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 |  |
| 1.3 Organisation Address (first line) |  |
| 1.4 Postcode |  |
| 1.5 Telephone |  |
| 1.6 Email |  |
| 1.7 Website |  |
| 1.8 Social Media |  |
| 1.9 ALISS Link |  |
| 1.10 Please identify the organisation type. |  |
| 1.12 Are you applying to any other funding streams to deliver this work? |  |

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| Section 2: About Your Project | | | | |
| **2.1 Project name.** No more than 10-12 words | | | | |
|  | | | | |
| **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** | | | | |
|  | | | | |
| **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 |  | | 2.6 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 the thematic funding ends.** **No more than 150-200 words** | | | | |
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| 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. |
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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.*  *(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.2.11.3 for access to options 1 and 2) |
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| Section 5: Project Funding Applied For | | | |
| 5.1 Please tell us what costing 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. |  | | **£** |
| 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** | | | **£** |
| **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.** | | | 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.2.4 of the fund guidance note)** | | | |
| Yes ​☐​ | | No ​☐​ | |

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| --- | --- |
| 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 |