The Maclellan Foundation

**We partner with the courageous to change Scotland**

**Application Checklist**

When submitting the following application, please ensure that you have completed and attached the following documentation:

Mandatory (required for **ALL** applications)

* Latest audited/independently examined Accounts or a current bank statement if a newly registered Charity.
* A fully costed budget (a template can be downloaded)
* A job description if applying for funding towards the salary costs of a specific worker (existing or new)

Additional

* A quotation if applying for funding towards the purchase of a specific item or the renovation of a building
* Latest Annual Report
* Business Plans/Financial Projections
* Any other supporting information, e.g. case studies/pictures/feedback

When completing your budget please provide a full breakdown costs and tell us about any funding already secured, where the funding is from, the amount and whether it is restricted to a particular piece of work or specific post. Please also detail any projected income, e.g. from applications to other Trusts/Foundations, and when you expect to receive a decision on these. Where you have a projected shortfall please also tell us how you expect to meet this out with your application to

Once completed please post or email this to The Maclellan Foundation Scotland, 1 Chalton Road, Bridge of Allan, FK9 4DX Email: ks.ferguson1@gmail.com

**Funding Application**

***(Please Note: The boxes will expand, as required, as you input text)***

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| **Organisation Details** |
| Organisation Name |  |
| Website |  |
|  |
| A Registered Charity (including Charitable Incorporated Organisations) |  |
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| **Organisation Address**  |
| Street Name and No. |  |
| Town/City |  |
| Local Authority |  |
| Postcode |  |
| Telephone Number (this should be a landline) |  |
| **Organisation Staff Numbers**  |
| Total Staff Number |  |
| Full Time |  |
| Part Time |  |
| Regular Volunteers |  |
| **Organisation Contact***(This MUST be a Board/ Trustee/ Management Committee Member and the person who authorises the submission of this application)* |
| Forename(s) |  |
| Surname |  |
| Position Held |  |
| Telephone Number |  |
| Email |  |
| **Organisation Board or Management Committee Members** |
| Suggest that this section be a broader Governance Section incorporating;• Min 3 trustees• No clear conflict of interest (staff & trustees or connected parties)• Protection of vulnerable groups (policies in place)• Equality and Diversity policy |

**Are you a newly registered organisation with less than a year's accounts?** [ ]

If so please provide details of an independent referee below. Please also provide a current bank statement (dated within 3 months) with your application.

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| **Independent Referee Details** |
| Full Name |  |
| Organisation |  |
| Position |  |
| Address |  |
| Telephone Number |  |
| Email |  |

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| **Funding Request** |
| Project Name |  |
| **Application Contact**This is the person we will contact with any queries about the application and should be someone with a good working knowledge of the application who is able to provide further information about the grant request. This should not be the same person noted as the Board or Management Committee Member contact. |
| Forename(s) |  |
| Surname |  |
| Position Held |  |
| Telephone Number |  |
| Email |  |
| **Project Location** |
| Please tell us the local authority area(s) in which the work will take place. Where there is more than one project location please tell us how the work will be split across these, If the exact split is not known we will assume an even split across all the locations listed.

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| **Location** | **Percentage** |
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| **Who will benefit** |
| How many people do you expect to directly engage with/benefit from this work? |
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| **Brief description of the organisation, including past developments and successes***(Please tell us in your own words about the purpose of your organisation and what it does, including details of past developments or successes. This should not simply be a copy of the aims and objectives from your Accounts or Constitution)* |
|  |
| **Please provide details of the project, activities or services you are asking us to fund***(Please be as clear and concise as possible when describing the project, activities or services which you are asking us to fund. This should include what you will do, where and when this will take place, who will be involved, how many people will benefit and which of our funding themes the work relates to. Please also include details of any partners involved in the delivery of the work and their role in this)* |
|  |
|  **How have you identified the need for this work?***(Please tell us how you have identified the need for the work for which you are seeking funding. Please note you may be asked to provide evidence of this)* |
|  |
| **Who will be involved in the delivery of the work? How will it be managed?***(Please tell us who will deliver the work described above and how this will be managed. Please note that where funding is requested towards the salary costs of a worker a job description must also be provided for the role. Please also confirm whether this is a new or existing post)* |
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| **If your request is for core funding or for an existing post/service, please provide details of how this has been funded to date and describe the changed circumstances under which the need for funding has arisen.** |
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| **How will this work be sustained beyond the period of funding?** |
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| **Outcomes**What are the overall changes you want as a result of this work? |
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| **What are the main differences (outcomes) you want to achieve in the first year of this work and what activities/services will help you to achieve these?*** Please identify 3 outcomes each with 3 associated activities.
* Each outcome should explain one of the differences you hope to make through the work in the first year. It will help to think about the three components: 'who' 'what' and 'how'. Who are the beneficiaries experiencing the change? What is changing? How is it changing (improved, reduced, maintained etc.).
* Under each outcome you should list at least three activities which will help you to achieve this difference. The activities should include relevant numbers.

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| **Outcome 1**Activity 1Activity 2Activity 3**Outcome 2**Activity 1Activity 2Activity 3**Outcome 3**Activity 1Activity 2Activity 3 |
| **How will you measure the difference the work has made?***(Please describe how you will evaluate whether you have achieved the differences you hoped to make (your outcomes) in the first year of the work. This should include the methods you will use and at what points you will gather the evidence. The evaluation plan you develop should be proportionate to the size of the work/project and the grant that you are requesting.*  |
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| **Will the work to be funded involve children or vulnerable adults?** [ ] Please note that we expect you to be able to meet the following requirements.  You may also be asked to provide evidence of this.  Please note if you are unable to meet these requirements or provide evidence of these it may affect your application.* + That you have safeguarding policies appropriate to the work which you are asking us to fund, which are reviewed annually.
	+ That you complete a rigorous recruitment and selection process for staff and volunteers who work with children, young people or vulnerable adults.
	+ That you follow statutory or best practice guidance on appropriate ratios of staff or volunteers to children, young people or vulnerable adults.
	+ That you provide appropriate child protection and health and safety training or guidance for staff and volunteers.
	+ That you carry out risk assessments and insurance reviews as appropriate.

I confirm that we meet these requirements [x] Name of Safeguarding Officer……………………………………………………Date Safeguarding Policies were last reviewed…………………………….Date of last training session on Safeguarding……………………………Have you had any Safeguarding Incidents in the last 12 months? Yes [x]  No [x] If Yes , how many? |

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| **What is the income and expenditure for the work?****(Please attach an outline budget for the period of funding requested)** | Capital [ ] Revenue [ ] Capital & Revenue [ ]  |
| **Total amount requested***(Leave blank if unsure)* |  |
| **If your application is successful, what will our grant pay for?** *(Please be specific about what funding is being requested towards, e.g. running costs of the organisation)* |
|  |
| **When is funding required?***(Please tell us when funding is required or when work is expected to start)* |  |
| **Please use this space to provide additional information which you feel is relevant to your application***(Please provide us with any additional information in support of your application not provided anywhere else on the form, including references to additional documentation)* |
|  |
| **Please use this space to provide additional information about the Accounts you are submitting with this application***(Please tell us about any areas within the Accounts which require explanation, for example where there is a large deficit for the period, high net current assets/investments or if your financial situation has changed significantly since your Accounts were produced. Please also tell us if the organisation has ring-fenced any of its unrestricted reserves for a future piece of work, e.g. building purchase or development of a new piece of work)* |
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| **Declaration** |
| To the best of my knowledge, the information provided on this application gives a true and accurate account of this organisation's work and needs. I confirm that I am authorised to commit my organisation in this way. I confirm that my organisation unconditionally authorises The Friends of Scotland Foundation to publish details of financial support given to my organisation and of the objectives of my organisation; to pass any details obtained about my organisation through this application or through subsequent assessment procedures to external agencies, including Government and other grant-making bodies, and also to use such information as part of any survey undertaken; and/or to use any such details as part of any press release or publication; and that without the need at any time to obtain the further consent or agreement from me or my organisation.**Please sign below** |
| I confirm that I, the applicant contact noted previously, agree to the above declaration. |  |
| I confirm that I, the organisation contact noted previously, authorise the submission of this application. |  |

1 Chalton Road, Bridge of Allan, FK9 4DX

Email: ks.ferguson1@gmail.com

Registered Charity No: SCO35570