**Apply**

\* indicates a required field

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**Organisation details**

Scottish Charity Number or Company Number

Organisation type

                                                                                                                                            

Organisation name

Organisation email address

Website address

If you have a website, please copy & paste the full address (beginning with http:// or https://)

Tell us briefly about your organisation’s governance structure
(maximum 100 words)

In which year was your organisation established?

|  |  | **Volunteers** |
| --- | --- | --- |
| Staff Numbers **Full Time Equivalent** **Volunteers** |  |  |

Select the main sector your organisation works in

                                                                                                                                            

**Organisation address**

**Please enter your main address in Scotland** (this will be pre-populated if you completed your Scottish Charity Registration number – but can be over-written if required)

Postcode

Street

Town/city

Local Authority                                                                                                                           

**vice delivery**

Where does your organisation deliver the majority of your work?

A local community or small number of local communities

Across one Local Authority area

                                                                                                                                                

Across several Local Authority areas

Nationally (Scotland)

UK-wide

Internationally (outwith Scotland)

How are the people and communities you seek to serve involved or able to influence how you deliver your services or support?
(maximum 150 words)

Does your organisation work specifically with any of the following people? (Select all that are relevant)

Age (older people)

Age (younger people)

Disability

Gender Reassignment

Marriage and Civil Partnership

Pregnancy and maternity

Race

Religion or belief

Sex

Sexual orientation

Socio-economic disadvantage

Other (please specify)

**Contact information**

**Main contact**

First name

Last name

Job title

Email address

Contact phone number

Alternative phone number

**Second contact**

We ask for a second contact so that we can support your plans as soon as possible. It should be someone senior within your organisation that can make decisions about the project.

First name

Last name

Job title

Email address

Contact phone number

Alternative phone number

**Organisation bank account details**

To increase the speed of making payments to successful applicants, we are asking for your organisational bank details at this stage. Please ensure the details are correct, and match the bank statement uploaded, to ensure money reaches the correct account.

Account name

Account number

Sort code

Bank name

Bank address

Bank postcode

**What type of support are you looking for?**

Is most of your application focused on making changes to your organisation so it can adapt for the future (Adapt and Thrive)?

Is most of your application focused on supporting the reintroduction and / or delivery of services in communities (Communities Recovery Fund)?

Are you looking for funding and support for both types of activity?

**Organisation finances**

How do you normally generate the majority of your income? (Select all that are relevant)

Competitive Tenders

Donations

Fundraising (including fundraising events)

Grants

Legacies

Loans

Membership Fees

Service Level Agreements

Sponsorship

Trading (selling to the public or other organisations)

Community Bonds

Community Shares

Do you regularly receive income from the sales of goods and services to other organisations and general public and/or deliver contracts or service level agreements?

Yes

No

**Tell us about your income and expenditure for the last year**

| **Year-ending (MM/YYYY)** | **Income** | **Expenditure** |
| --- | --- | --- |
|  | £ | £ |

What is your current bank balance?

£

This should include all bank accounts you have including any subsidiary and associated companies where applicable.

How much cash or unrestricted reserves do you currently have?

£

How much restricted and/or committed funds do you currently have?

£

Is there anything unusual about your current funding / income that you would like to explain? Or anything else that you would like to tell us about your organisation’s financial situation? Include details of any ringfenced or committed monies for specific work or project
(maximum 150 words)

Explain how your organisation’s finances have changed as a result of COVID-19 and the tier systems
(maximum 150 words)

**Recovery and funding plan**

Select the type of recovery support you are looking for (select all that are relevant)

Guidance on statutory requirements

Advice on helping to implement your recovery plan

General business support or advice

Funding

Other (please specify)

Explain briefly how your organisation operated before COVID-19.
(This should include information including your services, products and your capacity e.g. number of people you work with, hours you run each week etc.)
(maximum 300 words)

Have you been able to operate any services during COVID-19?

Yes

No

If yes, tell us briefly what you have been able to do.

Based on the impact COVID-19 has had on your ability to deliver your services, tell us how you would like to see your organisation recover and/or develop over the next 12 months.
(maximum 300 words)

Tell us how you feel your planned recovery/development will help your organisation’s financial position
(maximum 300 words)

Describe what type of help you need to implement any recovery and financial plans.
Include steps you’re taking to re-open; digital capacity, fundraising, new services, resources needed, staff training or recruitment.
(maximum 300 words)

If you need to make any physical changes to your building, tell us how this will ensure the safety and wellbeing for the people and communities you work with.
(maximum 300 words)

Tell us how your recovery plan will contribute to the health and wellbeing of your community. Priority for Adapt and Thrive will be given to organisations who can evidence the impact for people and communities who have been disproportionately affected by COVID-19
(maximum 300 words)

Please tell us about any aspects of your recovery plan you have concerns about
(maximum 150 words)

Tell us about the groups of people that are likely to be supported as a result of your recovery plan (select all that are relevant)

People who are shielding

People who have COVID-19 symptoms or are living with people who have COVID-19 symptoms

People who are non-shielding but are higher risk

People who are financially at risk

People who are homeless

Those with substance dependencies

People with existing mental health problems

People with learning disabilities

People with dementia

Victims of domestic abuse

Vulnerable migrants, including refugees, asylum seekers, those with no recourse to public funds, people affected by human trafficking and seasonal migrants

Gypsy / traveller communities

Early release prisoners

Victims of commercial sexual exploitation, including prostitution

Care leavers

Socially isolated

Other (please describe)

What is the total cost of your recovery plan?
(this should add up to your budget below and can be more than the amount you are looking for from Adapt & Thrive)

£

Please provide details of the budget needed to implement your recovery plan.
(Enter as much information as you can. E.g. dedicated/backfilling staff time, equipment, building works, consultants, premises/venue costs). The Business Advisors will discuss this with you.

| **Budget description** | **Amount** |
| --- | --- |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  |  |
|  |  |
| **Budget total** | £ |

How much money are you applying for from the Adapt & Thrive Programme?
(The minimum funding award is £5,000)

£

Check this box if you would consider taking part funding in the form of a 0% interest loan

If your total budget is more than the amount you are applying for, tell us about any other funders you are applying to for matched funding?

| **Funder** | **Funding requested** |  **Status** |
| --- | --- | --- |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |

**File attachments**

Please upload the following documents to allow us to conduct due diligence checks on these criteria. There is a 20MB combined filesize limit for this form. If your annual review and accounts is a larger document we will accept the accounts extracted and pasted into a new file.

Your main governance document
(Constitution, memorandum and articles, rules of operation etc.)

Your latest management accounts

Your cashflow forecast

Your latest bank statement\*

**Confirmation**

Please confirm that:

…you have read and accept the [Terms & Conditions](https://scvo.scot/support/coronavirus/funding/scottish-government/community-recovery/terms) (opens in new tab)

…you understand and accept our obligations under the General Data Protection Regulation (GDPR) set out in our [Privacy Policy](https://scvo.scot/privacy/community-third-sector-recovery-programme) (opens in new tab)

…you understand that by applying, the information you supplied will be shared with a range of national and local organisations for the purposes of verification and assessment. These include (but are not limited to) the Adapt and Thrive programme partners, the Recovery Communities Fund partners, relevant Scottish Government departments, Highlands & Islands Enterprise, and the South of Scotland Enterprise Agency

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