



for ALVO use
Reference No.

Social Capital Fund Application for Grant Assistance

Before completing this form please read the **Guidance Notes**: Reading the guidance will improve your chances of completing a successful application.

All questions need to be answered. You should not put “see attached” under any question to refer to another document – we **cannot** accept supporting information or appendices.

This form must be completed in type or **BLOCK CAPITALS** using **BLACK INK**.

As we require an original signature on each application we cannot accept submission by email or fax.

Certification Signature

I certify that I am authorised to submit this application on behalf of the group detailed below. The information which follows is, to the best of my knowledge, true and accurate.

Signature Date

Name

Position in organisation

Contact Details

What is the name of your group?

Who is the main contact for correspondence and enquires about this project?

Name:

Contact Details continued

Address for correspondence (please ensure you include your post code)

Address:

.....

..... Postcode:

Contact telephone: (code and number)	
Fax (if available)	
Email (if available)	

About your application

Please tell us (in a nutshell) what your project will be and what you hope to achieve

About your group

What is the main objective of your group? (Tell us what the group does and why)

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How many management committee/steering group members are there?			
How many of these live locally?			
How many other members are there in the group?			
If you employ staff, please tell us how many?	Full-time	Part-time	Sessional

Please tell us about any working contacts you have with:

	Which Department	Contact Officer
South Lanarkshire Council		
Your local Health Authority or Trust		
ALVO or SoLVE		
Scottish Enterprise Lanarkshire		
Others		

Where does your group draw most of its membership from and where does it carry out most of its activities.

Town, village and/or neighbourhood	
Postcode District (e.g. ML11 7LZ)	

Funding

Please tell us about any other grants or funding you have received or have applied for in the last three years.

	Funder	Successful			Amount
		Yes	No	Pending	
Lottery Funds					
Local Authority					
Health Authority Trust					
Scottish Enterprise Lanarkshire					
Other Funder (please specify)					

How much do you have in your cash/banked reserves that is not specifically earmarked or ring fenced for other activities?

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Funding continued

Please outline your fundraising activities and any future plans for generating income

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What will happen at the end of the **Social Capital** funding?
Do you have any plans for extending or building on this project?

About your Project

What will your project be called?

This should not be the same as your group's name

How do you know that your project is needed, and what generally do you hope to change?. (Please refer to Step 1 of the Guidance)

What specifically will you change as a result of your project (Please refer to Step 2 of the Guidance)

What resources will you need? (Please refer to Step 3 of the Guidance)

How much are you asking for from the **Social Capital Fund**?

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Please Detail the individual items you want your Social Capital grant to pay for.

Ensure that you identify the items in sufficient detail for us to establish value for money.

	Item(s)	Anticipated Cost
Staff salaries (including sessional workers and volunteer expenses)		
Training Fees		
Premises rental and, utilities costs		
Hire and lease of equipment		
Printing, design and photocopying		
Advertising, publicity and recruitment		
Consumable and stationery		
Publications and training materials		

Telephone		
Internet		
Postage		
Small items of equipment		
Professional Fees		
Travel		
Catering, venue hire accommodation etc		
Child or dependent care		
TOTAL:		

Where will the project take place?

Area
Full Postcode:

Where will the majority of participants come from?

Area
Full Postcode:

Who will be your main target group/s

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What methods will you adopt

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What will be the key activities and achievements of the project and when will these be undertaken or reached?

Your events and achievements should be specific and realistic in order that you can measure the progress.

Activity or achievement	Likely Date

Timing

When do you expect this project to begin?/...../..... (dd/mm/yy)

The start date should be at least two months after the date of application

(NOTE: we cannot fund an activity started or committed before you attend a managing your grant workshop).

When do you expect the project to end?/...../..... (dd/mm/yy)

(This should be no longer than one year after the date of approval)

When would you want the grant to be paid?/...../..... (dd/mm/yy)

If successful we will need to agree a payment and expenditure schedule with you – in some cases we may only be able to offer you part or phased payments.

How will you publicise this project?

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<p>a. How will the project make a difference to your group?</p> <p>What will change?</p>	
<p>b. How will the project benefit the people your group seeks to serve?</p> <p>What will change?</p>	
<p>c. How many people will benefit as a result of the project?</p>	

Your project should include **at least one** of the following.
 Please estimate the numbers for all that apply to your project:

	Number
a. People trained or into education	
b. People helped or advised	
c. Women given assistance	
d. New Community audits/surveys	
e. Underemployed assisted	
f. Feasibility study	
g. New fund raising activity	
h. Extended services	
i. Increased numbers of volunteers	
j. People accessing new ICT services	

Please use the space below to tell us of any difficulties you experienced when filling out this form. Were any questions confusing? did you feel you were being asked the same question more than once? By letting us know of any difficulties you encountered, we can help make this form easier to complete by others.

**Please return your completed application form, eligibility checklist and constitution to:
 ALVO, 2 Hope Street, Lanark ML11 7LZ
 Tel: 01555 661233**

Eligibility Checklist



This form will allow us to quickly confirm that your project meets the first eligibility check we carry out on receipt of your application.

Is your organisation (please tick all that apply)

- A community group?
- A voluntary organisation?
- A registered charity?
- A community cooperative or not for profit business?
- A consortium or partnership?
If yes, please list member organisations over the page
- Other? (Please specify)

Are the members of your management committee or steering group volunteers and do they live in the local community? Yes No

Is your organisation's management independent of controlling influence or directions from a local authority, health authority or any other statutory agency? Yes No

Does your organisation have a constitution or agreed set of written rules that allows you to do what you are applying for? Yes No

NB: Please include a copy of your constitution with this application

Is membership of your organisation open to all and do you act with an understanding of the principles of equal opportunities? Yes No

Does your organisation have, or is it willing to open its own bank or building society account requiring two signatures each with a different address? Yes No

Does your organisation have independent access to its own funds, control its own budget and expenditure and present its own accounts? Yes No

Is your organisation prepared to enter into a formal agreement with ALVO regarding the delivery of the project, record keeping and monitoring of expenditure and reporting of activities funded by the Social Capital Fund? Yes No

Have you signed the application form? Yes No

If you intend to employ someone, do you have a recruitment policy and procedure in place and are able to prepare a contract of employment meeting current legislative requirements? Yes No

If not would you be willing to undertake TRAINING in this? Yes No

Have you completed every question of this application form? Yes No
(N.B. incomplete applications will be returned)