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: About Your Organisation** | |
| * 1. Organisation name |  |
| 1.2 Contact Name (please provide 2) |  |
|  |
| 1.3 Organisation Address (first line) |  |
| 1.4 Postcode |  |
| 1.5 Telephone |  |
| 1.6 Email (please provide 2) |  |
|  |
| 1.7 Website | **Optional** |
| 1.8 Social Media | **Optional** |
| 1.9 ALISS Link | **Optional** |
| 1.10 Please identify the organisation type. | * **Scottish Charitable Incorporated Organisations (SCIO)** * **Companies Limited by Guarantee** * **Trusts** * **Not-for-profit company or asset locked company or Community Interest Companies (CIC)** * **Cooperative and Community Benefit Societies ▪ Community councils** |
| 1.11 Are you applying to any other funding streams to deliver this work? | **If yes, please list each fund applied to. Similarly highlight if the running of this** **project is dependent on success from multiple funders or if it can be solely delivered using the Thematic Funding if other applications are not successful.** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 2: About Your Project | | | | | | | | |
| **2.1 Project name.** No more than 10-12 words | | | | | | | | |
| **Please provide a short name for your project which closely relates to your planned activities.** | | | | | | | | |
| **2.2. Please provide a description of your project.** (No more than 450 words)    **Please give details such as:**   * **Aims** * **Beneficiary Groups** * **Proposed activities- such as capacity building, engagement work** * **Anticipated Impact** | | | | | | | | |
| * **Aims** * **Please Outline the Aims of your project**      * **Beneficiary Groups** * **Outline the beneficiary groups your application aims to support. Please explain specifically how these groups will be supported through this project.** * **Activities** * **Outline the proposed activities of the project. These activities should be linked to the priority activities outlined in A.1.2**      * **Anticipated Impact** * **Outline how continuation of the project will impact the proposed beneficiary groups.** | | | | | | | | |
| **2.3 Please indicate the group or groups of people your project will support (beneficiaries). Please tick the top 3.** | | | | General public  Infants (0-4)  Children (5 to 15)  Young people (16 to 26)  Adults (18-65)  Older adults (over 65)  People in Poverty or Deprivation  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: | | | |  | | | | |
| **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 Proposed  start date | | **Must be after 01/01/2026** | | | 2.6 Proposed  finish date | | **Must be before** | |
| **2.7 Which localities do you intend to deliver your project in? Please note this fund requires delivery to take place in 3 or more localities.** | | | | | | | | |
| Airdrie | Bellshill | | Coatbridge | | Motherwell | The North | | Wishaw& Shotts |
| **2.8 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 thematic funding ends**. **No more than 150-200 words** | | | | | | | | |
| **Please see section A.2.9 of the guidance note for some examples.** | | | | | | | | |

|  |
| --- |
| Section 3: Working Together |
| **3. 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. |
| **This can include:**   * **Feedback from people supported by the project previously** * **Feedback from volunteers/staff** * **Key findings from reports sent to VANL in previous phases** * **Feedback from partner organisations**     **We are looking for additional details for the demand of the project, this should reflect the need for the continuation of the project**. |

|  |  |  |  |
| --- | --- | --- | --- |
| 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.*  *(If more than 4 outcomes are being met, please add an additional row)* | | | |
| **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?**  (See guidance note section A.1.3) | **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? What evidence will you collect to demonstrate this difference?**  (see guidance note section A.2.11 for access to options 1 and 2) |
| **Please outline what outcomes your project will aim to achieve** | **Answers must come from the list provided in A.1.3** | **Please provide the number of unique individuals who will be potentially supported through this outcome.** | **Answers must come from a valid evaluation method. ​Please see evaluation supports we have listed in A.2.11** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 5: Project Funding Applied For | | | |
| **5.1 Please tell us what funding you are applying for from the fund to deliver your project.** | | | |
| **Item** | **Description**  Please specify what these costs are for | | **Cost** |
| Staffing costs (include gross pay costs and employer NI and pension costs)  Please indicate if this is for new or existing staff. | **Staffing Costs directly linked to the delivery of the application activities** | |  |
| Volunteer costs (e.g. recruitment and training) | **Volunteer costs such as training or volunteer food provisions** | |  |
| Equipment (e.g. ICT needed to support the project) | **Equipment and resources to be used within the applications activity** | |  |
| Staff and Volunteer travel expenses | **Expenses for staff or volunteers delivering the activity** | |  |
| Other costs (Please specify each item and show a cost for each item. Please add more rows if needed.) | **Organisations can apply for up to £5,000 within their application to be spent on capital purchases such as:**   * **Construction** * **Refurbishments and/or purchase of building** * **Amenities** * **Vehicles**   **This spend must be justified in section 2.3** | |  |
| **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.) | Overhead costs for the project such as rent and a proportion of the management cost to support delivery of the project and to support evaluation. | |  |
| **Total funding requested** | | |  |
| **5.2 Is the funding applied for sufficient to cover the full costs described here?** | | | |
| Yes ​☐​ | | | No ​☐​ |
| **5.3 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.**  **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. e.g. premises costs, staff support  Volunteer time to deliver project.  Other. Please specify |
| **Please provide more detail in the space below** | | | |
|  | | | |
| **5.4 Can you confirm your project will be paying at least real living wage and support other Fair Work principles? (See section A.2.6 of the fund guidance note)** | | | |
| Yes ​☐​ | | No ​☐​ | |

|  |  |
| --- | --- |
| Section 6: Application Approval and Consent | |
| **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. | |
| **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 |