



## Covid-19 Temporary Emergency Fund - Govan

### Funding Proposal Form

All applications should be returned to [govancommunities@comlinks.org.uk](mailto:govancommunities@comlinks.org.uk).

Please note that the boxes will expand to provide an adequate amount of space to insert information, but size restrictions have been applied.

#### Information on your organisation.

<b>1. Name, address and contact details of the organisation applying for funding</b>					
Name of Organisation:					
Address:					
Post Code:		Telephone:		Email:	
<b>2. Details of contact person for the Organisation</b>					
Title:		Name:			
Telephone:		Email:			
Position in organisation:					
If this person has specific communication needs, please provide details					
<b>Details of project contact, if different from above</b>					
Title:		Name:			
Telephone:		Email:			
Position in project:					

If this person has specific communication needs, please provide details	
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<b>3. Have you received any other Scottish Government funding specifically relating to the coronavirus pandemic? This will include, but not be limited to: The Wellbeing Fund; Supporting Communities Fund; Food Fund; Third Sector Resilience Fund. Please state the funding stream, provide brief details on funding secured, amount and dates.</b>

<b>4. Details of partner organisation(s) involved in project</b>		
<b>Organisation</b>	<b>Planned activity on project</b>	<b>Allocation of funding from award</b>

<b>5. What are the main aims and activities of your organisation? (Max 300 words)</b>

## Your application for funding

<b>6. Please give your Application Form a title.</b>

<b>7. Which of the Thriving Place Themes does your proposal link to?</b>	
Arts, Heritage and Wellbeing <input type="checkbox"/>	Food for Good <input type="checkbox"/>
Learning for Life and Work <input type="checkbox"/>	Positive Communities <input type="checkbox"/>
Supporting Families <input type="checkbox"/>	Young People <input type="checkbox"/>

Building Connections	<input type="checkbox"/>
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**8. Please describe your proposal and how the activity will support the challenges arising from the Covid-19 emergency. (Max 500 words)**  
Remember to include details on what you intend to do, when it will happen, where it will take place, who would be involved and how you know there is a demand for it.

**9. Who in the local community will benefit from this project, and how? (Max 300 words)**

## Finance

**10. Please provide the following financial information on your proposal.**

<b>(a) Total cost of Project:</b>	£
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<b>Match Funding Secured</b>	£
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**(b) If you have secured or requested any other funding for your proposal, please provide details below.**

Funder	Amount	Confirmed/ pending	Activity this funding is for and how long it is for
	£		
	£		

<b>(c) Total cost of funding requested from this application:</b>	£
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**(d) Please provide a breakdown of the expenditure to be incurred on the funds requested in this application.**

Item to be purchased or activity to be supported	Cost
	£
	£
	£
	£
	£

10. Please provide the following financial information on your proposal.	
	£
	£
<b>Total cost of proposal:</b>	£

<b>Governance</b>	
10. Is your organisation constituted? If yes, please provide a copy of the constitution (max attachment size 5mb)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Does the organisation have a bank account with a least 2 unrelated signatories?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Terms and Conditions</b>	
The information set out in this Application Form, any appendices and any enclosed accompanying documents are correct.	
If a grant is awarded on the basis of this Application Form, the funds will be used in accordance with the purposes set out in this proposal.	
The organisation will comply with any monitoring and evaluation requirements as required.	
If the grant is used for the purchase of equipment it is the responsibility of the applicants to have adequate insurance cover and security.	
Money should not be spent until the funding is secured.	
<b>I have read and agree with the above Terms and Conditions</b>	
<b>Signed:</b>	<b>Print name:</b>
<b>Designation:</b>	<b>Date:</b>
<b>(Please note: this form must be signed by an Office Bearer e.g. Chairperson, treasurer, secretary).</b>	