

## Partnership Innovation Fund - Application Form

### Before completing this form

We would urge you to refer to the **Partnership Innovation Fund Guidance** and **Completing Your Application Form** publications before completing this form. Both of these publications can be found on our website: [www.cvsfalkirk.org.uk/changefund](http://www.cvsfalkirk.org.uk/changefund) or we can send out copies on request.

When completing this form by hand, please write clearly in black ink. You can complete this form on a computer – electronic copies are available on our website: [www.cvsfalkirk.org.uk/changefund](http://www.cvsfalkirk.org.uk/changefund)

If there is not enough space on the form then attach additional sheets putting the number of the question that you are answering and your organisation's name at the top of each additional sheet.

### About your organisation

<b>1</b>	<b>Name of your group / organisation</b>			
<b>2</b>	<b>Address for correspondence (including postcode)</b>			
<b>3</b>	<b>Name of contact person in your group who can answer any questions about this application</b>	Full name		
		Role (e.g. manager)		
		Phone number		
		E-mail address		
<b>4</b>	<b>Please list the names of the people on your committee / board and state their role (e.g. Chairperson, Treasurer)</b>	Full name	Role	
<b>5</b>	<b>How many volunteers (other than committee members) does your organisation have?</b>		<b>6</b>	<b>How many paid staff (part-time, full-time or sessional) do you employ?</b>
<b>7</b>	<b>Please state when your organisation started</b>			

8	If your organisation/group is a Charity, please specify your Charity number	
9	If your organisation/group is a registered company, please specify your Company number	
10	<b>Please state your group/organisation's main aims and activities</b>	
11	<b>Please tell us who benefits from the work your organisation/group does and briefly state how they benefit</b> (all of the work that you do, not just relating to this application)	
12	<b>Please state what geographical area your organisation/group operates in</b> (for all of the work that you do, not just relating to this application)	
13	<b>Support for your group/organisation:</b> the Council for the Voluntary Sector (CVS) and Volunteer Centre provides a range of training and support to organisations, groups and people in the Falkirk Council area. Please state below if you would like any support, for example to recruit volunteers, develop a volunteering policy, retaining volunteers, running your group, committee responsibilities, applying for funding, insurance, employing staff etc.	

## About the project/activity you want us to fund

14	<b>Name of the project/activity</b>	
15	<b>Please describe the project/activity.</b> Include things like: what you are planning to do; who will be involved; how you will manage it and what resources you will require.	
16	<b>Tell us when the project/activity will start</b> (month and year) <b>and when it will finish</b> (month and year)	
17	<b>Please tell us who will be involved in your activity/project and how will they be involved</b>	
18	<b>Please state the geographical area(s) where the activity/project will take place</b>	
19	<b>Tell us what difference your project/activity will make, i.e. state your outcomes</b>	

<b>20</b>	<b>Please describe how you will know that you have achieved these outcomes</b>
<b>21</b>	<b>Please list your suggested performance indicators for the project (between 4 and 6 would be good)</b>

### Funding and support

<b>22</b>	<b>Please list all of the resources that you require for this project/activity.</b> Please indicate which items you are applying to the Partnership Innovation Fund for by placing a 'YES' in right hand column.		
	<b>Item</b>	<b>Amount (£)</b>	<b>From Partnership Innovation Fund?</b>
	<b>TOTAL AMOUNT</b>	<b>£</b>	
	<b>Total amount being requested from Partnership Innovation Fund</b>	<b>£</b>	

23	<b>Please provide details of any other income you may have received, or have applied for/are applying for, for this project/activity.</b> Please include any contribution that you are making from your own resources.		
24	<b>Please detail any in-kind support, e.g. volunteer time, that your organisation/group will contribute</b>		
25	<b>Please tell us who you have spoken to about this project, e.g. older people, third sector organisations, independent sector companies, NHS or Falkirk Council staff etc. and the benefit of having done so</b>		
26	<b>Please tell us which Partnership Innovation Fund sessions (i.e. information, training or networking session), if any, have been attended by somebody from your organisation</b>		
	<b>Type of session</b> (information, training or networking)	<b>Date and venue</b>	<b>Who attended from your organisation</b> (full name)

## Banking details

27	<b>Please supply your organisation's bank account details</b>		
	<b>Account name (in full)</b>		
	<b>Bank/Building Society name</b>		
	<b>Bank/Building Society address</b> (including postcode)		
	<b>Sort code</b>		<b>Account number</b>
28	<b>Please state how many people need to sign a cheque for this account</b>		

## Referee

**29** Please give details of somebody who knows your group and is willing to act as a referee. This should be somebody who has known your group for at least 12 months and is independent from your group. **Please note:** you should advise the referee that the contact details supplied on this form will be stored on a database by the CVS for the purposes of administering the grants scheme and related activities.

Full name

Contact address  
(including postcode)

Phone number

How long have they known your organisation/group?

In what capacity do they know your organisation/group?

## Signatures

**30** **Two authorised signatories need to sign this form prior to submission.**  
**Important:** all contact details supplied on this form will be stored on a database by CVS Falkirk and District for the purposes of administering the grants scheme and related activities.

1

Name

Phone no.

Position in group

Contact address  
(including postcode)

Signature

2

Name

Phone no.

Position in group

Contact address  
(including postcode)

Signature

## Feedback

**31** We'd be grateful if you could share with us any comments or suggestions you have regarding this application form and the associated guidance notes.

## Checking your application

You may find it helpful to use this section as a checklist to ensure you include everything with the application.

Item	Included?
<b>Most recent annual accounts</b> (either audited accounts or externally verified accounts) <b>OR</b> <b>A copy of your most recent bank statements, covering at least 3 months, if your organisation has been established within the past 12 months. If that is the case, please also specify the estimated income and expenditure for your first year.</b>	
<b>Copy of your Memorandum and Articles of Association</b> (or other governing document)	
<b>Evidence of partnership endorsement</b> (as per Q25)	
<b>We would recommend that you also make the following checks before submitting your application.</b>	
Suggestion	Checked?
<b>All questions have been answered, or “none” or “not applicable” has been written as necessary</b>	
<b>Any additional sheets of information have the question number and organisation name clearly stated on each sheet</b>	
<b>Question 22 clearly states the total cost of the project in the first Total box and clearly states the total amount being sought from the Partnership Innovation Fund in the second Total box</b>	
<b>Contact telephone numbers have been supplied where requested</b> (questions 3, 29 and 30)	
<b>The form has been signed by two <u>authorised</u> signatories</b>	

## Submitting your application

Please return your completed form and extra material to us at the following address:

**CVS Falkirk and District, Unit 6, Callendar Business Park, Callendar Road, FALKIRK, FK1 1XR**

You can e-mail your application to us by the submission deadline but we must receive a signed, original copy, including any supporting information, by post or hand to the address above as soon after the e-mailed copy as you can reasonably manage. E-mail it to: [changefund@cvsfalkirk.org.uk](mailto:changefund@cvsfalkirk.org.uk)

## Additional information we might request

Please note that we may get in touch with you at any stage during the processing of your application to ask for some additional information, depending on, for example, the nature of your project/activity. This may include:

- A copy of your contents, public liability and/or other relevant insurance certificate
- A copy of one or more policies or procedures

## Help or support with applying to the Partnership Innovation Fund

Please contact us if you have any queries or would like help to complete this form:

Phone: **01324 692000** E-mail: [changefund@cvsfalkirk.org.uk](mailto:changefund@cvsfalkirk.org.uk)

