**Heriot Community Fund**

**Application Form (for grants of £250 or more)**

Please read the Fund Factsheet before completing this application form. The text boxes will expand as you type. All sections must be completed and applications must be returned electronically to **both** Gareth Shields, Community Investment Manager at [gareth.shields@sse.com](mailto:gareth.shields@sse.com) and Malcolm Jack, Community Funds Manager at [communitybenefit@foundationscotland.org.uk](mailto:communitybenefit@foundationscotland.org.uk)

Please contact either of the community fund managers if you have any questions.

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| **How much are you applying for from this Fund?** | **What is the total cost of your project?** |
| **£** | **£** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: About your organisation** | | | | | | | | | | | | | |
| **Name of organisation**  *Please state the name of your organisation as it appears on your constitution (or governing document or set of rules). We can only consider applications from constituted organisations.* | | | |  | | | | | | | | | |
| **Contact name**  *State the name of the person within your organisation who is available to provide further information about your grant request and your organisation.* | | | |  | | | | | | | | | |
| **Position in organisation**  *What position does the main contact hold in the organisation, either as a volunteer on the board / management committee or a member of staff?* | | | |  | | | | | | | | | |
| **Email address** | | | |  | | | | | | | | | |
| **Telephone number** | | | | Daytime  Alternative | | | | | | | | | |
| **Your organisation’s website and/ or facebook page** | | | |  | | | | | | | | | |
| **Organisation address including postcode**  *Let us know the fixed or registered address of your organisation.* | | | |  | | | | | | | | | |
| **Correspondence address including postcode.** *If you prefer correspondence to be sent to a more convenient address, please let us know, e.g. this might be the home address of the main contact.* | | | |  | | | | | | | | | |
| **What are the main activities of your organisation/ what service(s) does it provide?** | | | |  | | | | | | | | | |
| **When was your organisation set up?**  *State the month and year in which your organisation was formally constituted.* | | | | **Month:       Year:** | | | | | | | | | |
| **Please describe who benefits from your organisation’s work and how?** | | | |  | | | | | | | | | |
| **On average how many people benefit directly from your organisations work?** | | | |  | | | | | | | | | |
| **What is your organisation’s legal structure?**  **Check the boxes as appropriate and provide any registration numbers:**  *Please ensure the governing document you send us is the most up-to-date version, as adopted by the organisation. If you are unsure whether your organisation is eligible to apply, contact us for advice via the e-mail addresses at the top of this form.* | | | | **Registered Charity. If yes, please provide your Charity Number.** | | | | | |  | | | |
|  | | | |  | | | | | | **SC0** | | | |
|  | | | | **SCIO. If yes, please provide your Company Number.** | | | | | |  | | | |
|  | | | |  | | | | | | **SC0** | | | |
|  | | | | **Limited company. If yes, please provide your Company Number.** | | | | | |  | | | |
|  | | | |  | | | | | | **SC** | | | |
|  | | | | **Community Interest Company, if yes, please provide your Company Number** | | | | | |  | | | |
|  | | | |  | | | | | | **SC** | | | |
|  | | | | **Unincorporated (Voluntary) Club or Association** | | | | | |  | | | |
|  | | | | **Other – please specify** | | | | | |  | | | |
| **How many of the following are involved in the organisation (numbers)?**  **Staff:** Part-time staff work 16 hours or less each week, full-time are those who work more than 16 hours each week.  **Board or Management committee:** your organisation must have at least 3 un-related management committee members to be eligible.  **Volunteers:** this number should not include voluntary board/ management committee members.  **Members:** where your governing document provides for membership. | **Full-time staff** | | | | | | | | | |  | | |
|  | **Part-time staff** | | | | | | | | | |  | | |
|  | **Board/Management Committee** | | | | | | | | | |  | | |
|  | **Volunteers** | | | | | | | | | |  | | |
|  | **Members** | | | | | | | | | |  | | |
| **Section 2: Financial information** | | | | | | | | | | | | | |
| Please include a copy of your most recent approved annual accounts that have been **independently inspected and signed by a suitably qualified person**. Further guidance on this is available at: <https://www.foundationscotland.org.uk/grants-and-funding-for-organisations/advice/> | | | | | | | | | | | | | |
| **What is your organisation’s main source of income?**  *State the type of income, such as grants, donations, local fundraising events, sponsorship, membership fees, or charges to those who use your service(s). If you have just one or two main sources of grant income, please name these.* | | | | | | |  | | | | | | |
| **What was your total income last accounting year?**  *Include income from all sources (grants, fundraising, fees, etc.). The figure should match that stated in the accounts you provide.* | | | | | | | £ | | | | | | |
| **What are your current unrestricted reserves?**  *Unrestricted reserves are any funds held by your organisation for purposes it can decide on itself. Restricted reserves are provided by a donor or funder for a specific purpose they have stipulated.* | | | | | | | £ | | | | | | |
| **Why can’t your reserves be used for this project?**  *Tell us if your organisation has ring-fenced any of its unrestricted reserves and why.* | | | | | | |  | | | | | | |
| **Please state the name and position of the independent person who has examined your accounts.**  *This should be someone with no connection to the organisation but who is familiar with financial record keeping of a similar level of complexity (e.g. the treasurer of another group, a bank manager or accountant or someone retired from these positions, a community support worker, etc.).* | | | | | | |  | | | | | | |
| **Bank account name:**  *Provide the exact name in which your account is held. The account name should match the name on your governing document.*  *Groups must have at least two unrelated people authorised to approve spend from their account, whether by cheque or electronic transfer. If this is not the case, we may not be able to award a grant*.  ***If your bank account name is not the same as the name of your organisation, we may not be able to make a grant.  If it is different, please state the reason why.*** | | | | | | |  | | | | | | |
| **Section 3: About your project** | | | | | | | | | | | | | |
| **Provide a brief description of the project you are seeking a grant for and how it will be run.**   * *What do you want to do?* * *How will you do this? (for example, the activities you will deliver, equipment needed, how it will be used)* * *Where will the project take place?* * *Who will deliver the project?* | |  | | | | | | | | | | | |
| **Tell us how you have identified the need for your project.**  *Include details of how you have discussed the project with potential beneficiaries and the wider community and/or how it links to any local community action plan, if there is one.*  *What evidence do you have that local people support your project? (e.g. letters of support, surveys, local fundraising etc.).* | |  | | | | | | | | | | | |
| **Is your project new or is it already running?**  *If your project is already running, please describe how it has been funded to date.* | |  | | | | | | | | | | | |
| **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 Fact Sheet for more information on this).* | |  | | | | | | | | | | | |
| **Please provide below, 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 other evidence of costs where possible.**  *Ensure the breakdown adds up to the amount you have requested.*  *For any capital items (e.g. equipment, construction services) costing between £200 and £2,000 you will need to provide a quotation from a supplier. For items exceeding £2,000 in value, three quotes should be provided. If this is not possible, we will ask you to explain why.* | | | | | | | | | | | | | |
| **Item/Description** | | | **Total Cost** | | | | | **Amount Applied for from this Fund** | | | | **Quote Provided?** | |
|  | | | **£** | | | | | **£** | | | |  | |
|  | | | **£** | | | | | **£** | | | |  | |
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|  | | | **£** | | | | | **£** | | | |  | |
|  | | | **£** | | | | | **£** | | | |  | |
| **Totals** | | |  | | | | |  | | | |  | |
|  | | | | | | | | | | | | | |
| **What other sources of funding have you applied for?** *In the table below please give the details of other funds you have secured or are planning to secure for your project. This may include a contribution from your reserves or local fundraising.* | | | | | | | | | | | | | |
| Source of funds | | | | | | Amount requested | | | Confirmed?  (click to select) | | | Date decision confirmed/ expected |
|  | | | | | | **£** | | |  | | |  |
|  | | | | | | **£** | | |  | | |  |
|  | | | | | | **£** | | |  | | |  |
|  | | | | | | **£** | | |  | | |  |
| **What difference will your project make to the people involved and how will you know?**  *Describe briefly the changes it will bring about for people involved. Please also explain how you will know if the project is making a difference.* | |  | | | | | | | | | | | |
| **How many people will benefit? Please tell us how you have worked this out.**  *Provide a realistic estimate of those that will directly benefit from the project to which your application relates, e.g. “60 people will benefit in total – this was calculated based on 20 people attending the training course which will be delivered in 3 blocks over the course of the year.”* | |  | | | | | | | | | | | |
| **When does your project start/finish?**  *We do not fud retrospectively, so please ensure you submit your application well in advance of your project start date. The Fund Factsheet provides details of the timescale for receiving a decision on your application.* | | **Start date:** **Finish date:** | | | | | | | | | | | |
| **Section 4 Independent referee** | | | | | | | | | | | | | |
| *Your choice of referee should be someone who is contactable during working hours (Mon – Fri) and who knows about this application, your project and organisation, e.g. someone in the Local Authority, your local Third Sector Interface, or a previous/other funder.* ***The referee should not be a member of your organisation but should be familiar with its work.*** | | | | | | | | | | | | | |
| **Name:** | | | | |  | | | | | | | | |
| **Organisation:** | | | | |  | | | | | | | | |
| **Position:** | | | | |  | | | | | | | | |
| **Telephone (daytime):** | | | | |  | | | | | | | | |
| **Email:** | | | | |  | | | | | | | | |
| **Address:** | | | | |  | | | | | | | | |
| **Relationship to your organisation:** | | | | |  | | | | | | | | |

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| **Section 5: Checklist and Declaration** | | | |
| **Checklist** | | **Yes** | **No** |
| **I have included the following documents with my application:** | | | |
| A copy of the organisation’s most up-to-date constitution / governing document | |  |  |
| The organisation’s latest annual accounts (independently inspected and signed by a suitably qualified person) (unless your organisation is less than 15 months old) | |  |  |
| A copy of the organisation’s Child Protection/Vulnerable Adult Policy (if applicable) | |  |  |
| Copies of quotations as required, or a covering letter explaining why not | |  |  |
| I have attached additional information with this application (please detail): | |  |  |
| Please tick/ complete one of the following statements:  I declare that the following Heriot Community Fund Panel members are actively involved with the work of the organisation applying for a grant and may therefore have an interest in this application:  Name of Panel member(s):    **OR**  I declare that no Heriot Community Fund Panel members are actively engaged with the work of the organisation.  For a list of Panel members please visit <https://www.foundationscotland.org.uk/communities/funds/heriot-panel>  **Data protection**  By submitting your application, you agree to allow SSE and foundation Scotland to retain your personal data on their databases 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 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 or Foundation Scotland to evaluate grant applications. We may also publish this information on our websites and share it with other organisations providing matched funding. More information can be found at [www.sse.com/community/funds](http://www.sse.com/community/funds) and <https://www.foundationscotland.org.uk/system-pages/privacy>  Foundation Scotland may also use your contact information to send you newsletters about other funding opportunities and Foundation Scotland news. Please tick the box if you wish to receive this type of information.  The term ‘We’ above refers to both Foundation Scotland and to SSE plc. | | | |
| **Declaration**  By submitting this application form to SSE and Foundation Scotland you certify that:   * the information contained in this application is correct * the constitution (or other governing document) submitted with the application is the most up-to-date version adopted by the members of the organisation applying for a grant * you, the contact person listed in Section 1, are authorised to make the application on behalf of that organisation * The organisation applying for the grant has appropriate procedures in place to carry out the above project safely * This application is not towards retrospective funding * You understand that decisions made by SSE and Foundation Scotland are final. | | | |
| **Yes, the information provided is true and accurate and I agree to the above statement** | |  | |
| **Name:** |  | | |
| **Date submitted:** |  | | |

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| **What happens next?** |
| Please send your completed application (including supporting documents) electronically to **both** [gareth.shields@sse.com](mailto:gareth.shields@sse.com) and [communitybenefit@foundationscotland.org.uk](mailto:communitybenefit@foundationscotland.org.uk)  We will check your application is in order and has been submitted with the necessary information. We will contact you as soon as possible if there is anything missing or if your application is not eligible. After the closing date for applications, an assessor will contact you to arrange a short telephone conversation to learn more about your project and request for a grant. You will be informed of the outcome of your application in writing by email or letter. |

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