



European Union



The Scottish Government
Riaghaltas na h-Alba

EUROPE & SCOTLAND

European Social Fund

Investing in a Smart, Sustainable and Inclusive Future

Aberdeenshire Tackling Poverty & Inequalities Fund Application Form 2014 - 17

- Please read the form and guidance notes completely before completion
- Please complete the form electronically and make a paper copy
- No project should start or commit expenditure before receiving approval of grant
- Please contact the Tackling Poverty & Inequalities Coordinator for guidance when completing this form

Please note this is an electronic form – the boxes will increase in size once you enter text.

FOR OFFICE USE ONLY

Project Reference Number		Date received	
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Project Approved Yes/No		Comments	
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SECTION 1: INITIATIVE OUTLINE

Name of initiative:	
Lead organisation / service:	
What work have you undertaken in preparation for this application? Please attach copies and give a brief description for each.	
Community Consultation	no / yes
Feasibility study	no / yes
Business plan	no / yes
Research of need/demand	no / yes
Other (please detail)	

Initiative location, please state where your project / service would be based:

Please state what communities and or client group will benefit from your initiative:

Please summarise your initiative as concisely as possible using the headings below:

Background:

Initiative aims:

Initiative outputs (refer to the activities, services and products provided by an organisation):

Output	Baseline	Additional	Total
Number of disadvantaged participants engaged in job searching, education/training, gaining a qualification, or in employment, including self-employment, upon leaving the project			
Number of volunteering opportunities within targeted communities			
Number of community-based skills and advice hubs			
Others:			

Initiative outcomes (Outcomes are the benefits and changes, the impact on, or consequences for, the community due to the initiative):

Output	Baseline	Additional	Total
Number of disadvantaged participants in workless, lone parent or low income households with improved money management skills			
Number of participants no longer affected by debt as a barrier to social inclusion			
Number of disadvantaged participants in workless, lone parent or low income households supported			
% reduction in number of children living in poverty within targeted communities			
Others:			

Please indicate which of the Tackling Poverty & Inequalities Principles this initiative will meet?

- 1. Improving Health Inequalities**
- 2. Addressing the causes of poverty, not its symptoms**
- 3. Making early interventions for vulnerable individuals, families and disadvantaged communities**
- 4. Promoting joint working between local partners**
- 5. Improving employability as a key means of tackling poverty**
- 6. Empowering communities and individuals to influence and inform decisions made**

Please describe any potential barriers to community access and participation in your initiative:

Please explain how the initiative proposes to address these barriers and how you intend to involve the local community in your project:

Explain briefly how this initiative integrates with, or is complementary to Aberdeenshire's Single Outcome Agreement, other programmes, strategies and activities that are Tackling Poverty & Inequalities in Aberdeenshire:

Please explain how the following horizontal themes will be embedded in your project:

Equal Opportunities:

Environmental Sustainability:

Social Inclusion:

Project start date: DD/MM/YY

Project end date: DD/MM/YY

Financial end date: DD/MM/YY

SECTION 2: ORGANISATION DETAILS

Main contact name:

Position:

Address:

Postcode:

Contact Number:

Alternative Contact Number

Fax Number:

Email address:

Organisation Status	Please indicate (X)
Company limited by guarantee	
Constituted group	
Public Body	
Other (please specify)	
On what date was your organisation formed?	
What are the main activities of your organisation?	

SECTION 3 – INITIATIVE COSTS

Please detail total costs of your initiative, together with likely dates. Funding is available for up to 3 years therefore the budget breakdown needs to reflect the years you are applying for.

Staff salaries (100% of time spent on project job title)	2015 Cost	2016 Cost	2017 Cost	2018 Cost	Total Cost
Total Staff Costs					

Other Costs
 A flat rate of 15% or 40% is applied to the staff costs to cover other project costs. Please indicate whether you require a 15% or 40% rate and provide a justification for this:

Total flat rate required: 15% or 40% x Total Staff Costs = £

Total grant requested: Total Staff Costs + Total Flat Rate = £

Match Funding: Please give details of other funding sources, which have been secured or applied for.

The funding sources need to cover the period in which funding is being applied for.

Name	Confirmed Yes/No	Date (Month/Year)	Amount £	Public/Private /In Kind
Total £				
Please detail the Fairer Scotland Fund and European Social Fund grant requested				
Total Funding Package This should equal Total Costs				

Financial Officer Contact Details

Name:	
Position:	
Address:	
Contact number:	
Email address:	

SECTION 4 – PREVIOUSLY FUNDED PROJECTS

If you have already secured Fairer Scotland Fund or European Social Fund grant for your programme / activity then please summarise the impact below:

Initiative aims: (only if different from this application)

Initiative outputs:

Initiative outcomes:

Added Value – Did the allocation of FSF / ESF result in other resources being secure, if so please state:

Why are you applying for continuation of funding?

SECTION 5 - INITIATIVE MANAGEMENT AND MONITORING

What monitoring system will you put in place to ensure your initiative is progressing?

Please provide details of how the initiative will continue after the funding has ceased (e.g. exit strategy, business plan, ongoing management and funding arrangements):

SECTION 6 – CHECKLIST

Documentation	Please tick if attached to the application
*A copy of the organisations most recent accounts	
*A Copy of the organisation's constitution or equivalent	
*Project action plan highlighting outcomes and impacts.	

Community Consultation	
Feasibility study	
Business plan	
Research of need/demand	
*Impact & outcomes previously achieved (only applicable by those organisations who have previously secured FSF)	
Other – Please state	

** Requires to be submitted with the application. Failure to submit the required documents will result in the application not being assessed.*

SECTION 7 - APPROVAL

This application form has been submitted to Aberdeenshire Community Planning Partnership by:	
Lead Officer	
Date	
This application has been approved by :	
– Print Name	<i>To be completed by TP&I</i>
Signature (MUST BE SIGNED)	<i>To be completed by TP&I</i>
Date	<i>To be completed by TP&I</i>

SUBMITTING YOUR PROPOSAL TO

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