**Introduction and Guidance**

The Improving Lives Initiative Locality Activity Fund(LAF) is a small grant fund to support local Community and Voluntary Sector (CVS) organisations in each of the six Community Solutions Locality Consortia (see Appendix One) to provide local services/activities which help residents improve their health and wellbeing and promote equality and inclusion. This can include services/activities which support health improvement; prevention; early intervention and recovery.

Please read the Community Solutions Improving Lives **Local Activity Fund Applicants’ Guidance** for more information regarding

* the maximum amount that can be applied for
* the dates when you can submit your application
* how your application will be considered and when you will know about the outcome of your application
* how payment of you award will be made
* reporting requirements.

Please contact your Locality Host for a copy of the LAF Applicants’ Guidance (see Appendix 2). (This will also be published on the forthcoming Community Solutions website in early 2024.)

You may also wish to refer to the following supporting information.

* Community Solutions Strategy and Investment Plan **–** available on VANL’s website [here](https://www.voluntaryactionnorthlanarkshire.org/index.php/community-solutions-programme/) currently and will also be available on the forthcoming Community Solutions website in early 2024.
* The Community Solutions Improving Lives Development Plan for your locality **–** currently available from your Locality Host (see Appendix 1) and will be published on the forthcoming Community Solutions website in early 2024
* Voluntary Action North Lanarkshire’s Demonstrating Impact Toolkit for the Community and Voluntary Sector **-** available on VANL’s new website [here](https://www.voluntaryactionnorthlanarkshire.org/index.php/services-and-support/) . This will be helpful in answering question 4.4 in your application.

**Please submit your completed application to your Locality Host by email and save your application document with the following** naming structure: Organisation Name – LAF Application Form – year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1: About Your Organisation** | | | | |
| * 1. Organisation name | |  | | |
| * 1. Address (first line) | |  | | |
| * 1. Postcode | |  | | |
| * 1. Telephone | |  | | |
| * 1. Email | |  | | |
| * 1. Website (if you have one) | |  | | |
| * 1. Social Media (provide URL if possible) | |  | | |
| * 1. In what locality area will you be delivering your project? | | Choose an item. | | |
| * 1. If you work is only in one area of this locality, please state where this is e.g., only working in Kirkshaws in the Coatbridge locality | |  | | |
| * 1. Does your organisation have a governing document (e.g., Constitution)? | Yes - and have attached with this application | No - because we are an un-constituted community group | | |
| 1.11 Please provide information on banking arrangements for your organisation  Please note, that LAF funding can not be paid to an individual involved in your organisation or managed through their personal bank account. | | We have a bank account for our organisation | We use the bank account of another CVS organisation | We do not have a bank account |
| If you do not have a bank account that your organisation is able to use, please explain the reason for this and how you manage money for your organisation. | |  | | |

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| Section 2: About Your Project | |
| 2.1 Project name. **No more than 10-12 words** | |
|  | |
| 2.2 Please tell us about your proposed project. What are its aims and proposed services/activities? **No more than 150-200 words** | |
|  | |
| 2.3 Please indicate the group or groups of people your project will support (beneficiaries). Please tick all that apply in this drop-down list. | General public  Infants (0-4)  Children (5 to 15)  Young people (16 to 26)  Adults (18-65)  Older adults (over 65)  Black and/or Minority Ethnic Groups (please specify)  Carers  Cared for People  LGTBQIA+  Men only  Women only  Parents  Disabled People  People with long term conditions - please specify conditions (e.g. cancer; dementia; mental health problems)  Homeless People or people with housing challenges  People on low income  People with substance misuse issues  Other - please specify below |
| If other please specify: |  |

Choose an item.

|  |  |  |  |
| --- | --- | --- | --- |
| 2.4 Tell us which staff/volunteers in your organisation will be supporting the delivery of your project/activity. **No more than 50-100 words** | | | |
|  | | | |
| 2.5 Tell us how you know there is a need for this project. **No more than 200-500 words** | | | |
|  | | | |
| 2.6 Proposed  start date |  | 2.5 Proposed  finish date |  |
| 2.7 Will the need for this project continue beyond the proposed finish date. If yes, please tell us how you plan to sustain the work of the project once LAF funding ends. **No more than 150-200 words** | | | |
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| Section 3: Working Together | |
| 3.1 Have you spoken to the Community Solutions Locality Host in advance of submitting this application? (You can find contact details for Locality Hosts in appendix 2) | |
| If so, please identify which: | Choose an item. |
| If not, please advise why: |  |
| 3.2 Have you worked with any other organisation to develop this project application?If yes, please tell us which orgaisation and how you have collaborated with them. **No more than** **150-200 words** | |
|  | |
| 3.3 Please tell us how you have already or plan to engage with service users and/or residents in your planning for this project and/or delivery. **No more than** **150-200 words** | |
|  | |

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| --- | --- | --- | --- |
| Section 4: Making a Difference | | | |
| **Please tell us what difference (benefits) you intend your project to make for the people it will support (beneficiaries).**  *Please note you will be required to provide further information as part of your monitoring and evaluation.* | | | |
| **4.1 What difference do you hope your project will make to the people receiving support and/or wider local community?**  This would be your project’s outcome/s or results. | **4.2 Which Community Solutions outcome/s would your project support?** | **4.3 How many people do you plan to support through your project?** | **4.4 How will you know what difference your project has made to the people it has supported? (See note below)** |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |

**Note re 4.4**.Please answer this question as follows.

* Stating what evidence you plan to collect to demonstrate the difference your project has made. This should include the views of people who have benefited from the work of your project.
* Stating how you will collect this evidence. E.g., through focus groups and/or surveys with service users.

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| Section 5: Project Funding Applied For | | | |
| 5.1 Please tell us what funding you are applying for from the Community Solutions Improving Lives Locality Fund to deliver your project. | | | |
| **Item** | **Description** | | **Cost** |
| Staffing costs |  | |  |
| Volunteer costs |  | |  |
| Equipment & Resources |  | |  |
| Expenses |  | |  |
| Overhead Costs (Please detail all costs e.g., rent, management costs, etc.) |  | |  |
| **Total funding requested** | | |  |
| 5.2 Please indicate from the list here any additional resources your project will require to support delivery in addition to this LAF award. Please tick all that apply. Please provide more detail in the space below. | | Additional Funding from another source. Please specify amount required and whether you have applied for this to date.  In kind support. Please specify.  Other. Please specify | |
|  | | | |
| 5.3 Please tell us if there is any other support your project may need to help with delivery? **No more than** **50-100 words** | | | |
|  | | | |
| Section 6: Application Approval and Consent | | | |
| **This application must be approved by an appropriate person in your organisation before submission.**  By signing and submitting this application, your organisation also consents to the information provided in this application being stored on a computer and for it to be used for administration of the application. Copies of this information will be provided to others who are helping assess and support the LAF awards. Information may also be shared with other grant funders and partner agencies to help prevent fraudulent applications and to support complementary funding. | | | |
| **Print Name** | |  | |
| **Organisation** | |  | |
| **Position in Organisation** | |  | |
| **Date** | |  | |
| **Signature** | |  | |

**Appendix 1: Community Solutions Programme Outcomes**

|  |  |  |
| --- | --- | --- |
| **Group** | **No.** | **Outcome** |
| Adults | 1 | People feel more connected, included and safe |
| 2 | Improved health and wellbeing |
| 3 | People feel more informed and aware |
| Carers | 4 | Carers feel more informed and aware |
| 5 | Carers health and wellbeing are improved |
| 6 | Carers are more able to have a life outside of caring |
| Children, Young People & Families | 7 | Health and wellbeing improved |
| 8 | Family relationships are strengthened |
| 9 | Children, young people and families become more resilient |

**Appendix 2: Community Solutions Locality Hosts**

|  |  |  |
| --- | --- | --- |
| **Locality** | **Organisations** | **Contact Email** |
| Airdrie | Diamonds in the Community | c/o [Communitysolutions@vanl.co.uk](mailto:Communitysolutions@vanl.co.uk) until further notice |
| Bellshill | Orbiston Neighbourhood Centre | [hayley@oncbellshill.org](mailto:hayley@oncbellshill.org) |
| Coatbridge | Glenboig Development Trust | [christine@glenboignh.com](mailto:christine@glenboignh.com) |
| Motherwell | The Health and Wellness Hub | [motherwelllaf@thehealthandwellnesshub.org.uk](mailto:motherwelllaf@thehealthandwellnesshub.org.uk) |
| The North | Cornerstone House | [locality.host@cornerstone-house.org.uk](mailto:locality.host@cornerstone-house.org.uk) |
| Wishaw & Shotts | Getting Betting Together | [mark@shottshealthyliving.com](mailto:mark@shottshealthyliving.com) |

**Appendix 3: Community Solutions LAF Monitoring Form**

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