A picture containing text, clipart

Description automatically generated

***The South Lanarkshire College Foundation***

***Funding Application***

The South Lanarkshire College Foundation honours the Foundations’ charitable intentions through the making of grants that further their charitable missions.

**Areas of interest**

The Foundation’s objects are:

* To advance and promote further education in South Lanarkshire, including, without limitation, to support South Lanarkshire College

and

* To promote charitable purposes, objects or charitable institutions within the catchment area of South Lanarkshire College in such proportions and manner as the trustees will think fit. The expression “charitable institution’ means a charity in terms of the Charities (Scotland Act 2005 and the expression “charitable purpose” shall include any activity which benefits the wider community within said catchment, whether or not the organisation is a registered charity.

***Funding application procedures***

The Board of Trustees will review Funding requests at each Board meeting.

Organisations will be notified of the decision of their application shortly after the Board meeting. On receipt of a completed application, you will be informed of the date of the next Board meeting and you can expect a formal decision shortly thereafter.

Every decision made will receive a written decision letter via post or email.

Please mail or email the completed funding application forms to:

The Secretary

The South Lanarkshire College Foundation

c/o the Principalship

South Lanarkshire College

College Way

East Kilbride G75 ONE

EMAIL: [wilma.macleod@slc.ac.uk](mailto:wilma.macleod@slc.ac.uk)

|  |  |
| --- | --- |
| Project Title |  |
| Total amount of funding requested from the Foundation via this current application (£) |  |
| Start Date: | End Date: |

**SECTION A: ABOUT YOUR ORGANISATION**

1. **Details**

|  |  |
| --- | --- |
| Organisation Name |  |
| Registered Charity No (if applicable) |  |
| Main Contact’s Name |  |
| Post Held in Organisation |  |
| Address |  |
| Postcode |  |
| Main contact telephone number |  |
| Email address |  |
| Website |  |

1. **How would you describe your organisation?**

* Voluntary Organisation YES/NO
* School/College/University YES/NO
* Registered Charity YES/NO
* Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Organisation background**
2. When was your organisation founded? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many paid staff does your organisation employ?

* \_\_\_\_\_\_\_\_\_\_

1. How many volunteers help each year?

* \_\_\_\_\_\_\_\_\_\_

1. How many beneficiaries does your organisation help in a year? \_\_\_\_\_\_\_\_\_\_
2. Please provide a brief summary of your organisation’s main aims and activities:

|  |
| --- |
|  |

1. **Financial details**

If your latest audited accounts show income from donations, fundraising or grants please indicate the % of your fundraising, management, and administration costs. (This helps up ascertain how much per £1 received by your charity/organisation is used in the pursuit of charitable activities).

|  |  |
| --- | --- |
| Total Received | Percentage of costs |
|  |  |

Income and Expenditure:

|  |  |
| --- | --- |
| Year ended |  |
| Total income: |  |
| Percentage of income spent on fundraising | % |
| Percentage of income spend on management & administration | % |
| Percentage of income used for charitable activities | % |
| Percentage of income used for other activities | % |
| **Total** | **100%** |

**SECTION B: ABOUT YOUR PROJECT**

1. **Information about your project for application**

How did you find out about the Foundation?

|  |
| --- |
|  |

**Any prior application(s)**

1. Have you previously applied for funding from the Foundation? YES/NO
2. What was the result of your application? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If successful, please provide details of the funding received and describe how the funding was applied .

|  |
| --- |
|  |

**Current application**

1. What is the name of the person/person’s responsible for managing the project, if different to the person applying? Please include their role/job title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why do you require funding? Please select as appropriate:

* Prior funding source has been withdrawn YES/NO
* An unexpected expense has arisen for which there is no budget YES/NO
* Changes in the regulatory environment/legislation requires additional expenditure to ensure compliance YES/NO
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the total amount of funding required for this project? (Inclusive of VAT if known)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the total amount of funding requested from the Foundation\* for this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If applicable, please include details of any other organisations/funders to which you have applied for financial support.

|  |  |  |
| --- | --- | --- |
| Organisation Name | Amount | Result (Y/N/Pending) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. How would you describe the type of financial support that you require via this funding application?

* General operating YES/NO
* Capital Project YES/NO
* Equipment YES/NO
* Other (e.g., pastoral support) YES/NO

If ‘Other’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Over what period would you require this potential funding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. When will the project commence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is the project’s entire duration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Please provide details about the people who will benefit from this application:

* How many individual people will benefit from this funding? \_\_\_\_\_\_\_\_\_\_\_\_
* Which age range do the most likely beneficiaries belong to?
* 0-15 YES/NO
* 16-25 YES/NO
* 26-34 YES/NO
* 35-50 YES/NO
* 50-65 YES/NO
* 65+ YES/NO
* How many beneficiaries are considered to be from disadvantaged/vulnerable backgrounds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what way are they considered to be disadvantaged/vulnerable? Please select all that apply:

* + - * Persons living in poverty.
      * Persons with disabilities and additional support needs
      * Persons living with chronic illness.
      * Migrants/Refugees/Asylum Seekers
      * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please explain what the funding will be used for, including an explanation of the activities that the project will undertake:

|  |
| --- |
|  |

1. What positive difference do you hope to achieve for the beneficiaries of this project?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How will you measure whether the project has achieved this?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C: EQUALITIES**

1. How does what you are proposing affect others? Have you considered impacts for people with protected characteristics or from areas of multiple deprivation which may arise from your project? If applicable, please state ‘There are no new matters for people with protected characteristics or from areas of multiple deprivation which arise from consideration of this application’.

|  |
| --- |
|  |

**SECTION D: RISK AND ASSURANCE**

1. Summarise the main risks if funding is not made available for this project and explain how funding may mitigate those risks?

|  |
| --- |
|  |

**Confirmation Statement:**

I hereby certify that the information contained within this form is complete, true and correct to the best of my knowledge.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_