

Aberdeenshire Employability Partnership: European Structural Fund Application Form 2016-18

January
2016

- 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	ESF	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
Strategic Pipeline Stages	
Other (please detail)	



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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
Unemployed and inactive participants with multiple barriers entering education or training			
Unemployed and inactive participants with multiple barriers gaining a qualification			
Unemployed and inactive participants with multiple barriers to employment			
Employed participants with multiple barriers to progressing in the labour market			
Others:			



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

Outcome	Baseline	Additional	Total
Unemployed and inactive with multiple barriers in employment, including self-employment, six months after leaving			
Employed participants with multiple barriers gaining a qualification upon leaving			
Employed participants with multiple barriers with an improved labour market situation six months after leaving			
Unemployed and inactive with multiple barriers in employment, including self-employment, six months after leaving			
Others:			

Please indicate which of the Employability principles this initiative will meet?

- 1. Increase Employment opportunities for unemployed people in rural areas throughout Aberdeenshire**
- 2. Assist the most disadvantaged individuals and households to maximise earning potential**
- 3. Improve employment opportunities for European workers by decreasing language barriers**
- 4. Improve and assist employment for those in recovery and suffering with mild to moderate mental health**
- 5. Promoting joint working between local partners**
- 6. Improving employability as a key means of tackling poverty**

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



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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 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



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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?



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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:

In order to take account of other, non-staff costs incurred, your project budget will be automatically increased with a further 'flat rate' applied. Two 'flat rate' percentages are available – 15% or 40%. Please state which rate would be appropriate for your project and explain why:

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

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



Please give details of other funding sources which have been secured or applied for. European funding is not eligible as match.

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

Name	Confirmed Yes/No	Date (month/yr)	Amount £	Public/Private/In kind
Total £				
Please detail the European Structural Fund requested				
Total Funding Package This should equal Total Costs				

Financial Officer Contact Details	
Name:	
Position:	
Address:	
Contact number:	
Email address:	



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SECTION 4 - 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):



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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	
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:

Alison Wood
Senior Clerical Assistant
Employment Support Team
Thainstone Business Centre
Inverurie
AB51 5TB

Tel: 01476 629278
Email: a.wood@aberdeenshire.gov.uk



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