Resilient Communities Fund

North of Scotland Application Form

**The deadline for submitting this application form is 29 April 2022**.Please read the guidelines before completing this form. All sections must be completed, and applications must be returned electronically to Craig Mullen, Community Funds Manager at [craig.w.mullen@sse.com](mailto:craig.w.mullen@sse.com) . If extra space is required, a separate A4 document may be attached.

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| **Grant request: £** | | | | | **Total project cost: £** | | | | | | | | | | |
| **Section 1:** About your organisation and community | | | | | | | | | | | | | | | |
| Name of organisation | | | |  | | | | | | | | | | | |
| Contact name | | | |  | | | | | | | | | | | |
| Email address | | | |  | | | | | | | | | | | |
| Website | | | |  | | | | | | | | | | | |
| Telephone | | | | Daytime       Alternative | | | | | | | | | | | |
| If applicable, what’s your charity number? | | | |  | | | | | | | | | | | |
| Organisation address  (including postcode) | | | |  | | | | | | | | | | | |
| Please provide some background information on your organisation and describe its main activities including any previous community projects you have carried out. (max 150 words) | | | |  | | | | | | | | | | | |
| How many members does your committee have? | | | How many full-time staff do you employ? | | | | How many part time staff do you employ? | | | | | How many volunteers does your organisation have? | | | |
|  | | |  | | | |  | | | | |  | | | |
| What is the population size of your community? | | | |  | | | | | | | | | | | |
| Please describe the issues your local community has experienced in relation to resilience e.g.  • Previous extended power outages as a result of storms, snow or flooding.  • Scottish Index of Multiple Deprivation ranking | | | |  | | | | | | | | | | | |
| **Section 2:** Grant application | | | | | | | | | | | | | | | |
| Please provide a 25-word summary of the project | | | |  | | | | | | | | | | | |
| Please describe the project you are looking for SSEN to fund.  For example;  • What issues will you address?  • How will you do this? (activities you will deliver, equipment needed, how it will be used)  • Where will the project take place?  • Who will manage project and carry out the work required?  • If you are purchasing equipment, where will the item(s) be stored when not in use? Who will maintain it?  • Do you have the correct training/experience /qualifications to carry out the project?  (suggested 150- 400 words)  **Please Note:** If you are applying for a generator as part of your project you must complete a Generator Specification Form in addition to this application. | | | |  | | | | | | | | | | | |
| Does your project require any permits or planning permission? If so, are these in place? Please give details. | | | |  | | | | | | | | | | | |
| Which outcome does your project support and how will your project achieve this outcome?  The Outcomes are:   1. **Resilience for Emergency Events** - To enhance community facilities, services and communication specifically to support the local response in the event of a significant emergency such as extended power loss. 2. **Vulnerability** - To protect the welfare of vulnerable community members particularly during significant emergency events such as extended power loss, through enhancing their resilience and improving community participation and effectiveness.   (suggested 100–250 words) | | | |  | | | | | | | | | | | |
| Please describe if your project supports any of the priority areas of the fund.  The Priority areas are:   1. Projects which support communities who are particularly remote or isolated and have experienced emergency events due to poor weather in the past. 2. Projects in areas affected by recent significant storms which resulted in extended power loss. 3. Projects which demonstrate innovative approaches to improving the resilience of vulnerable community members. 4. Projects which support areas which can be difficult for emergency services to respond to events in. 5. Projects from communities which have not applied before and have been identified as having low resilience. 6. Projects which see communities working together and refer to local resilience plans.   (suggested 100-250 words) | | | |  | | | | | | | | | | | |
| Does your local area have a formal community emergency plan in place? | | | | **Yes** | | | | | **No** | | | | | | |
| Do the plans co-ordinate with local authority plans? | | | | **Yes** | | | | | **No** | | | | | | |
| Does your project complement the work of the emergency services? | | | | **Yes** | | | | | **No** | | | | | | |
| If you answered no to any of the three questions above, please provide further detail | | | |  | | | | | | | | | | | |
| Please describe if you have consulted with any key stakeholders (e.g. emergency services, local authority) or the local community for your project.  (suggested 100-150 words) | | | |  | | | | | | | | | | | |
| **Details of independent referee -** please confirm that if requested you could provide the details of an independent referee.  *The referee should be a person who is known to your organisation but is not directly involved in it. They should be a professional person.* | | | | |  |  | | --- | --- | | Yes | No | |  |  | | | | | | | | | | | | |
| **Section 3: Financial information** | | | | | | | | | | | | | | | |
| What’s your organisation’s main source of income? | | | |  | | | | | | | | | | | |
| Total income  last accounting year? | | Total expenditure  last accounting year? | | | | Total Surplus/Deficit last accounting year? | | | | | Current  unrestricted reserves | | | | |
| £ | £ | | | | | £ | | | | | | | £ | | |
| Please provide specific detail on why your reserves cannot be used for this project. | | | |  | | | | | | | | | | | |
| Please provide, or attach separately, a full cost breakdown of the whole project and indicate which elements you are requesting from this fund. Please enclose quotes or evidence where possible. | | | | |  |  |  | | --- | --- | --- | | **Item** | **SSEN Request £** | **Total Amount £** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **TOTAL** | **£** | **£** | | | | | | | | | | | | |
| **What other sources of funding have you applied for?** | | | | | | | | | | | | | | | |
| Name of funder | | | | Amount requested | | | | Application status | | | | | | Date confirmed | |
|  | | | | **£** | | | |  | | | | | |  | |
|  | | | | **£** | | | |  | | | | | |  | |
| Will you be contributing any of your own funds to the projects or undertaking local fundraising to help meet the costs? | | | |  | | | | | | | | | | | |
| If your project is already running, please describe how it has been funded to date. | | | |  | | | | | | | | | | | |
| How will you sustain your project financially after the period of funding is finished? | | | |  | | | | | | | | | | | |
| **If your grant is successful, please specify who the award should be made payable to. This must not be an individual’s bank account and must be an account where two signatories are required.** | | | | | | | | | | | | | | | |
| Account name | | | |  | | | | | | | | | | | |
| **Section 4: Checklist** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Yes** | | | | | **No** |
| We have appropriate procedures in place to carry out our project safely | | | | | | | | | |  | | | | |  |
| We have provided contact details of an independent referee | | | | | | | | | |  | | | | |  |
| I can confirm this project doesn’t require retrospective funding | | | | | | | | | |  | | | | |  |
| **I have included the following documents with my application:** | | | | | | | | | | | | | | | |
| A signed copy of the organisation’s constitution | | | | | | | | | |  | | | | |  |
| Recent bank statement | | | | | | | | | |  | | | | |  |
| The organisation’s latest annual accounts (independently verified) | | | | | | | | | |  | | | | |  |
| A copy of the organisation’s Child Protection/Vulnerable Adult Policy (if applicable) | | | | | | | | | |  | | | | |  |
| I have attached additional information with this application (please detail below) | | | | | | | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | |
| **Declaration**  By submitting this application form to SSEN you certify that the information contained in this application is correct, and that you, the contact person listed in Section 1, are authorised to make the application on behalf of the above group. You understand that decisions made by SSEN are final.  **Data protection**  We will use the information you give us to help assess your application and administer any grant we award you. We may also use it to analyse our grant-making and for our own research. We may give copies of this information to individuals and organisations we consult when assessing applications, when monitoring grants and evaluating our programmes. Such organisations and individuals may include the community advisory panel, local authority or an organisation employed by SSEN to evaluate grant applications. We may also share information with other organisations providing matched funding.  We will hold the information you provide for up to seven years if you are successful in receiving an award, otherwise we will hold the information you provide for a period no longer than three years if the application is unsuccessful. This information will be used for monitoring purposes, such as reporting, to identify repeat applicants and for legal requirements such as money laundering regulations.  Completed forms and accompanying information should be returned electronically to [craig.w.mullen@sse.com](mailto:craig.w.mullen@sse.com) | | | | | | | | | | | | | | | |
| Date submitted | | | | | | | | | |  | | | | | |