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| **For internal use only** |
| Date Received |       |
| Reference | NTPI-24-      |

**NITHSDALE AREA COMMITTEE**

**Tackling Poverty & Inequalities Budget**

**APPLICATION FORM 2024/2025**

**Section 1 - About you and your organisation**

* 1. Name of applicant Organisation (As detailed on your Constitution/Governing Document)

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* 1. Please tell us what type of organisation you are and any relevant registration numbers

(i.e. Charity/SCIO/CIC/Unincorporated/etc)

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1.3 Governing Document Checklist

|  |  |
| --- | --- |
|   | Yes/No |
| Is your Governing Document formally adopted and signed by two authorised signatories? |  |
| Does your Governing Document specify which office bearers can manage your organisation’s bank account(s)? |  |
| Does your governing document specify a quorum for committee meetings and the AGM?  |  |
| Does your governing document include a dissolution clause that sets out what would happen to assets if your organisation folds? |  |

1.4 Lead Applicant Details (authorised by your organisation to submit this Application)

|  |  |
| --- | --- |
| Name of Lead Applicant |       |
| Position in Organisation |  |
| Correspondence Address (incl Postcode) |       |
| Telephone number |       |
| Email address |       |

**Section 2 – About your project/activity**

2.1 Please give your project/activity a title.

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2.2 Please tell us when your funded project/activity will start and end (max 12 months).

The Area Committee will meet in **September 2024** to consider awards and projects cannot start prior to a decision

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| --- | --- | --- | --- | --- | --- |
| Start Date |       |  |  | End Date |       |

2.3 Applications can only be accepted for projects which will be delivered within the Nithsdale area. **Please check this box to confirm that the activities for which you seek funding will only be delivered in Nithsdale.** [ ]

2.4 Please tell us how many people will benefit from your project/activity.

|  |  |
| --- | --- |
| Actively involved in volunteering to deliver the project/activity |       |
| Directly employed by the project/activity (salary costs included at 3.1) |       |
| Directly benefit from the outcomes of the project/activity |       |

2.5 If your organisation works with young people under the age of 25 or with vulnerable adults it is your responsibility to ensure that your organisation has taken steps to protect them.

Does your organisation have a Safeguarding Policy? **(required)** **YES** [ ]  **NO** [ ]

Please confirm all staff/volunteers have been PVG checked **YES** [ ]  **NO** [ ]  **\***

\*if NO, please explain below.

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2.6 Does your organisation have Public Liability Insurance? **YES** [ ]  **NO** [ ]

**Section 3 – Finances**

3.1 Please outline the costs relating to delivering your project/activity. This should add up to the total cost of your project/activity. **IN KIND COSTS ARE NOT ELIGIBLE**

 Is your organisation VAT registered? **YES** [ ]  **NO** [ ]

*If your organisation can recover VAT, please detail costs below exclusive of VAT.*

|  |  |
| --- | --- |
| **Item of Expenditure** | **£** |
|       |       |
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|       |       |
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| **TOTAL COST OF PROJECT/ACTIVITY** | **£** |

3.2 Please tell us how the total cost of your project/activity will be funded. You cannot request 100% contribution from Council sources.

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| Total funding requested from Nithsdale Area Committee Tackling Poverty and Inequalities Fund? **(max £10k)** | £      |
| Match funding in place/applied for (evidence to be provided)(please detail in Section 3.3 below) | £      |
| Contribution from own funds | £      |

3.3 Please tell us who will match fund the project/activity.

You must provide evidence of all confirmed match funding (award letter etc) **IN KIND SUPPORT IS NOT ELIGIBLE AND YOU MUST NOTIFY DUMFRIES AND GALLOWAY COUNCIL IF YOU RECEIVE ANY FUNDING WHICH WOULD DUPLICATE ANY AWARD TO DELIVER THIS PROJECT.**

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| --- | --- | --- |
| **Match Funding Organisation** | **Amount** | **Confirmed** **YES/NO\*** |
|       |       |       |
|       |       |       |
|       |       |       |

\*If match funding is not yet confirmed, **please estimate the date you expect a decision.** Funding may not be released until all funding is in place to deliver your project/activity.

3.4Please tell us how much money your organisation has **right now**. If you are part of a national organisation, please detail only the money your local branch has access to.

|  |  |
| --- | --- |
| **£** | **Please detail what the money will be used for or state ‘no reason’** |
|       |       |
| **£**      | **TOTAL** |

3.5 Please give details of all public sector funding your organisation has received during the past 3 years.

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| --- | --- | --- |
| **Source of funding** | **Amount** | **Year**  |
|       |       |  |
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**Section 4 - Application Detail**

4.1 Please summarise the project/activity you plan to carry out and how you will use the funding from Nithsdale Area Committee. (No more than 300 words. This section will be used to summarise your project in reports, so it is important to be concise.)

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4.2 Why is your project/activity a good idea and how can you evidence a need/demand for it? For example, consultation with the community(ies) that will benefit from the project/activity? **Evidence must be provided** (No more than 500 words.)

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4.3 Please identify which of the Community Planning Partnership Tackling Poverty and Inequalities Strategy Objectives that the project/service will directly contribute towards.

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|[ ]  * **Outcome Objective 1:**
* Tackle severe and persistent poverty and destitution
 |
|[ ]  * **Outcome Objective 2:**
* Maximising income of people facing poverty
 |
|[ ]  * **Outcome Objective 3:**
* Reducing the financial pressures on people in poverty
 |
|[ ]  * **Outcome Objective 4:**
* Building individuals and communities’ ability to deal with the effects of poverty
 |
|[ ]  **Enabling Objective 1:** Building organisational and system capacity |
|[ ]  **Enabling Objective 2:**Addressing barriers to access |

4.4 Please explain how your project/activity supports **each** of the **Community Planning Partnership Tackling Poverty and Inequalities Strategy Objectives** that you have identified.

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4.5 Please tell us which of the **Nithsdale Area Committee Priorities** your project will address (please check all that apply)

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| --- |
| Digital Connectivity  |[ ]
| Food Insecurity  |[ ]
| Fuel Poverty |[ ]
| Warm Hubs |[ ]
| Advice and Support Services (financial management/lifestyle) |[ ]

4.6 Please explain how your project/activity supports **each** of the **Nithsdale Area Committee Priorities** that you have identified.

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4.7 Please explain how your project will make a positive difference to the individuals and families which it will support (both during and beyond the funded period) and how it will help prevent people falling into poverty. In particular, how your project will help to increase incomes of the individuals and families supported and/or how it will reduce their costs.

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4.8 Impact - by the end of your project/activity, what will be achieved? You should detail specific outcomes that can be monitored and will demonstrate your project is on track and has been successful.

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4.8 What other organisations will you work in the development/delivery of this project/activity? Please tell us how you will work with them. **You must have the formal agreement of any organisation you reference in this Application form with, for example, a letter of support.** (No more than 500 words.)

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4.9 Will the project/activity happen without support from this fund?

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4.10 How will the project/activity be sustainable beyond the project funding period?

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**Section 5 – Checklist**

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|[ ]  Two unrelated Office Bearers etc have signed the Declaration in Section 7 |
|[ ]  Quotes/Evidence supporting costs of project (for any single item/service over £1,000) |
|[ ]  Evidence of all Match Funding |
|[ ]  Most recent independently examined accounts (please give details below) |
|  | Name of Independent Examiner |  |
|  | Occupation/Experience |  |
|[ ]  Bank Statements for last 3 months |
|[ ]  Formally adopted signed Constitution/Governing document |
|[ ]  Community consultation/evidence of need/demand/letters of support |
|[ ]  Safeguarding Policy (required by all applicants) |

**Section 6 – Bank Details**

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| --- | --- |
| **Account Name** |       |
| **Bank/Building Society Name** |       |
| **Bank/Building Society Address** |       |
| **Account Number** |       |
| **Sort Code** |       |

**Section 7 – Declaration**

**The Declaration below must be signed by two representatives acting on behalf of the Applicant Organisation.**

**Please make sure you understand the conditions of the declaration and that you have the appropriate authority from your organisation to sign it. The Lead Applicant named in question 1.4 must sign part 1 of the declaration. Another person who is an office bearer/authorised person of the Applicant Organisation and who is not related to the Lead Applicant must sign part 2 of the declaration.**

* As far as we know, the information in this form is true and accurate. We are authorised by the organisation to make this application and sign this declaration on its behalf. We understand that it may be a criminal offence to receive funding after giving false information, in which case Dumfries and Galloway Council will revoke the Grant Offer and claim back any money we have received. We agree that you can check and confirm with others, the information contained within this application form and any supporting documents we have provided. If successful, we confirm on behalf of the Applicant Organisation that the project/activities we carry out will be as described in this form. We agree on behalf of the organisation that you, or your appointed agents, can examine any documents necessary to show that the activities have been carried out in accordance for which funding was given and for no other purpose.
* We can confirm that our organisation has its own UK based bank or building society account in the legal name of the Applicant Organisation and that it requires at least two unrelated people to authorise all transactions (this means any spouse, civil partner, a person with whom the signatory is living; and any parent, grandparent, child, step-child, brother or sister of the signatory (and their spouse) may not also authorise a transaction.
* We confirm on behalf of the Applicant Organisation that should there be are any changes to the project/activities not agreed in writing with you beforehand, or if the project/activities do not go ahead for any reason, Dumfries and Galloway Council can claim back all or part of any funding that has been paid, as appropriate.
* We agree that if the application is successful we will acknowledge the funding contribution in an appropriate way, using the logo provided to us.
* We agree that you may make the information we have given on this form available to the public, and you may use it for publicity purposes.

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| **Lead Applicant Signature** |  |
| **Lead Applicant Name** |       |
| **Position in Organisation** |       |
| **Date** |       |
| **Additional Authorised Signature** |  |
| **Additional Authorised Name** |       |
| **Position in Organisation** |       |
| **Date** |       |

**Please email your application form and documents to:**

GrantApplications@dumgal.gov.uk

**Phone** 030 3333 3000

**Privacy Notice**

Dumfries and Galloway Council is the data controller of your personal information. This means we decide why and how we will process your personal information. This privacy notice will provide you with the information you need to know about what we will do with the personal information you provide us with.

* The Council is collecting your name, postal address, phone numbers, email address and bank details to be able to process your funding application.
* The legal ground for collecting your information is for the performance of a contract. Without your personal information we would be unable to enter into a funding agreement with you.
* We may share your information with a panel which could include Council officers, volunteer members of the Tackling Poverty Reference Group and other officers/partners who may be appointed to help us assess your funding application and reach a decision.
* Your information will be held in the Council until the termination of any funding agreement plus five years. Should your funding application be unsuccessful, your information will be held in the Council for one year after the nil award letter or any further final correspondence has been issued.

You have the right to:

* **Be informed** about how your personal information will be used
* **Access** your personal information
* **Withdraw consent** where the legal ground for collecting your personal information is consent
* **Rectify** your personal information, which means they have the right to request the Council to correct any inaccuracies
* **Request deletion** of your personal information where the Council no longer has a legal ground to hold your information
* Request that the processing of your personal information is **restricted**
* **Data portability**, this means you can securely move your personal information from one IT place to another
* **Object** to the Council processing your personal information
* Know when the processing of your personal information is **subject to automated-decision making and profiling**

It would be helpful if you change your telephone number, email or address, to contact us and we can update your personal information.

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| **Our contact details:** | **The contact details of the Council’s Data Protection Officer:** |
| Dumfries and Galloway Council**Email** grantapplications@dumgal.gov.uk**Phone** 030 33 33 3000 | Data Protection OfficerDumfries and Galloway CouncilCouncil HeadquartersEnglish Street, Dumfries DG1 2DD**Email** dataprotection@dumgal.gov.uk**Phone** 01387 260315 |