**The Scottish Veterans Fund**

**2022/23 Application Form**

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Before completing this application, **please make sure you have read the accompanying application guidance**. Applications are preferred to be received by email. Written applications should be completed clearly in black ink or type.

Completed applications must be received **no later than midnight of Friday 12 November 2021. This deadline is absolute and all documentation required must be received on time.**

Please send your completed application form and safeguarding policy to office@veteransscotland.org.uk. Please include the name of your organisation in the subject field of your email. Alternatively you can send via post to:

**Scottish Veterans Fund**

**Veterans Scotland**

**New Haig House**

**Logie Green Road**

**EDINBURGH**

**EH7 4HR**

**Telephone: 0131 550 1569**

**Further help available**

Please refer to the accompanying application guidance in the first instance. However, should anything be unclear or should you wish to discuss any aspect of the application then please contact Veterans Scotland on 0131 550 1569.

**Section 1: Organisation details**

For consortium bids, please note **paragraph 34 in the application guidance** and provide the details of only the lead organisation for the bid in Section 1.

**1.1 Organisation name**

What is the legal name of your organisation? (As shown in your governing document)

|  |
| --- |
|  |

Is your organisation commonly known by another name? Please give details below

|  |
| --- |
|  |

**1.2 Organisation Activities**

Please briefly describe the current main activities undertaken by your organisation in Scotland. **Max 150 words.**

**1.3 Organisation address**

What is your organisation’s registered address, including postcode?

|  |  |
| --- | --- |
|  | Phone number: |
| Email address:  |
| Fax number: |
| Website: |

**1.4 Contact details for the project**

Please supply details of the person in your organisation who will be the main contact for this application. We may contact this person to discuss the application in more detail.

|  |  |  |
| --- | --- | --- |
| Title:  | Forename:  | Surname:  |
| Position or job title: |
| Address for correspondence, including postcode: |
| Phone number:  | Email address: |

**1.5 Organisation type**

Application organisations must constitute a “legal person”, meaning it is legally constituted and can enter into a contract in its own right. See application guidance for details.

Does your organisation hold “legal person” status? Yes [ ]  No [ ]

If not, do you intend to secure this status before any release of funds from the SVF?

Yes [ ]  No [ ]

*If your organisation does not currently hold “legal person” status but you do intend securing this before release of funds, please enclose a copy of your governing document (for example, constitution, set of rules or trust deed) with your application.*

Please tick which category applies to your organisation:

Registered charity / voluntary / community organisation [ ]

Registered company [ ]

Statutory body [ ]

Other (please specify)

|  |
| --- |
|  |

Is your organisation headquartered in Scotland? Yes [ ]  No [ ]

Does your organisation occupy premises in Scotland? Yes [ ]  No [ ]

**1.6 Registration numbers**

Does your organisation have a charity, company or other reference or registration number? If so, please write it below.

|  |  |  |
| --- | --- | --- |
| SCIO number: |  Scottish/UK charity number:  | Company number: |
|  |  |  |

**1.7 Organisation’s Safeguarding Policy**

Applicant organisations are required have a robust safeguarding policy in place to protect vulnerable groups and to provide a copy of this document as part of the application. Please see **paragraph 35 of the Application Guidance** for further information.

Does your organisation have a relevant Safeguarding Policy and is it included? Yes [ ]  No [ ]

**1.8 Other Scottish Government Funding**

Is your organisation currently, or about to be within the next financial year, in receipt of any other Grant Funding from the Scottish Government, its agencies and bodies? If so, please provide a brief overview of the project and the level of grant funding being / to be received over the length of the project.

|  |  |  |
| --- | --- | --- |
|  | **Grant / Project Description** | **Amount**  |
| 1 |  | £ |
| 2 |  | £ |
| 3 |  | £ |
| 4 |  | £ |
|  | **Total Scottish Government grant funding:**  | **£** |

**1.9 Summary of accounts**

Please complete the table below for the last 3 financial years, or from when trading commenced. If the organisation has been running for less than 15 months, please also provide a financial projection.

**Do not** send in the full accounts from your organisation. The Scottish Government reserves the right to request this information if required as part of the application process or at a later date.

|  |  |
| --- | --- |
| Account year ending: Day/Month/Year:  |  |
| Total income for the year: |  |
| Total expenditure for the year: |  |
| Surplus or deficit at the year-end: |  |
| Total savings or reserves at the year-end: |  |
| Have your accounts been audited?  | No / Yes |
| Please state if the figures above information from the latest accounts approved by your organisation or a projection because your organisation has been running less than 15 months? |  |

|  |  |
| --- | --- |
| Account year ending: Day/Month/Year:  |  |
| Total income for the year: |  |
| Total expenditure for the year: |  |
| Surplus or deficit at the year-end: |  |
| Total savings or reserves at the year-end: |  |
| Have your accounts been audited?  | No / Yes |
| Please state if the figures above information from the latest accounts approved by your organisation or a projection because your organisation has been running less than 15 months? |  |

|  |  |
| --- | --- |
| Account year ending: Day/Month/Year:  |  |
| Total income for the year: |  |
| Total expenditure for the year: |  |
| Surplus or deficit at the year-end: |  |
| Total savings or reserves at the year-end: |  |
| Have your accounts been audited?  | No / Yes |
| Please state if the figures above information from the latest accounts approved by your organisation or a projection because your organisation has been running less than 15 months? |  |

**Section 2: Project bid details**

**2.1 Project title**

Please provide a title for your project that highlights its aims and that can be used to publicise the project should your application be successful.

**2.2 Overview of the project**

Please include summary of the project, how it meets the aims of SVF and the area(s) of the veterans community it will benefit. **Max 500 words.**

**2.3 Need for Project**

Please describe why your project is needed and how you have identified this need. Where possible, this should include quantifiable evidence. **Max 200 words.**

**2.4 Delivery of Project**

Please tell us about how you intend to deliver this project and the skills and experience that your organisation or delivery partners have in the delivery of this type of project or other relevant activities. **Max 200 words.**

**2.5 Project outcomes**

Please list up to three outcomes, supported by up to three outputs each, which describe what the impact of your project and how you will measure, track and validate progress.

|  |  |  |
| --- | --- | --- |
| **Project Outcomes and Outputs**Describe the outcome you wish to achieve at the end of project and the outputs that will support these . | **Performance Measures** Describe how you will measure, track and validate progress against the project objectives. | **Target**A quantifiable target for the outcome |
| **Outcome 1:****Output 1.a.****Output 1.b.****Output 1.c.** |  |  |
|  |  |  |
|  |  |  |

**Section 3 – Project Funding**

**3.1 Total Project cost**

Please outline the projected total costs for the whole of the project. Please add more lines if required.

|  |  |
| --- | --- |
| **Project Spend Breakdown** | **Forecast Cost** |
| 2022/23 |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Total cost:** | **£** |

**3.2 Requested funding**

Please outline the level of funding you are bidding for from the Scottish Veterans Fund and a **high level breakdown** of what this will be spent on. Please add more lines if required.

|  |  |
| --- | --- |
| **Project Input**  | **Forecast Cost** |
| 2022/23 |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Total cost:** | **£** |

**3.3 Match funding**

Please show how match funding (if applicable), including in kind, will be available, how this will be used and whether it has been secured. Please add more lines if required.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Funder / Description** | **Amount** | **Secured****Y/N?** |
| 1 |  | £ |  |
| 2 |  | £ |  |
| 3 |  | £ |  |
|  | **Total costs**  | **£** |  |

**3.4 Delivery partners (if applicable)**

Which organisations, if any, will assist in the delivery of this project and what their role will be. Please state what type of relationship this is, e.g. partnership agreement, contractual, MOU, informal. If applicable, please also an estimate of how much these organisations will be paid to deliver these roles or services within the project.

|  |  |  |
| --- | --- | --- |
|  | **Delivery partner and role** | **Amount: £** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
|  | **Total costs**  |  |

**3.5 Sustainability (If applicable)**

If you plan for your project to continue beyond the period of time you have bid for SVF funding, please show how you intend secure future funding or support. **Max 150 words.**

**Section 4. Declaration and Signatory**

I confirm that I am duly authorised to sign this declaration on behalf of the applicant organisation/s.

I confirm that this application has been authorised by the management committee/s, other governing body / bodies or board/s.

I certify that the information given in this application is true and confirm that any enclosures are current, accurate and adopted or approved by our organisation/s.

I understand that any offer of grant will be subject to terms and conditions and we confirm that the organisation/s has the power to accept this grant if the application is successful and to repay it if the grant conditions are not met.

I understand that, if we make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or if we knowingly withhold any information, this could make our application invalid and we will be liable to repay any funds.

I understand that the Scottish Veterans Fund administrators may commission an evaluation of the grant. I can confirm that we will co-operate with any evaluation related activities which are required of us by Veterans Scotland and further confirm that Veterans Scotland may use any part of our application for evaluation or research purposes.

I confirm our organisation has the legal power and ability to deliver the project described in this application form, both on behalf of ourselves and, if applicable, on behalf of consortium partners.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Title: | Forename | Surname: |
|  |
| Position or job title: |
| Phone number  | Email (if applicable) |
|  |   |  |
| Signature | Date |

|  |
| --- |
| **Data Protection**We will use the information you give us on this application form and supporting documents, during assessment and during the life of your grant (if awarded) to administer and analyse grants and for our own research purposes. We recognise the need to maintain the confidentiality of vulnerable groups and their details will not be made public in any way, except as required by law. Your signature on this form will be taken as confirmation of your understanding of our obligations under Data Protection Laws and your acceptance that we will not be liable for any loss or damage to you pursuant to our fulfilment of our obligations under the relevant law. |

**Annex A: Consortium Partner’s Details *(Delete if not required)***

**A.1 Organisation name**

What is the legal name of your organisation? (As shown in your governing document)

|  |
| --- |
|  |

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|  |
| --- |
|  |

**A.2 Organisation address**

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**A.3 Contact details for the project**

Please supply details of the person in your organisation who will be the main contact for this application. We may contact this person to discuss the application in more detail.

**Name of contact**

|  |  |  |
| --- | --- | --- |
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| Position or job title: |
| Address for correspondence, including postcode *(write ‘as above’ if the same as organisation’s registered address* |
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**A.4 Organisation type**

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Registered company [ ]

Statutory body [ ]

Other (please specify)

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|  |  |
| --- | --- |
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