Please read the guidance note before you prepare your application, this can be found here [on the Community Solutions website.](https://www.communitysolutionsnl.org.uk/community-solutions-thematic-fund-application-and-guidance/)

**Please complete your application electronically and submit by email to** [Thematics@vanl.co.uk](mailto:Thematics@vanl.co.uk) **no later than 5pm on Friday 4th April 2025**

|  |  |
| --- | --- |
| Section 1: Your organisation | |
| 1.1 Organisation Name |  |
| 1.2 Contact name |  |
| 1.3 Organisation Address (first line) |  |
| 1.4 Postcode |  |
| 1.5 Telephone |  |
| 1.6 E-mail |  |
| 1.7 Website |  |
| 1.8 Social Media |  |
| 1.9 ALISS Link |  |
| 1.10 Please identify the organisation type. |  |
| 1.11 Are you applying to any other funding streams to deliver this work? |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Your project** | | | | | | | | | | | |
| **2.1** **Project Name** **(15 words max)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.2. Please provide a description of your project.** (No more than 450 words)  **Please give details such as:**   * **Aims** * **Beneficiary Groups** * **Planned activities- such as capacity building, engagement work** * **Staffing and Volunteers** * **Anticipated Impact** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.3 Please indicate which of the six Health and Social Care NL locality/ies you will be delivering your project in.**  (Please tick all that apply) | | | | | | | | | | | |
| Airdrie | Bellshill | Coatbridge | | | | The North | | Motherwell | Wishaw & Shotts | | NL Wide |
| **2.4.1 Proposed start date**  (dd/mm/yyyy) | |  | | | | **2.4.2 Proposed end date**  (dd/mm/yyyy) | | |  | | |
| **2.5 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 funding ends. No more than 150-200 words** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 2.6 Please tell us about the difference your project will make. | | | | | | | | | | | |
| **2.6.1 What difference will your project make? i.e. your project outcome** | | | | **2.6.2 Which Community Solutions outcome(s) does it relate to?** | | | | 2.6.3 How many people do you aim to support? (Approximately) | | **2.6.4 How will you know? What evidence will you collect to demonstrate this difference?**  (see guidance note section A.2.11.3 for access to options 1 and 2) | |
|  | | | |  | | | |  | |  | |
|  | | | |  | | | |  | |  | |
|  | | | |  | | | |  | |  | |
| **2.7 Please tell us how you know there is a need for this project. (No more than 300 words)**  Please include how relevant stakeholders have been consulted to inform this project application, and how you will continue to involve them going forward. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.8 Please tell us about the volunteers that will be involved in this project.** | | | | | | | | | | | |
| Number of volunteers (approx.) | | | | |  | | Number of estimated hours that volunteers will work | |  | | |
| Purpose/role of volunteers within this project  (No more than 200 words) | | | | |  | | | | | | |
| **Section 3: Bank Account and Funding** | | | | | | | | | | | |
| **3.1 Bank account check**  **Please select the appropriate option below**. (If you do not have a bank account or access to a bank account, we will discuss arrangements with you should your application be successful.) | | | | | | | | | | | |
| Organisation bank account | | | Access to a third-party bank account | | | | | No bank account or access to a third-party bank account | | | |
| **3.2 Please tell us how this funding will be used.** | | | | | | | | | | | |
| **Item** | | | **Description** | | | | | **Cost** | | | |
| Staffing costs (include gross pay costs and employer NI and pension costs) Please indicate if this is for new or existing staff. | | |  | | | | | **£** | | | |
| Volunteer costs (e.g. recruitment and training) | | |  | | | | | **£** | | | |
| Equipment (e.g. ICT needed to support the project) | | |  | | | | | **£** | | | |
| Staff and Volunteer travel expenses | | |  | | | | | **£** | | | |
| Other costs (Please specify each item and show a cost for each item. Please add more rows if needed.) | | |  | | | | | **£** | | | |
| **Subtotal funding requested** | | | | | | | | **£** | | | |
| Organisational Overhead Costs (Please detail all costs e.g. rent; management costs, etc. and should be no more than **10%** of total funding applied for.) | | |  | | | | | **£** | | | |
| **Total funding requested** | | | | | | | | **£** | | | |
| **3.3 Is the funding applied for sufficient to cover the full costs described here?** | | | | | | | | | | | |
| Yes | | | | | | No | | | | | |
| **3.3.1 If no, please indicate from the list here any additional resources your project will require to support delivery in addition to this award.**  **Please tick all that apply.** | | | | | | ​ ​ Additional/Match Funding from another source. Please specify amount required and whether you have applied for this to date.  ​ In kind support. e.g. premises costs, staff support  ​ Other. Please specify | | | | | |
| **Please provide more detail in the space below** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **3.4 Can you confirm your project will be paying at least real living wage and support other Fair Work principles? (See section A.2.4 of the fund guidance note)** | | | | | | | | | | | |
| Yes | | | | | | No | | | | | |
| Section 4: Authorisation | | | | | | | | | | | |
| **GDPR Statement – please read**  By signing this proposal, you consent to part or all of the information you supply being stored on a computer and to it being used for the administration of the funding applications. Copies of this information may be provided to individuals or partner organisations that are helping us assess applications.  Voluntary Action North Lanarkshire – which manages the Community Solutions Programme - may share information with other grant funders and partner agencies to help prevent fraudulent applications and to co-ordinate the process of complementary applications. | | | | | | | | | | | |
| **Name** | | | | | |  | | | | | |
| **Position in Organisation** | | | | | |  | | | | | |
| **Date** | | | | | |  | | | | | |
| **Signature** | | | | | |  | | | | | |