** …………………………………………..….

**Names of all Authorised Signatories:**

(1)…………………………………………….……………… (2).…..…………….............…………………………….…

(3)……………………………………………..……………… (4)....…..……………...............……………………….......

**Name, Address & Qualifications (if appropriate) of Independent Examiner:** ............………..…..………………….

………………………………………………………………………………………………………………………………….…...

……………………………………………………………………………………………………………………………………….

**Most recent accounts enclosed for year ending:** ......…/....…/……

**Targeted Themes:**

Please indicate which theme/s your application relates to:

|  |  |
| --- | --- |
| Meeting the needs of the population of YP who are disconnected (e.g. as a result of Covid, because they are not engaged in Education and/or due to lack of connection with universal services) |  |
| Supports for young people on the Neuro Developmental Pathway |  |
| Supports around Body Image |  |
| Provide opportunities for adolescent young people and their families to reflect upon their gender identity |  |
| Supports around self-harming |  |
| Supports for Crisis Intervention |  |
| Projects which provide insight into Fife young people’s views and needs in relation to supporting their mental wellbeing, perhaps through sharing their lived experiences |  |

**Outlining your proposal**

Please take time to provide concise responses to the following:

|  |
| --- |
| What financial investment are you seeking for this project? *Please indicate whether this is your sole source of funding or whether/how this is associated with other funding (either during the project or following-on from the temporary period of this funding)* |
|  |
| Who will benefit? (Describe your client group and the projected number of beneficiaries) |
|  |
| Outline the service to be provided, giving a sense of the outcomes for young people |
|  |
| When and where will your project/service be available? (*i.e. daily, weekly, times, location, etc.)* |
|  |
| What steps will you need to take introduce this service? *Please indicate if you have capacity to deliver this currently or if you will need to recruit, invest in resources etc* |
|  |
| What date would you plan to start this project? |
|  |
| What impact will this have by the end of the short-term funding period and how will this be measured?  *If relevant please give a sense of whether/how impacts can be sustained in the long-term.* |
|  |

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| --- |
| Please indicate any questions you would have for the panel in the event that your proposal is short-leeted, |
|  |

|  |
| --- |
| How will you monitor and evaluate your activities |
|  |
| Describe how your organisation complements and/or adds to current Fife Council provision |
|  |
| Describe how the project being funded links with Fife Council's PrioritiesPlan4Fife 2017-2027 Links to area plans/service plan and elements of the service plan and other local plans poverty and key drivers. |
|  |
| Detail which other agencies/organisations will be involved in this service, or which are linked to your organisation |
|  |
| Number of members and volunteers and their roles in the organisation (if appropriate) |
|  |

**Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Cost – Salaries** |  | **YEAR 1** |  |  |
| Salaries & Wages |  | £ |  |  |
| Employer's National Insurance Contributions |  | £ |  |  |
| Employer's Superannuation Contributions |  | £ |  |  |
| **Sub Total** |  | **£** |  |  |
| **Staff Cost - Other** |  |  |  |  |
| Travelling Expenses |  | £ |  |  |
| Conference & Training |  | £ |  |  |
| Staff Recruitment |  | £ |  |  |
| **Sub Total** |  | **£** |  |  |
| **Property Costs** |  |  |  |  |
| Rates |  | £ |  |  |
| Rent |  | £ |  |  |
| Insurance |  | £ |  |  |
| Repairs & Maintenance |  | £ |  |  |
| Heat & Light |  | £ |  |  |
| Cleaning Materials |  | £ |  |  |
| **Sub Total** |  | **£** |  |  |
| **Supplies & Services** |  |  |  |  |
| Provisions |  | £ |  |  |
| Office Equipment |  | £ |  |  |
| Equipment Leasing |  | £ |  |  |
| Publicity |  | £ |  |  |
| Publications |  | £ |  |  |
| Other (Please Specify) |  | £ |  |  |
| **Sub Total** |  | **£** |  |  |
| **Vehicle Costs** |  |  |  |  |
| Fuel |  | £ |  |  |
| Licence & Insurance |  | £ |  |  |
| Repairs & Maintenance |  | £ |  |  |
| Other (Please Specify) |  | £ |  |  |
| **Sub Total** |  | **£** |  |  |
| **Administration** |  |  |  |  |
| Printing & Stationery |  | £ |  |  |
| Postages |  | £ |  |  |
| Telephone |  | £ |  |  |
| Audit Fee |  | £ |  |  |
| Secretarial/Accountancy Fees |  | £ |  |  |
| Subscriptions |  | £ |  |  |
| Volunteer Expenses |  | £ |  |  |
| Other (Please Specify) |  | £ |  |  |
| **Sub Total** |  | **£** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Expenditure** |  | **£** |  |  |

**Less Income / Other Funding (please specify sources)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **£** |  |  |
|  |  | **£** |  |  |
|  |  | **£** |  |  |
|  |  | **£** |  |  |
|  |  | **£** |  |  |
|  |  | **£** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grant Applied For (Annually)** |  | **£** |  |  |

|  |
| --- |
| **TOTAL GRANT APPLIED FOR OVER PERIOD £** |

Please return to [gail.mcleod@fife.gov.uk](mailto:gail.mcleod@fife.gov.uk) by **8 am on Monday 26th September 2022.**