Introduction

This form is for applying for a City of Edinburgh Council Business Growth and Inclusion grant for a 12-month 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. It has also been designed so that the parts which can be re-used in additional applications (Part A) can be cut and pasted. Part A asks for information about the applicant organisations; Part B asks for information specific to the particular funding application being made.

There are guidance documents to assist applicants in the completion of the form. For additional information and guidance please contact Kate Kelman (kate.kelman@capitalcitypartnership.org). Questions will be noted and added to a Q&A log hosted on [www.joinedupforjobs.org](http://www.joinedupforjobs.org), please note the deadline for any queries or points of clarification is 5pm on Monday 22nd February 2021.

Applications should be emailed to kate.kelman@capitalcitypartnership.org

**The deadline is NOON, Friday 26th February 2021.** 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** |
|  |
| **A1.3** | **Organisation contact details for Council grants (name, phone no., and email)** |
|  |
| **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** |
|  | The organisation benefits from the services of volunteers in delivering the service or activity |  |  |
|  | Basic guidelines for involving volunteers in particular areas of service recruitment  |  |  |
|  | Vetting |  |  |
|  | Volunteer agreement |  |  |
|  | Grievance procedures |  |  |
|  | 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 minimize risk of any abuse*Please mark appropriately* |
|  |  | **Yes** | **No** |
|  | Child Protection policy and procedure |  |  |
|  | Adult Protection policy & procedure |  |  |

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| **A4a** | **Support in Kind from City of Edinburgh Council - Property** |
|  | Please supply details of any non financial subsidy you receive from the Council |
|  | Property / Properties | Address |  |
|  | Posts | **Post Title(s)**  | If time limited please say when the arrangement is due to come to an end -  |
|  | Access to Council buildings / equipment / sessional time at reduced rates |  |  |  |
|  | Council staff / Elected Member on the Board/Management |  |  |  |
|  | Receive business support advice / capacity building from Council staff |  |  |  |
|  | Other (please identify) |  |  |  |

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| **A4b** | **Support in Kind from City of Edinburgh Council – Posts** |
|  | Please confirm the total value of any seconded posts (include employer’s contributions for NI and superannuation and a proportion of overhead costs) |
|  |  |  |  |
|  | Post | **£** |
|  | Value | **£** |
|  | Other agreed supported costs by dept | **£** |

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| **A4c** | **Support in Kind from City of Edinburgh Council – Other** |
|  | Please identify any other support that you receive from the Council, for example:-  |
|  | Please tick  |
|  | Access to Council buildings / equipment / sessional time at reduced rates |  |
|  | Council staff / Elected Member on the Board/Management |  |
|  | Receive business support advice / capacity building from Council staff |  |
|  | Other (please identify) |

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| **A5** | **Equalities Groups**Please tick the equalities group who will be specifically targeted through the requested grant funding. Mark all that apply. |
| Code | Description | *Tick as appropriate*  |
| YP | Age - young people |  |
| OP | Age - older people |  |
| Dis | People with disabilities - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities |  |
| MP | People who are married or in a civil partnership |  |
| Race | Race; people defined by their race, colour, and ethnic or national origins including Gypsy/Travellers, asylum seekers and refugees |  |
| Rel | People with a religion or belief system |  |
| Men | Men |  |
| Wo | Women |  |
| LGB | Sexual Orientation; Lesbian, Gay and Bisexual people |  |
| Trans | Transgender and Intersex People |  |
| WPB | Women who are pregnant, breastfeeding and on maternity leave up to 26 weeks after giving birth |  |
| PP | People on low income and / or living in an area of multiple deprivation |  |
| HMLS | People who are homeless or at risk of homelessness |  |
| HR+CR | People who may be subject to infringements of rights |  |
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| **A6.** | **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 or will you provided most recent annual independently examined / audited accounts? |  |  |  |
|  | Have you or will you provided proof of Bank Account in Company’s Name?  |  |  |  |

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| **A7.Bank details**To be completed by applicant What 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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| **APPLICATION FOR GRANT FUNDING FROM CAPITAL CITY PARTNERSHIP: 2021/22** |
| **A8. Financial Details** | **Organisation Name:** |  |  |

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|  |  |  | **2020/2021** | **2021/22** |
| Local Authority / Department:  |  |  |   |   |
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| **Other funds where a Local Authority is the accountable body:** |  |  | **2020/21** | **2021/22** |
| **Income from other public funding bodies:** |  |   |   |   |
| Scottish Government |  |  |   |   |
| NHS Lothian |  |  |   |   |
| Lottery Distributor |  |  |   |   |
| Skills Development Scotland |  |  |   |   |
| Department of Work and Pensions  |  |  |   |   |
| Other public funder |  |  |   |   |
| **Identified income from other (non-public) funders:** |  |   |   |   |
| Trading income |  |  |   |   |
| Sponsorship |  |  |   |   |
| Fundraising |  |  |  |  |
| Other external funders |  |  |  |  |
| **Total income** |  |  |  |  |
|  |  |  | **2020/21** | **2021/22** |
| 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, 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:

* *Edinburgh Parental Employment Support Fund (Young Parents) 21-22 Specification*
* *Applications Scoring and Selection Criteria: Guidance 2021*
* [*Edinburgh Economy Strategy: Enabling Good Growth*](https://www.edinburgh.gov.uk/council-planning-framework/edinburghs-economic-strategy)
* *Parental Employment Support Fund – Monitoring and Evaluation Framework*
* *CEC: Council Standard Conditions of Grant and additional JUfJ Conditions of Grant*
* *[Edinburgh Strategic Skills Pipeline](https://www.joinedupforjobs.org/uploads/store/mediaupload/236/file/Strategic%20Skills%20Pipeline%20FINAL%20MASTER%20%28Nov-20%29.pdf)*
* [*No One Left Behind: next steps for employability support*](https://www.gov.scot/publications/one-left-behind-next-steps-integration-alignment-employability-support-scotland/)
* [*Every child, every chance: tackling child poverty delivery plan 2018-2022*](https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/)

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| **Name of Proposed Project:** |

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| **B1** | **Description of activities or services you propose to deliver** (450 words max, this section is worth up to 6 points) |
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| **How much are you applying for?**  |
| Financial year 21/22 (12 months) | £ 20,000 |

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| **B2** | **Relevance to priorities** (300 words, this section is worth up to 6 points) |
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| **B3** | **Evidence of demand and/or need for the proposed service** (300 words, this section is worth up to 6 points) |
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| **B4** | **Targets, progressions and/or outcomes** (150 words, this section is worth up to 3 points)*Complete the table (please refer to PESF Monitoring and Evaluation Framework) Then use 100 words to explain/justify the proposed targets. Text in the table does not contribute to the word count.* |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | New engagements – unemployed parents | No. progressions towards work (education/training) | No. of Job Outcomes |
|
| **2021/22 (April - March)** |  |  |  |

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| **B5** | **Value for money** (150 words, this section is worth up to 3 points) |
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| **B6** | **Monitoring, evaluation and quality assurance** (300 words, this section is worth up to 3 points) |
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| **B7** | **Partnership working** (150 words, this section is worth up to 3 points) |
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| **B8** | **Evidence for success/track record** (300 words, this section is worth up to 3 points) |
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| **B9** | **Location/environment** (150 words, this section is worth up to 3 points) |
|  |

**APPENDIX 1 BUDGET**

**Total budget for the proposed activity**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Client support staff** | **% of budget** | **Management costs** | **% of budget** | **Admin costs** | **% of budget** | **Client costs\*** | **% of budget** | **Premises, overheads** | **% of budget** | **TOTAL** |
| 2020-22 |  |  |  |  |  |  |  |  |  |  |  |

*\*Client costs = individual support costs such as trainee allowances, travel costs. Please see Additional Conditions of Grant for ineligible costs.*

***Cost of childcare is not eligible.***

**Leverage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Funder** | **Contribution** | **Confirmed?** |
| 2021-22 |  |  |  |

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

**Staffing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Staff Roles Funded** | **Hours (can be listed as % of FTE)** | **Cost** |
| 2021-22 |  |  |  |

**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.**  |