 Gordonbush Community Fund

Application Form (£10,000 - £20,000)

Please read the guidelines before completing this form. All sections must be completed, and applications must be returned electronically to Fiona Morrison, Community Fund Advisor at [david.shearer@sse.com](mailto:david.shearer@sse.com). If extra space is required, a separate A4 document may be attached.

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| **Section 1:** About your organisation | | | | | | | | | | | | |
| Name of organisation | |  | | | | | | | | | | |
| Contact name | |  | | | | | | | | | | |
| Position in organisation | |  | | | | | | | | | | |
| Website | |  | | | | | | | | | | |
| Email address | |  | | | | | | | | | | |
| Telephone | | Daytime  Alternative | | | | | | | | | | |
| Correspondence address (including postcode) | |  | | | | | | | | | | |
| Organisation address (including postcode) | |  | | | | | | | | | | |
| What are the main activities of your organisation/what service do you provide? | |  | | | | | | | | | | |
| Please provide some background information on your organisation. How and why was it set up? | |  | | | | | | | | | | |
| Where does your organisation work? | |  | | | | | | | | | | |
| Which organisations (if any) provide a similar service locally? | |  | | | | | | | | | | |
| Please describe who benefits from your organisation or group? | |  | | | | | | | | | | |
| If applicable, what’s your charity number? | |  | | | | | | | | | | |
| Does your organisation require membership? | |  | | | | | | | | | | |
| How many members does your management committee have? | How many regular volunteers do you have in addition to your management committee? | | | How many full-time staff do you employ? | | | How many part-time staff do you employ? | | | How many members does your organisation have? | | |
|  |  | | |  | | |  | | |  | | |
| **Section 2:** Financial information | | | | | | | | | | | | | |
| What’s your organisation’s main source of income? | | |  | | | | | | | | | | |
| Total income  last accounting year?  (New groups: projected income in first year) | | | Total Surplus/Deficit last accounting year? | | | | | Current  unrestricted reserves | | | | | |
| £ | | | £ | | | | | £ | | | | | |
| Why can’t your reserves be used for this project? | | |  | | | | | | | | | | |
| **Section 3:** Grant application | | | | | | | | | | | | | |
| Please describe the project you are looking for SSE to fund e.g.  What do you want to do?  How will you do this? (Activities you will deliver, equipment needed, how it will be used)  Where will the project take place?  Who will lead the project? | | |  | | | | | | | | | | |
| How have you identified a need for this project within your community? | | |  | | | | | | | | | | |
| What evidence do you have that local people support your project? (e.g., letters of support, surveys, local fundraising etc.) | | |  | | | | | | | | | | |
| Please describe how the community:  a) have been involved in the development of the project  b) will be involved in the implementation of the project | | |  | | | | | | | | | | |
| Is this a new project? | | |  | | | | | | | | | | |
| If your project is already running, please describe how it has been funded to date. | | |  | | | | | | | | | | |
| Can you give examples of other successful community projects you have carried out? | | |  | | | | | | | | | | |
| How will you maintain/ sustain your project after the period of funding is finished? | | |  | | | | | | | | | | |
| Does your project require any permits or planning permission? If so, are these in place? Please give details. | | |  | | | | | | | | | | |
| Is your application to fund a position or salary? If so, can you confirm that the level of salary is at or greater than the Living Wage. \*  \*Please see the Fund Guidelines. | | |  | | | | | | | | | | |
| How much are you  applying to SSE for? | | | | | | How much does your project cost? | | | | | | | |
| **£** | | | | | | **£** | | | | | | | |
| Please provide, or attach separately, a full cost breakdown of the whole project and indicate which elements you are requesting from this fund. Please enclose quotes or evidence where possible. | | | | | |  | | | | | | | |
| **What other sources of funding have you applied for?** | | | | | | | | | | | | | |
| Name of funder | | | | | Amount requested | | | Confirmed funding? | | | Date confirmed | | |
|  | | | | | **£** | | |  | | |  | | |
|  | | | | | **£** | | |  | | |  | | |
|  | | | | | **£** | | |  | | |  | | |
|  | | | | | **£** | | |  | | |  | | |
| Will you be contributing any of your own funds to the projects or undertaking local fundraising to help meet the costs? If so, please state how much and how these funds have been raised. | | |  | | | | | | | | | | |
| Who will manage project and carry out the work required? | | |  | | | | | | | | | | |
| How many people will benefit? Please tell us how you have worked this out. | | |  | | | | | | | | | | |
| When does your project start/finish? | | |  | | | | | | | | | | |
| What will happen if we can’t award you this grant? | | |  | | | | | | | | | | |
| **If your grant is successful, please specify who the award should be made payable to. This must not be an individual’s bank account and must be an account where two signatories are required.** | | | | | | | | | | | | | |
| Account name | | |  | | | | | | | | | | |
| Independent referee – please confirm that if requested you could provide the details of an independent referee.  *The referee should be a person who is known to your organisation but is not directly involved in it. They should be a professional person.* | | | | |  |  | | --- | --- | | **Yes** | **No** | |  |  | | | | | | | | | | |
| **Section 4:** Checklist | | | | | | | | | | | | | |
|  | | | | | | | | | **Yes** | | | **No** | |
| We have appropriate procedures in place to carry out our project safely | | | | | | | | |  | | |  | |
| We confirm there are at least three unrelated people serving on the management committee | | | | | | | | |  | | |  | |
| I can confirm this project doesn’t require retrospective funding | | | | | | | | |  | | |  | |
| **I have included the following documents with my application:** | | | | | | | | | | | | | |
| A signed copy of the organisation’s constitution | | | | | | | | |  | | |  | |
| If you hold an AGM: The minutes of the last meeting | | | | | | | | |  | | |  | |
| The organisation’s latest annual accounts (independently verified) | | | | | | | | |  | | |  | |
| A copy of your most recent Bank Statement | | | | | | | | |  | | |  | |
| Project budget plan | | | | | | | | |  | | |  | |
| A copy of the organisation’s Child Protection/Vulnerable Adult Policy (if applicable) | | | | | | | | |  | | |  | |
|  | | | | | | | | | | | | | |
| **Declaration**  By submitting this application form to SSE, you certify that the information contained in this application is correct, and that you, the contact person listed in Section 1, are authorised to make the application on behalf of the above group. You understand that decisions made by SSE are final.  **Data Protection**  We will use the information you give us to help assess your application and administer any grant we award you. We may also use it to analyse our grant-making and for our own research. Please read our [**Data Protection Privacy Notice**](https://www.sserenewables.com/privacy-notice/) before applying for funding.  Completed forms and accompanying information should be returned  electronically to [david.shearer@sse.com](mailto:david.shearer@sse.com) | | | | | | | | | | | | | |
| Date submitted | | | | | | | | |  | | | | |