Clyde Borders Community Fund

Application Form (£250 - £25,000)

Please read the guidelines before completing this form. All sections must be completed and applications must be returned electronically to Gareth Shields, Community Fund Manager at gareth.shields@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/Deficitlast 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 projectb) 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. |  |
| 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? |  |
| **Details of independent referee** |
| Name |  |
| Telephone number |  |
| Organisation |  |
| Position |  |
| Relationship to your organisation |  |
| **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 |  |
| We run an employee volunteering scheme, whereby SSE teams are provided with time to help community organisations. If we had a team available to help your organisation, would volunteering support be of interest to you? | Yes**[ ]**  | No**[ ]**  |
| **Section 4:** Checklist |
|  | **Yes** | **No** |
| We have appropriate procedures in place to carry out our project safely | [ ]  | [ ]  |
| We have provided contact details of an independent referee | [ ]  | [ ]  |
| 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 | [ ]  | [ ]  |
| The organisation’s latest annual accounts (independently verified) | [ ]  | [ ]  |
| Project budget plan | [ ]  | [ ]  |
| A copy of the organisation’s Child Protection/Vulnerable Adult Policy (if applicable) | [ ]  | [ ]  |
| I have attached additional information with this application (please detail below) | [ ]  | [ ]  |
|       |
| **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. We may give copies of this information to individuals and organisations we consult when assessing applications, when monitoring grants and evaluating our programmes. Such organisations and individuals may include the community advisory panel, local authority or an organisation employed by SSE to evaluate grant applications. More information can be found at www.sse.com/community/funds. We may also share information with other organisations providing matched funding.Completed forms and accompanying information should be returned electronically to gareth.shields@sse.com |
| Date submitted |       |