

**Application to Scottish Government**

**International Development Small Grants Programme**

**Capacity Building Grant 2016**

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| **Declaration** |  |

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| Applicant Organisation Name |  | Office use only | Application ref: |
| Project ref: |

I apply on behalf of the organisation (insert name) for a grant as proposed in this application in respect of expenditure to be incurred over the proposed funding period on the activities described within the application form and supporting documentation.

I certify that, to the best of my knowledge and belief, the statements made by me in this application are true and the information provided is correct.

This form should be signed by an individual authorised by the applicant organisation to submit applications and sign contracts on their behalf.

Signature Print Name

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Position Date

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| Main Contact person during application assessment process:  Name:  Email:  Phone: | |
| Where did you first hear about the Small Grants Programme? |  |

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| **CHECKLIST** |  |

**Your Application consisting of:**

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|  |  | **Part 1 - the Application Form (this document)** |
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**Additional documents**

**Essential – Your application will be ineligible without these**

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|  |  | The applicant organisation’s most recent accounts, either audited or independently examined **Please note:**  a project cannot be funded if no audited/independently verified accounts are available. |
|  |  | A letter of support and confirmation of partnership with organisations in the relevant country, which also includes their perspective on the planned capacity building work. |
|  |  | A copy of the review carried out to establish the need for the capacity building support. |

**Relevant** - The following documents should be sent if they exist

A copy of any MOU or contract with the partner organisation

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|  |  | A copy of your Equal Opportunities/Diversity policy - a hyperlink is acceptable. |

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|  |  | Further details of budget. |

**Optional** – These documents should be sent if they are of help to you in setting out your case

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|  |  | ProjProject Manager’s CV in Scotland (Lead person for the capacity building work) | |
|  |  | ProjProject Manager’s CV for Partner in country (Lead person for the capacity building work) | |
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All completed signed applications should be submitted by email to [international@ltsbfoundationforscotland.org.uk](mailto:international@ltsbfoundationforscotland.org.uk) or hard copy to arrive no later than **12.00 noon** on **25 November 2015.**

Emails should show the applicant organisation’s name as the subject of your email.

**If emailing, please also submit a hardcopy of the application (identical to the emailed copy) and supporting documents to arrive by Tuesday 1st December 2015**

Please send to:

Lloyds TSB Foundation for Scotland

International Development Small Grants Programme

Riverside House

502 Gorgie Road

Edinburgh EH11 3AF

**These deadlines are all absolute and all documentation required must be submitted on time.**

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| **Section A:** | **APPLICANT INFORMATION** |

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| **1.** Name and details of applicant organisation: | |
| Name of Organisation: | |
| Address of Organisation: |  |
| Postcode: |  |
| Telephone: |  |
| Main Email: |  |
| Website: |  |
| 2. Is your organisation a Registered charity? | Yes Charity No: SC0\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| 3. What is the status of your organisation? | Company limited by guarantee  SCIO  Other (specify):  In process of becoming incorporated |
| 4. When was your organisation formally constituted? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_month\_\_\_\_\_\_\_\_\_\_\_\_\_year |
| 5. Which organisations are you a member of/ affiliated to? | NIDOS (Network of International Development Organisations in Scotland)  SMP (Scotland Malawi Partnership)  Other *Please state* |
| 6. Is your organisation Diaspora-led? | Yes  No  Comments: |
| 7. Please provide details of the number of people based in your organisation in Scotland. | Full time  Part time  Volunteers/interns |

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| 8. What are the general activities of your organisation? Max 150 words |

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| 9a. Describe how the organisation is governed/managed; include the make-up of your Board, their skills and experience, how often they meet, and how decisions are made. Max 200 words.  9b. What involvement does the Board/senior management expect to have during the capacity building support process? Max 200 words. | |
| 10. Financial Information   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Please summarise the last two year’s audited/examined accounts below *(guidance notes recommended)*: | | | | | | For the financial year to: | |  |  | | **Income & Expenditure Account** | | | | | |  | Total income | £ | £ | |  | Total expenditure | £ | £ | | **Balance Sheet** | | | | | |  | Unrestricted/general reserves | £ | £ | |  | Cash in bank / on hand | £ | £ | | 11 . Is there anything you would like to explain about these figures? | | | | | |  | | | | | | |
| 12. How are equal opportunities/diversity promoted within your organisation? If you have one, please provide a copy (or web link) of your Equal Opportunities/Diversity Policy.  Max 150 words. | |
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| 13. Scottish Project Manager details: this is the person who would be responsible for overseeing and driving the capacity building grant management. This person will also be responsible for undertaking reporting, if the grant is secured. | |
| Name: |  |
| Organisation:  (if different from Q1): |  |
| Position in organisation: |  |
| Address (if different from Q1): |  |
| Telephone: |  |
| E-mail: |  |

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| **Section B:** | **PARTNER ORGANISATION(S) INFORMATION** |

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| 1. Name and details of partner organisation: | | | | |
| Name of Organisation: | | | | |
| Address of Organisation: | |  | | |
| ZIP/Postcode: | |  | | |
| Country | |  | | |
| Telephone: | |  | | |
| Email: | |  | | |
| Website: | |  | | |
| 2. Type of organisation? (NGO, community based, etc) | |  | | |
| 3. Is the organisation formally registered as a civil society organisation in country of operation. | | Yes NoRegistration No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 4a. Describe how the organisation is governed/managed. Include the make-up of the management committee/board, their skills and experience, how often they meet, and how decisions are made. Max 200 words.  4b. What involvement does the Board/senior management expect to have during the capacity building support process? Max 200 words. | | | | |
| 5. Please give some background on the organisation including its size, how many staff/ volunteers, how long it has existed and brief details of projects run. Max 300 words. | | | | |
| 6. Please describe your partnership with this organisation, including details of: how long the partnership has existed, how it first started, and how it has developed. Max 300 words. | | | | |
| 7. Do you have a Memorandum of Understanding (MOU) or contract with this partner? | | | Yes - signed Yes - draft No  If ‘Yes’ please submit it with your application | |
| 8. How are equal opportunities/diversity promoted within this organisation?  Max 150 words. | | | | |
| 9. Partner’s Project Manager details: this is the person who would be responsible for overseeing and driving the capacity building grant management. This person will also be responsible for undertaking reporting, if the grant is secured. | | | | |
| Manager’s Name: | |  | | |
| Name of Organisation:  (if different from above): | |  | | |
| Position in organisation: | |  | | |
| Address (if different from above): | |  | | |
| Telephone: | |  | | |
| E-mail: | |  | | |
| **Section C:** | | **CAPACITY BUILDING INFORMATION** | | |

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| 1.Please tick which country/area where the main aspect of the capacity building work will be carried out | |
| Bangladesh  India Bihar  Madhya Pradesh  Orissa  Pakistan | Malawi  Rwanda  Tanzania  Zambia |
| 2.Will there be any capacity building work carried out in Scotland? Yes  No | |
| 3. Capacity building work period (maximum 12 months). | |
| Will the capacity building work start in April 2016 Yes  No  If no, what is the planned start date:  Planned end date: (must not be after 31 March 2017):  Therefore total length: \_\_\_\_\_\_\_\_\_ months | |

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| |  |  | | --- | --- | | **Section C1:** | **Review of Strengths and Weaknesses** | |
| a) Describe the review process your organisation has carried out to identify strengths and weaknesses of your organisation. Max 500 words  Tools used:  NIDOS Effectiveness Toolkit  Bond Health Check  PQASSO  Other (specify):  Advice agencies used:  NIDOS  SMP  Local CVS  Local Business advice agency  Other (specify):  Weaknesses identified:  Governance and leadership  Financial management and operational management systems  Organisational strategy and programme planning  Legal affairs and human resources  Fundraising, income generation and communication systems  Monitoring, Evaluation and Learning systems  Participatory user involvement  User accountability and complaints systems  Advocacy & influencing  Partnership working and agreement  Other (specify):  b) Describe the review process your partner organisation has carried out to identify strengths and weaknesses: Max 500 words  Tools used:  NIDOS Effectiveness Toolkit  Bond Health Check  PQASSO  Other (specify):  Advice agencies used:  Malawi Scotland Partnership (if in Malawi)  Local Civil Society capacity building agency  Local Business advice agency  Other (specify):  Weaknesses identified:  Governance and leadership  Financial management and operational management systems  Organisational strategy and programme planning  Legal affairs and human resources  Fundraising, income generation and communication systems  Monitoring, Evaluation and Learning systems  Participatory user involvement  User accountability and complaints systems  Advocacy & influencing  Partnership working and agreement  Other (specify): |

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| **Section C2:** | **Capacity Building Grant Detail** |

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| 1. As a result of the initial review, which key areas does your organisation need help to develop and what changes or improvements do you aim to achieve? Max 300 words. |
| 1. As a result of the initial review, which key areas does your partner organisation need help to develop and what changes or improvements do you aim to achieve? Max 300 words |

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| **3.**  **WORKPLAN**  **How will the capacity building work be carried out and who will be doing what and when?** |
| Capacity Building activity for your organisation | When | Who/What agency | What is their experience to do this? |
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| Capacity Building activity for your partner organisation | When | Who/What agency | What is their experience to do this? |
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| 4**.** What barriers could there be to carrying out this capacity building work? (i.e. what are the risks?) What will you do to try and minimise these or deal with them if they occur? | | | |
| **Risks/barriers or potential problems** | **Likelihood of happening**  (Low, Medium or High) | **How will you minimise the risk?** | **Recovery plan if problem occurs** |
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| **Section D:** | **BREAKDOWN OF COSTS** |
| How much will the capacity building work cost?  Please fill in the attached budget summary to give these details. Make sure that these costs are directly related to the cost of carrying out the capacity building work outlined above and include the costs of collating and producing a report detailing the results of the work. **Please be clear which costs will be incurred in Scotland and which in the project country.** | | | |

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| **Budget Summary** | **Scottish Organisation** | **Overseas Organisation** |  | **Total** |
| **Training** | £ | £ |  | £ |
|  | £ | £ |  | £ |
|  | £ | £ |  | £ |
| **Travel** | £ | £ |  | £ |
|  | £ | £ |  | £ |
|  | £ | £ |  | £ |
| **Meeting costs** | £ | £ |  | £ |
|  | £ | £ |  | £ |
|  | £ | £ |  | £ |
| **Consultancy** | £ | £ |  | £ |
|  | £ | £ |  | £ |
|  | £ | £ |  | £ |
| **Other** | £ | £ |  | £ |
|  | £ | £ |  | £ |
|  | £ | £ |  | £ |
| **In Kind support** | £ | £ |  | £ |
|  | £ | £ |  | £ |
| TOTAL COST OF CAPACITY BUILDING WORK |  |  |  | £ |
| **TOTAL REQUESTED FROM SCOTTISH GOVERNMENT** |  |  |  | £ |

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| --- | --- | --- | --- |
| If applicable, tell us about any matched funding sources for this work. | | | |
| **Matched Funding Source and Status** | | | **Amount** |
| Funding source | Tick if funds are secured | Decision date if pending |  |
|  |  |  | £ |
| TOTAL MATCHED FUNDING IN PLACE/ANTICIPATED | | | £ |

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| Is there anything you would like to explain about the costs or matched funding? |

Lloyds TSB Foundation for Scotland

Riverside House, 502 Gorgie Road, Edinburgh EH11 3AF

Registered in Scotland Number SC096068

Scottish Charity Number SC009481

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