Introduction

This form is for applying for a City of Edinburgh Council Business Growth and Inclusion grant for a three-year period. Other Council services have other funding objectives and different application forms and procedures. You can apply to multiple Council funds but must complete an application (and address the funding criteria) for each.

This form has been designed to be completed and submitted electronically. Part A asks for information about the applicant organisations; Part B asks for information specific to the funding application being made.

There are guidance documents to assist applicants in the completion of the form. For additional information and guidance please contact Craig Dutton ([craig.dutton@capitalcitypartnership.org](mailto:craig.dutton@capitalcitypartnership.org)).

Applications should be emailed to [craig.dutton@capitalcitypartnership.org](mailto:craig.dutton@capitalcitypartnership.org).

**The deadline is NOON, Friday 8th September 2023.** Late submissions will not be accepted.

**PART A – ORGANISATION Details**

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| **A1.1** | **Organisation name** |
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| **A1.2** | **Organisation postal address** |
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| **A1.3** | **Organisation contact details for Council grants (name, phone no., and email)** |
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| **A1.4** | **Organisational Governance –** State the type of organisation you are for example a registered charity or a registered company. If your agency is not a registered charity or company, please state if you have a **Constitution / Statement of Aims / Memorandum and Articles** (Relevant documents must be supplied on request) |
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| **A1.5** | **OSCR Registration Number** if applicable |
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| **A1.6** | **Companies House Registration Number** if applicable |
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| **A2** | **Volunteers**  Please indicate your organisation’s approach to any volunteering it benefits from. | | *Please mark appropriately* | |
|  |  | **No** | | **Yes** |
|  | Does your organisation benefit from the services of volunteers in delivering the service or activity? |  | |  |
|  | Do you put in place a volunteer agreement? |  | |  |
|  | Do you have grievance procedures and a dismissal policy? |  | |  |

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| **A3** | **Work with children and/or adults at risk**  If your organisation undertakes work which involves working with children and/or vulnerable adults please indicate if you have policies and procedures to minimise risk of any abuse  *Please mark appropriately* | | |
|  |  | **Yes** | **No** |
|  | Child Protection policy and procedure |  |  |
|  | Adult Protection policy and procedure |  |  |

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| **A4.** | **Accounts And Auditing**  The level of accounts and auditing for your organisation which is required to be submitted to the Council is in line with the requirements of the Office of the Scottish Charity Regulator (OSCR), as noted below, and should be attached with this application if not already submitted to the Council. See guidance notes for details of these requirements. | | | |
|  |  | **Yes** | **No** |  |
|  | Have you provided or will you provide most recent annual independently examined/audited accounts? |  |  |  |
|  | Have you provided or will you provide proof of Bank Account in Company’s Name? |  |  |  |

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| **A5. Bank details**To be completed by applicantWhat bank account should we pay your grant into if your application is successful? | |
| Name of bank |  |
| Bank address |  |
| Account name |  |
| Bank sort code |  |
| Account number |  |

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| **A.6** | **Fair Work** | **Yes** | **No** |
|  | As an organisation, are you committed to progressing towards adopting each of the five Fair Work First criteria for workers (including any agency or sub-contractor workers) engaged in the delivery of this grant:   * Appropriate channels for effective voice, such as trade union recognition * Investment in workforce development * No inappropriate use of zero-hours contracts * Action to tackle the gender pay gap and create a more diverse and inclusive workplace * Payment of the real Living Wage |  |  |

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| **APPLICATION FOR GRANT FUNDING FROM CITY OF EDINBURGH COUNCIL: 2024-2027** | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please detail income and expenditure for the financial years 2024-25 and projections for 2025-27. |  | **2024/25** |  | **2025/26** |  | **2026/27** | | | | **Income from Local Authority / Department (CEC or other LA):** |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | **Income from other public funding bodies:** |  | **2024/25** |  | **2025/26** |  | **2026/27** | | Scottish Government |  |  |  |  |  |  | | NHS Lothian |  |  |  |  |  |  | | Lottery Distributor |  |  |  |  |  |  | | Skills Development Scotland |  |  |  |  |  |  | | Department of Work and Pensions |  |  |  |  |  |  | | Other public funder |  |  |  |  |  |  | | **Identified income from other (non-public) funders:** |  | **2024/25** |  | **2025/26** |  | **2026/27** | | Trading income |  |  |  |  |  |  | | Sponsorship |  |  |  |  |  |  | | Fundraising |  |  |  |  |  |  | | Other external funders |  |  |  |  |  |  | | **Total income** |  |  |  |  |  |  | | **Expenditure** |  | **2024/25** |  | **2025/26** |  | **2026/27** |  | | Programme Delivery |  |  |  |  |  |  | | Staffing Costs |  |  |  |  |  |  | | Administration |  |  |  |  |  |  | | Building costs |  |  |  |  |  |  | | Marketing and Communications |  |  |  |  |  |  | | Other |  |  |  |  |  |  | | **Total Expenditure** |  |  |  |  |  |  | | **Income Less Expenditure** |  |  |  |  |  |  | | **Reserves / Accumulated Deficit** (at start of year) |  |  |  |  |  |  | |  | |  |  |  |  |  |

**Part B - YOUR PROPOSALS**

In this section you should show clearly how your proposal addresses the outcomes of the grant programme. The Scoring Guidance issued with this application form describes the information to be included; the assessment process; and how scores are allocated to each answer. Note that B1.1, B2 and B3 are each worth a maximum of 6 points. The remaining questions are worth maximum 3 points each. It is essential that you respect the word limits indicated.

**KEY DOCUMENTS**

Applicants should consult the following in the preparation of their proposal:

1. CEC NOLB Stage 1 Grant Application Form
2. CEC NOLB Stage 1 Grant Application Scoring and Selection Criteria
3. City of Edinurgh Council Standard Conditions of Grant
4. Edinburgh’s Strategic Skills Pipeline
5. No One Left Behind All Age Employability Service - Best Practice
6. City of Edinburgh Council Business Plan 2023-2027
7. Grant Management Guide 2023
8. Edinburgh by Numbers 2022

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| **Name of Proposed Project:** |

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| **B1.1** | **Description of activities or services you propose to deliver. Please include the following in your narrative:**   * **who your target clients are and how you will recruit them,** * **identification of client barriers and how these will be addressed,** * **services you will provide and how these will be delivered (including how you will staff the project),** * **progression of clients and aftercare,** * **onward referral routes if appropriate.**   (500 words max, this section is worth up to 6 points) |
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| **B1.2** | **A short summary of your project that will be used externally for marketing purposes (JUfJ website, social media etc) if you are selected for funding.**  (100 words max) |
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| --- | --- | --- | --- |
| **How much are you applying for?** | | | |
| Number of years |  | Grant request per annum | £ |

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| --- | --- |
| **B2** | **Relevance to priorities**  (200 words, this section is worth up to 6 points) |
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| **B3** | **Evidence of demand and/or need for the proposed service**  (200 words, this section is worth up to 6 points) |
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| **B4** | **Targets**  **(300 words in total, this section is worth up to 3 points)** |
| **B4.1** | **Targets – Engagements and people supported**  (100 words)  *Complete the table then use 100 words to explain/justify the proposed engagements and number of people supported.* |
| |  |  |  | | --- | --- | --- | | **Year** | New engagements | No. of people supported | | | **2024/25** |  |  | | **2025/26** |  |  | | **2026/27** |  |  |   **Explanation:** |
| **B4.2** | **Targets – Outcomes and Progressions**  (200 words)  *Complete the table then use 200 words to explain/justify the proposed outcomes and progressions. Please consult the Applications Scoring and Selection Criteria and JUFJ Outcomes and Progressions Definitions and Evidence documents for further information on this question.* |
| |  |  |  |  | | --- | --- | --- | --- | | **Year** | **2024-25** | **2025-26** | **2026-27** | | Job Outcomes |  |  |  | | Qualifications |  |  |  | | Employability Training |  |  |  | | Vocational training |  |  |  | | Further/higher education |  |  |  | | Work Placements |  |  |  | | Re-engage with education |  |  |  | | Progression to onward provision |  |  |  |   **Explanation:** |

|  |  |
| --- | --- |
| **B5** | **Value for money**  (200 words, this section is worth up to 3 points) |
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| --- | --- |
| **B6** | **Monitoring, evaluation and quality assurance**  (200 words, this section is worth up to 3 points) |
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| **B7** | **Partnership working**  (200 words, this section is worth up to 3 points) |
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| **B8** | **Evidence for success / track record**  (200 words, this section is worth up to 3 points) |
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| **B9** | **Location/environment**  (200 words, this section is worth up to 3 points) |
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**APPENDIX 1 BUDGET**

**Total budget for the proposed activity**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Client support staff** | **% of budget** | **Management costs** | **% of budget** | **Admin costs** | **% of budget** | **Client costs\*** | **% of budget** | **Premises, overheads** | **% of budget** | **TOTAL** |
| 2024/25 |  |  |  |  |  |  |  |  |  |  |  |
| 2025/26 |  |  |  |  |  |  |  |  |  |  |  |
| 2026/27 |  |  |  |  |  |  |  |  |  |  |  |

*\*Client costs = individual support costs such as trainee allowances, travel costs*

**Leverage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Funder** | **Contribution** | **Confirmed?** |
| 2024/25 |  |  |  |
| 2025/26 |  |  |  |
| 2026/27 |  |  |  |

*Please list any funding contributions to the proposed activity, including from the applicant organisation’s own reserves. Add extra lines if needed.*

**Other contracts**

If your proposed project is similar to other projects that you deliver, please complete the following table

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Funder** | **Target group** | **No. of people supported** | **Job outcomes** | **No. gaining a qualification** | **Other progressions** |
| 2024/25 |  |  |  |  |  |  |
| 2025/26 |  |  |  |  |  |  |
| 2026/27 |  |  |  |  |  |  |

**Staffing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Staff Roles Funded (through this grant)** | **Hours (can be listed as % of FTE)** | **Cost** |
| 2024/25 |  |  |  |
| 2025/26 |  |  |  |
| 2026/27 |  |  |  |

**DECLARATION**

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| **To be completed by Applicants – FOR ELECTRONIC SUBMISSIONS please include this declaration sheet when submitting the hard copy of your most recent independently examined / audited accounts** |
| **DECLARATION**  All applications must be signed by two people who are representatives of your organisation. One of these people must be a board/management committee office bearer.  You are being asked to declare that:   * you have read and will comply with all CEC funding conditions; * to the best of your knowledge the information contained in this application and any accompanying documents is accurate. * by typing your name in this document and submitting it by email this is the legal equivalent of your manual signature on this Declaration.   1st Signature……………………………………….  Name……………………………………………  Date……………………………………………..  Position…………………………………………  2nd Signature……………………………………….  Name……………………………………………  Date……………………………………………..  Position………………………………………… |

**CHECKLIST**

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| **CHECKLIST FOR APPLICANTS**  **Please check that:** | Yes/no |
| You have answered all the questions in Parts A and B |  |
| You have identified your principal contact person and their contact details |  |
| You have submitted independently examined / audited accounts |  |
| If a new applicant, you have submitted proof of bank account in company’s name |  |
| **Please also note that the Council may request to see a copy of your governance document, business plan and related operational policies.** | |