**Community, Capacity and Resilience Fund 2021**

**Online Application Template**

**About your organisation**

Scottish Charity or Company Number

|  |
| --- |
|  |

Organisation type



Organisation name

|  |
| --- |
|  |

**Organisation address**

Building name/number and street

|  |
| --- |
|  |

Town

|  |
| --- |
|  |

Postcode

|  |
| --- |
|  |

In which Local Authority areas do you work?

Across one local authority area



Across several local authority areas



Nationally (Scotland)

**Lead contact details**

First name

|  |
| --- |
|  |

Last name

|  |
| --- |
|  |

Email address

|  |
| --- |
|  |

Phone number

|  |
| --- |
|  |

Organisation website URL

|  |
| --- |
|  |

If you have a website, please copy & paste the full address (beginning with http:// or https://)

**Organisation overview**

Please give us a brief overview of the work of your organisation. (Max 150 words)

|  |
| --- |
|  |

Last year's annual income

|  |
| --- |
| £ |

Must not be greater than £200k.

**Project details**

Project name

|  |
| --- |
|  |

Project start date

|  |
| --- |
| dd/mm/yyyy |

Project end date

|  |
| --- |
| dd/mm/yyyy |

Target groups: Who will you support?

Age (older people)

Age (younger people)

Disability

Gender Reassignment

Marriage and Civil Partnership

Pregnancy and maternity

Race

Religion or belief

Sex

Sexual orientation

Socio-economic disadvantage

Other

Total amount requested

|  |
| --- |
| £ |

Maximum fund value is £8,000 - please check your figures carefully.

Project detail: what will you use the funding to do?

|  |
| --- |
|  |

Project impact: what do you hope to achieve in delivering this project?

|  |
| --- |
|  |

Project management: How will the project be managed and who will be responsible for reporting on progress?

|  |
| --- |
|  |

Measuring progress: How will you monitor and evaluate your activity?

|  |
| --- |
|  |

**Main items of expenditure**

Please outline up to three project costs to allow us to get an idea of the budget proposals. Please start with the most expensive first.

| **Item description** | **Item cost** |
| --- | --- |

|  |  |
| --- | --- |
|  | £ |
|  | £ |
|  | £ |

**File attachments**

Last Audited or Independently Examined Accounts

Constitution or Governing Document

**Reference**

This section should only be completed if you DO NOT have a charity or regulation number, please include a reference from an organisation who is regulated. **Please ensure the organisation is happy to be contacted by SCVO.**

First name

|  |
| --- |
|  |

Last name

|  |
| --- |
|  |

Position

|  |
| --- |
|  |

Organisation

|  |
| --- |
|  |

Email address

|  |
| --- |
|  |

**Declaration**

Please note, the named declaration contact should be a person with authority to sign off on the contract should an award be approved.

**Declaration:** I confirm that the information provided in this application form is correct. I understand that the provision of any false or misleading information may lead to the loss or recovery of any funds allocated on the basis of said false or misleading information.

First name

|  |
| --- |
|  |

Last name

|  |
| --- |
|  |

Email address

|  |
| --- |
|  |

**Please ensure all financial details are correct as any errors here could impact on the assessment of your application.**

When you have completed all sections of the application form you can, if you wish, go back and review the content and make any changes. Once you are happy with the content click ‘submit’ - please note, you will no longer be able to edit your application once you have clicked ‘submit’.