



Application Form

National Voluntary Throughcare Grant

April 2024

# Introduction

Before completing your online application **please** read:

* The Criteria Guidance
* The FAQ Document
* Application guidance notes
* Any other relevant documents such as the primary research, literature review, research summary, and demographics papers.

You can find all the relevant documents on the [Community Justice Scotland Website](https://communityjustice.scot/news/voluntary-throughcare-grant-fund-information/).

You will also need to download the **funding and** **budget breakdown document** from our website, as you will need this to complete question 6.2.

Note that **all applications must be sent to us using this application form.** We have included suggested word limits for each question to give you an indication of the level of detail we are looking for – please try to keep within these wherever possible.

If you need any additional support to access any of the fund materials or to complete the application form, please contact us at Grants@communityjustice.scot and we will be very happy to help. **Please note that we are not able to review draft applications**.

The closing date for applications is **3.00pm on 9th July 2024**. If we have not received a completed application form by this time, we will not be able to assess your application.

When submitting your completed application, please ensure that you also attach:

* Your completed budget breakdown Excel document
* Your audited accounts for the two most recent available years
* A bank statement dated within the last 3 months
* A letter confirming that each of the members of your partnership have been involved in the development of your application and agree to undertake the work set out in it (for more information on what this letter should contain, please refer to Question 5.2 in the Application Form Guidance).

# Section 1 – Assessment Contact Details

|  |
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| Please provide contact details for the assessment of this application and for ongoing correspondence if this application is successful. |
| 1.1 First name of main contact for this application  |  |
| 1.2 Last name of main contact for this application  |  |
| 1.3 Position within the organisation  |  |
| 1.4 Work address:  Street address  |  |
| 1.5 Town/city  |  |
| 1.6 Postcode  |  |
| 1.7 Work telephone number  |  |
| 1.8 Work email address  |  |

# Section 2 – Lead Partner Details

|  |  |
| --- | --- |
| 2.1 Legal name of Lead Partner organisation  |  |
| 2.2 Trading name or ‘known as’ name of the organisation if this is different to the legal name |  |
| 2.3 Registered office (as registered with OSCR): Street address |  |
| 2.4 Town/city |  |
| 2.5 Postcode |  |
| 2.6 Website address (if applicable) |  |
| 2.7 What is the status of your organisation? | [ ]  Company limited by guarantee [ ]  Scottish Charitable Incorporated Organisation (SCIO)[ ]  Royal Charter[ ]  Other incorporated body |
| 2.8 Scottish Charity number |  |
| 2.9 If your application is successful, funds will be paid electronically. Please provide the following bank details:**Account holder**  |  |
| 2.10 **Account Number** |  |
| 2.11 **Sort Code** |  |
| 2.12 Please attach a bank statement (no more than 3 months old) to verify your details and tick here to confirm that you have done this. | [ ]  Tick to confirm you have attached your bank statement |

# Section 3 – Lead Partner Governance and Track Record

|  |  |
| --- | --- |
| 3.1 Please confirm that you have the following in place and, if you are successful in being awarded funding, will ensure they remain in place throughout the funding period: | [ ]  Appropriate overall governance, in line with OSCR recommendations. [ ]  Appropriate financial and risk management controls. |
| 3.2 Please provide a brief description of your governance arrangements. (300 words) |  |
| 3.3 Please provide a brief description of your financial audit process(es). (300 words) |  |
| 3.4 Please provide details of your organisation’s approach to preventing fraud, bribery and corruption. (300 words) |  |
| 3.5 Please tick to confirm that your organisation has a safeguarding policy in place that protects the people you support, volunteers and staff, and, if you are successful in being awarded funding, will ensure this remains in place throughout the funding period. | [ ]   |
| 3.6 Please tell us why your organisation is an appropriate Lead Partner for this application, including details of any relevant track record you may have. (800 words) |  |

# Section 4 – Lead Partner Financial Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4.1 Please summarise your organisation’s financial position for the last two years. At least one year must be covered by audited/examined accounts, but the most recent full year may be from accounts which have still to be audited/examined depending on your financial year end. |

|  |  |  |
| --- | --- | --- |
| For the financial year ending: |  |  |
| **Income and expenditure account** |
| Total income  | £ | £ |
| Total expenditure | £ | £ |
| **Balance sheet** |
| Unrestricted/general reserves  | £ | £ |
| Cash in bank/on hand  | £ | £ |

 |
| 4.2 Please attach your audited or independently examined accounts for the two most recent available years to this application and tick the box to confirm you have done this. | [ ]  |
| 4.3 Please tick to confirm that your organisation is currently a going concern. | [ ]  |
| 4.4 Is there anything you would like to explain about your financial figures? (300 words) |  |

# Section 5 – About your partnership

|  |
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| 5.1 Please list the organisations that will be part of your partnership.Please add additional rows if needed. |
| Partner Name | Lead Contact  | Lead Contact Email Address | Charity Number (If available) | Website (if available) | Please tell us about any relevant track record (200 words) |
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| 5.2 Please attach a letter signed by each of your partners confirming that they agree to their involvement in the partnership and that they have been involved in the development of this application. Please tick the box to confirm that you have attached the letter. | [ ]  |
| 5.3 The Lead Partner to the application must have conducted appropriate due diligence checks on the Supporting Partners to the Application and be satisfied that all partners are suitable organisations. Please tick the box to confirm that you have done this. | [ ]  |
| 5.4 Please provide a description of how your partnership will be structured and how it will operate. (1000 words) |  |
| 5.5 Please tell us how your partnership will be staffed. (500 words) |  |
| 5.6 Please tell us about the work you will undertake in 2025/26 to start up delivery of your service(s). (600 words) |  |
| 5.7 Please tell us about any specific skills or specialisms brought to the partnership by the partners involved. (500 words) |  |
| 5.8 How will your partnership provide support across the whole of Scotland? (500 words) |  |
| 5.9 How will your partnership engage with local community justice processes and partners? (500 words) |  |

# Section 6 - Partnership Financial Information

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| --- | --- | --- | --- | --- | --- |
| 6.1 Please tell us the total amount of funding you are applying for in the first two years of the grant fund. |

|  |  |
| --- | --- |
| Financial Year 2025/26 | Financial Year 2026/27 |
|  £  | £ |

 |
| 6.2 Please complete and attach the ‘funding and budget breakdown’ Excel document provided on our website and tick the box to confirm you have done this. | [ ]  I have attached a completed ‘funding and budget breakdown’ Excel document |
| 6.3 Please confirm that all members of the partnership agree to implement the Fair Work First principles, including the requirements that any Scottish Government grant funding beneficiaries pay at least the real living wage and provide effective channels for worker voice. | [ ]  I confirm that all members of the partnership agree to implement the Fair Work First principles.  |
| 6.4 Please provide a description of how your partnership will apply the Fair Work First principles. (300 words) |  |
| 6.5 Please indicate whether your partnership will be able to operate with grant funding on a quarterly, in arrears basis or if it will require the Scottish Government to consider a case for issuing payment in advance of need. | [ ]  Yes - our partnership will be able to operate with funding on an in arrears basis.[ ]  No – our partnership will not be able to operate with funding on an in arrears basis and will require consideration to be given to funding in advance of need. |
| 6.6 If you have indicated in your response to Question 6.5 that your partnership will require the Scottish Government to consider a request for payment in advance of need, please tell us why you believe this is necessary. (300 words) |  |
| 6.7 Please tell us about any additional resources your partnership will bring to this work. (300 words) |  |

# Section 7 – The support you will provide

|  |  |
| --- | --- |
| 7.1 How will people access the support that you will be providing? (600 words) |  |
| 7.2 Please tell us about the support that your partnership will provide to people leaving prison after a period on remand or following a short term prison sentence. (1200 words) |  |
| 7.3 How many people do you expect your partnership will be able to provide support to in its first two years? Please indicate how you have estimated this figure and any relevant breakdown of numbers. (300 words) |  |
| 7.4 Please tell us about how your partnership will provide person centred support to every person that it works with. (300 words) |  |
| 7.5 Please tell us how you will ensure the support you provide is trauma informed. (500 words) |  |
| 7.6 Please describe how your partnership will involve the people you work with in the design and delivery of this work. (500 words) |  |

# Section 8 - Equalities

|  |  |
| --- | --- |
| 8.1 How will you ensure the activities and services which you are applying to have funded are fully accessible to people with protected characteristics as listed in the Equality Act 2010? (600 words) |  |
| 8.2 Please describe how you will ensure that all those who require your activities/services, including individuals with protected characteristics, can access and benefit from them? (400 words) |  |

# Section 9 – Outcomes and evaluation

|  |
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| 9.1 Please tell us the main outcomes your partnership will seek to deliver for the people accessing your support. Please add additional rows if needed. |
| Outcome 1: |  |
| Outcome 2: |  |
| Outcome 3: |  |
| Outcome 4: |  |
| Outcome 5: |  |

|  |  |
| --- | --- |
| 9.2 Please describe the evaluation activities you will carry out, including the tools and techniques you will use to let you know if the outcomes are being achieved. (400 words) |  |
| 9.3 Please tell us how your partnership will involve the people you work with in the evaluation of your work. (300) |  |

# Declaration

**By signing this declaration, you are confirming that you are an authorised signatory for the organisation applying to the Voluntary Throughcare Grant Fund. You are also confirming that the statement below is accurate, and that you have robust governance arrangements in place.**

I confirm that I am authorised to make this application and that as far as I know and believe, all of the information in this application form is true, accurate and complete. My organisation authorises Scottish Government and the fund administrator (Community Justice Scotland) to:

* use my contact details for correspondence about the fund;
* publish details of any funding awarded as a result of this application;
* give any details they have about our application or from future assessments to Scottish Government colleagues, and other agencies, including other grant-making bodies;
* use any of these details in news releases, case studies, publications and other publicity materials;
* share contact details if successful with other funded organisations and Scottish Government colleagues, and
* publish information within this application in hard copy and on the internet, if successful.

The Scottish Government or their appointed fund administrator can do these things without asking us again for our agreement and will not use any of these details for commercial purposes.

Our organisation complies with Data Protection and Privacy requirements and has undertaken a Data Protection Impact Assessment (if appropriate).

I agree that, if successful in this application, I will ensure that my organisation works within the principles of relevant legislation.

Please tick to confirm your acceptance of the above conditions: [ ]

|  |  |
| --- | --- |
| 10.1 Date conditions were accepted |  |
| 10.2 Name of authorised signatory:First name |  |
| 10.3 Last name |  |
| 10.4 Designation within the applicant organisation |  |
| 10.5 Full contact address:Street address |  |
| 10.6 Town/city |  |
| 10.7 Postcode |  |
| 10.8 Work telephone number |  |
| 10.9 Work mobile number |  |
| 10.10 Work email address |  |

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**www.communityjustice.scot**

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