**Edinburgh Integration Joint Board  
Large Grant Application Form**

2019-2022

This application form is for the **large grants programme only**, i.e. applications requesting grants of £25,000 or more per year. This application form should **not** be filled out without reading the Applicants’ Guidance Notes. You should also make use of the checklist at the end of this form. For more information about the application process and answers to FAQs, please see the Prospectus. If this document opens in protected view, click on ‘Enable Editing’ in the ribbon that appears at the top of your screen.

**The deadline for submitting this form is 1st October 2018 at noon.**

**Part A – Organisation Details**

**A1 – Organisation Contact Details**

|  |  |
| --- | --- |
| Organisation name: | Click here to enter text. |
| Organisation postal address: | Click here to enter text. |

**A2 – Proposal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Proposal Title: | Click here to enter text. | Total grant requested: £ Click here (per year) | Assessor use only  Assessors click here |
| Proposal Summary:(50 words) | In no more than 50 words, give us a brief summary of what you are proposing to deliver. | |
| **A3 – Please list all other large grant applications your organisation or consortium is submitting.** To apply to the large grant fund, you must not have submitted any applications to the small grant fund and this must be the only application you are making for this discrete service. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Proposal title** | **Sum applied for (per year)** | Assessors click here |
| **1)** | Click here to enter text. | £ Enter sum here. |
| **2)** | Click here to enter text. | £ Enter sum here. |
| **3)** | Click here to enter text. | £ Enter sum here. |
| **4)** | Click here to enter text. | £ Enter sum here. |
| **5)** | Click here to enter text. | £ Enter sum here. |

**Part A – Organisation Details (continued)**

**A4 – Nominated Contact in the Organisation**

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| E-mail address: | Click here to enter text. |
| Telephone number: | Click here to enter text. |

**A5 – Organisational Governance –** State the type of organisation you are, e.g. ‘an association’, ‘a charitable company’, ‘a SCIO’. If your organisation is not registered as a charity or a company, please tell us about your organisation’s rules, governing document or constitution. (Any documents you list here must be available on request.)

|  |  |
| --- | --- |
| Click here to enter text. | Assessor use only  Assessors click here |
| **A6 – Scottish Charity Number** (as on the OSCR Register, if applicable) |
| Click here to enter text. |
| **A7 – Company Registration Number** (if applicable) |
| Click here to enter text. |
| **A8 – Is this application being submitted on behalf of a consortium?** (please tick)   |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |   Please be aware that your organisation can only apply once for each discrete activity or service that it delivers. If a consortium submits an application for funding for an activity or service that it delivers, an organisation that is a member of that consortium cannot make an application for funding for that same discrete service or activity. |

**Part B – Your Proposal**

**B1 – Tell us about your proposal.** (750 words)

|  |  |
| --- | --- |
| Using a maximum of 750 words, tell us some of the key details about what you are proposing to deliver and how it will work to prevent poor health and wellbeing outcomes.  Click here to enter text. | (no marks)  Assessor use only  Assessors click here |

**Part B – Your Proposal (continued)**

**B2 – Tell us how you will evidence continuous improvement and how your proposal**

**relates to known best practice.** (750 words)

|  |  |
| --- | --- |
| Using a maximum of 750 words, tell us about:   * what you will do to ensure that the activity or service you are proposing to deliver will continuously improve as your organisation gains knowledge, and * how your organisation learns from best practice – have you learnt from similar organisations or adopted tried and tested methods?   Click here to enter text. | **(40 marks)**  Assessor use only  Assessors click here |

**Part B – Your Proposal (continued)**

**B3 – Tell us why this project is needed.** (1000 words)

|  |  |
| --- | --- |
| Using a maximum of 1000 words, tell us about:   * the demand for what you are proposing to deliver, * the gaps that your proposal will fill, * whether or not this will duplicate or complement an existing provision, and * connections your organisation has with the community you’re proposing to serve.   You should aim to address all four of the above bullet points in your answer.  Click here to enter text. | **(100 marks)**  Assessor use only  Assessors click here |

**Part B – Your Proposal (continued)**

**B4 – Tell us about your commitment to collaborative working for this proposal.** (500 words)

|  |  |
| --- | --- |
| Using a maximum of 500 words, let us know how you plan to work collaboratively in delivering this proposal. For instance, you might tell us about how you plan to increase financial leverage using this grant, share premises or other resources, or work in partnership with other organisations.  Click here to enter text. | **(40 marks)**  Assessor use only  Assessors click here |

**Part B – Your Proposal (continued)**

**B5 – Tell us what you will deliver and the impact it will have.**

You should include information about the number of services/activities planned and state how these contribute to the improved health and wellbeing of service users. Please complete a new row for each activity, adding as many rows as you think are relevant. If you require more space, you can insert extra rows at the bottom of the table. **(120 marks)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Which one or more of the seven funding priorities does each of your activities address?**  (cross all that apply) | | | | | | | **What will you deliver?**  Activity volumes and outputs | **What impact will this have on the health and wellbeing of your service users?** |
| **Reducing social isolation** | **Promoting healthy lifestyles** | **Improving mental wellbeing** | **Supported self-management** | **Information and advice** | **Reducing digital exclusion** | **Building communities** |
| **EXAMPLE**  Deliver confidence building courses for people who are feeling anxious or depressed | X |  | X | X |  |  |  | 3x6 weekly confidence building group sessions each with 10 participants per session.  Total of 30 individuals to benefit from the confidence building sessions. | * 60% report they feel more able to cope with the ups and downs of everyday life * 50% report feeling their mental health is better * 50% report they feel less isolated * 40% report they feel more connected to their community |

| **Activity** | **Which one or more of the seven funding priorities does each of your activities address?** (mark all that apply)  Capture.PNG | | | | | | | **What will you deliver?**  Activity volumes and outputs | **What impact will this have on the  health and wellbeing of your  service users?** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**To insert further rows, right-click inside the final row, hover your mouse over ‘Insert’ in the menu that appears, and click on ‘Insert Rows Below’.**

**Part B – Your Proposal (continued)**

**B6 – How will you successfully deliver this proposal?** (1000 words)

|  |  |
| --- | --- |
| Using a maximum of 1000 words and with reference to specific examples, tell us about:   * your organisation/consortium’s delivery plan * your organisation/consortium’s suitability to deliver this service * your organisation/consortium’s current track record in successful delivery and achieving targets * what you need to make this project work – are there any conditions essential to make it a success, and if so, how you will manage these risks or dependencies?   Click here to enter text. | **(100 marks)**  Assessor use only  Assessors click here |

**Part C – Your Costs and Finances**

If you are only applying for a one-year grant, just fill out the first column in each table. If you are   
applying for a two- or three-year grant, please fill out the second and/or third columns, as appropriate.

You can insert new rows into the table if you need to.

**C1 – How much money are you applying for each year in total?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **2019/20** | | | | **2020/21** | | | **2021/22** | | Assessor use only  Assessors click here |
|  | | | | | **£ Click here...** | | | | **£ Click here...** | | | **£ Click here...** | |
| **C2 – How is this broken down?** | | | | | | | | | | | | | |
| **Staffing Costs** | |  | | | | **2019/20** | | | **2020/21** | | | **2021/22** |  |
| Staff Post | | Staff Cost (Salary + Contributions) | % of staff cost to be funded by grant | | | Amount to be funded by grant | | | Amount to be funded by grant | | | Amount to be funded by grant |
| Description... | | £ | % | | | £ | | | £ | | | £ |
|  | | £ | % | | | £ | | | £ | | | £ |
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|  | | £ | % | | | £ | | | £ | | | £ |
|  | |  | **Total Costs** | | | **£** | | | **£** | | | **£** |
|  | | | |  | |  | | |  | | |
| **Non-Staffing Costs** | | | | **2019/20** | | **2020/21** | | | **2021/22** | | |
|  | | | | £ | | £ | | | £ | | |
|  | | | | £ | | £ | | | £ | | |
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|  | | | | £ | | £ | | | £ | | |
|  | | | | £ | | £ | | | £ | | |
| **Total Costs** | | | | **£** | | **£** | | | **£** | | |

**Part C – Your Costs and Finances (continued)**

**C3 – Summary of grant request**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **2019/20** | | **2020/21** | | | **2021/22** | | Assessor use only  Assessors click here | | |
| **Total Cost of Proposal**  = total staffing costs + total non-staffing costs | | **£** Click here... | | **£** Click here... | | | **£** Click here... | |
| **Any other contributions / sources of funding** | | **£** Click here... | | **£** Click here... | | | **£** Click here... | |
| Please give details, if applicable. You should deduct any other contributions from the total cost of your project in order to calculate the total grant you’re applying for. | | | | | | | | |
| **Total grant applied for**  = total cost – other sources  **This should match C1.** | | **£ Click here...** | | **£ Click here...** | | | **£ Click here...** | |
| **C4 – Total organisation income and expenditure** | | | | | | | | |  | | |
| **Current year and projections** | | **Current Year (2018/19)** | | **Projected Y1 (2019/20)** | | **Projected Y2 (2020/21)** | | | **Projected Y3 (2021/22)** | Assessor use only  Assessors click here |
| **Total income** | | **£** Click here... | | **£** Click here... | | **£** Click here... | | | **£** Click here... |
| **Total expenditure** | | **£** Click here... | | **£** Click here... | | **£** Click here... | | | **£** Click here... |
| **Income less expenditure** | | **£** Click here... | | **£** Click here... | | **£** Click here... | | | **£** Click here... |
| **C5 – Total organisation reserves / deficit**  Please confirm the total reserves / deficit held by your organisation as at 31st March 2018. | | | | | | | | | |  | |
|  | | | | **2017/18** | | | **Comments** | | | Assessor use only  Assessors click here |
| **Total reserves** | | | | **£ Click here...** | | | If there is anything we should know about the figures on the left, you can tell us here. | | |
| **Designated / restricted reserves** | | | | **£ Click here...** | | |
| **General / unrestricted reserves** | | | | **£ Click here...** | | |
| **C6 – Will the successful delivery of your proposal enable the EIJB to make a cash saving elsewhere in the system?** If yes, please provide details.   |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | | | | | | | | | |  | | |
| If you answered yes, please give details of the service and a breakdown of the financial saving your proposal will make for the EIJB. | | | | | | | | | | Assessors click here | | |

**Part D – Service User Profile**

**D1 – In which localities will you be delivering services?**

Please tick all that apply.

If you provide a citywide service, please tick the citywide box and leave all others blank.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  | | --- | --- | | **North West Locality** |  | | Almond |  | | Forth |  | | Inverleith |  | | Western Edinburgh |  |   Image result for compassImage result for compass |  | |  |  | | --- | --- | | **North East Locality** |  | | Craigentinny/Duddingston |  | | Leith |  | | Portobello/Craigmillar |  | |  | Assessor use only  Assessors click here |
| |  |  | | --- | --- | | **South West Locality** |  | | Pentlands |  | | South West |  | |  | |  |  | | --- | --- | | **South East Locality** |  | | City Centre |  | | South Central |  | | Liberton/Gilmerton |  | |  |

**OR**

|  |  |
| --- | --- |
| **Citywide** |  |

**D2 – Which group(s) of citizens will be specifically targeted by your proposal?**

Please tick all that apply.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| People aged under 18 |  | Men |  | People with mental health issues |  | Assessor use only  Assessors click here |
| People aged 18 - 59 |  | Women |  | People with addictions |  |
| People aged 60 - 75 |  | Transgender, intersex and non-binary people |  | People with learning disabilities |  |
| People aged over 75 |  | Lesbian, gay, bisexual People |  | People with physical disabilities |  |
| People from minority ethnic communities |  | People who are unpaid carers |  |  |  |
| People on low income and/ or living in an area of multiple deprivation (based on the SIMD classifications) |  | People who are homeless or at risk of being homeless |  |  |  |

**Part E – Declaration**

**Declaration**

By signing this, you are confirming that you are an authorised signatory for your organisation and that you have been given responsibility to apply to the EIJB for funding. You are also confirming that the contents of this application are accurate and that the applicant organisation has, and will continue to ensure that it has, robust governance arrangements in place. To allow us to process your application for grant funding, this form will be shared with partners who will be assisting in the assessment process. These partners will be from within the CEC and external to CEC. A spreadsheet holding the contact information will be compiled to facilitate communications. The period of grants is for up to 3 years and so the information will be retained for at least this time period. By signing this declaration, you are consenting to the use of your data as described above. For more information about how the Council processes personal data, and your information rights, please see our full Privacy Notice [here](https://www.edinburgh.gov.uk/privacy).

|  |
| --- |
| **Authorised Signatory Details for the Grant Applicant Organisation** |

**Full name:**

|  |
| --- |
| Click here to enter text. |

**Job Title/Status/Designation in Applicant Organisation:**

|  |
| --- |
| Click here to enter text. |

**Contact address:**

|  |
| --- |
| Click here to enter text. |

**Telephone: E-mail:**

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| Click here to enter text. |  | Click here to enter text. |

**Signed:**

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| **Date:** | DD/MM/YYYY |

**Digital Signing Guidance**

To digitally sign this document, double click the inside of the signature box (above). You will be prompted to type your name into a pop-up window. You should not sign the document until the form has been fully completed. Once you have completed the digital signing process, editing the form in any way will invalidate your digital signature and you will have to re-sign the document before submission.

**You must submit your organisation’s accounts with this application form. You should provide your accounts for the financial year 2017/18, which ended on 31st March 2018.**

If your organisation is a charity, the accounts you should send must include all of the component parts as submitted to OSCR. This includes the Trustees’ Annual Report and an Independent Examination or Audit report.

If you are not a charity, you must provide accounts that have been checked and signed by an independent person. This request is in line with the requirements of the Office of the Scottish Charity Regulator (OSCR).

**Checklist**

|  |  |
| --- | --- |
| **Have you...** |  |
| ... made use of the Applicants’ Guidance Notes in completing this form? |  |
| ... identified your principal contact person? |  |
| ... answered all the questions in Part A? |  |
| ... answered all the questions in Part B? |  |
| ... submitted all the questions in Part C? |  |
| ... prepared your accounts to be submitted with this form? |  |
| ... answered all the questions in Part D? |  |
| ... fully completed and signed the declaration in Part E? |  |

**Please submit this form as a Word document (not a PDF), along with a copy of your organisation’s accounts to H&SCGrants@edinburgh.gov.uk  
by Monday 1st October 2018 at noon.**