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| |  | | --- | | **Whole Family Wellbeing Fund Application Form**  **2023 - 2024** | |
| **Organisation Name:** |



Please read the guidance document that accompanies this application form which will provide background context for applications **before** completing this form

**Section A: Basic Information**

**Q1. Name of organisation or lead partner:**

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**Do you consent to your organisation name, funding amount and application project summary being listed on our website?**

**Yes**  **No**

**Contact name: Telephone:**

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**Contact’s position in organisation / partnership:**

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**Organisation address:**

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**Postcode:**

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**Email and website:**

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**Q2. What type of group/organisation are you?**

(If you are submitting as part of a partnership, please give the following information for the lead organisation)

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| Charity |  | Not-for-profit company or CIC |  |
| Unincorporated association |  | Trust |  |
| Other |  |  |  |

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| If “Other” please specify |  |

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| **Companies House number (if applicable):** |  |

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| **Charity number (if applicable):** |  |

**Q3. Are you a branch of a larger organisation? Yes  No**

**If yes which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section B: Project Details**

**Q4. Please give a short summary of the project you wish to deliver with the funding. (maximum 300 words)**

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**Q5. a: Please provide details below of the partner organisations involved in this project (including contact name and email address).**

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**Q5. b: To your knowledge, have any of the partner organisations named on this proposal applied for similar funding?**

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**Q5. c: Please demonstrate the associated methods and means of partnership and collaborative working across organisations involved in this project.**

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**Q6. What is the main aim of your project and how does this work in line with the Principles for Holistic Whole Family Support. (maximum 300 words)**

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**Q7. Who are the main target client group for your project? Please comment on the identified need.**

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**Q8. Will you be targeting any of the following six priority family types?** (Please check the boxes)

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| Lone parent families |  |
| Families which include disabled adult or child |  |
| Larger families |  |
| Minority ethnic families |  |
| Families with a child under 1 |  |
| Families where the mother is under 25 |  |

**Q9. Project Outcomes**

Please demonstrate which of the following outcomes you will be working towards and provide contextual information as to how you will meet it.

1. **Improved family wellbeing**, in line with the CYPF Outcomes Framework and core Wellbeing Indicators.

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2. **Reduced inequalities in family wellbeing** between those from the most and least disadvantaged communities.

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3. **Reduction in families requiring crisis intervention** through a shift in investment towards prevention and early intervention.

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4. **Reduction in the number of children and young people living away from their families**, by strengthening and supporting families to stay together where children are safe and feel loved.

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5. **Increase in families taking up wider supports,** such as employability support, contributing to a reduction in children living in poverty or entering poverty across the six priority family types as identified in the first Tackling Child Poverty Delivery Plan.

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**Q10. Please comment on how you have incorporated the views and lived experience of children and families in the development of your proposal.**

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**Section C: Performance and Finance**

**Q11. What are the key performance indicators for your project that will demonstrate it is achieving its aims?** Please note all that are relevant.

Performance Indicator – (How will you know you have been successful)

e.g.

10 successful participants in training course

90% of participants stated that they feel less isolated.

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| --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |
| **9.** |  |  |  |
| **10.** |  |  |  |

**12. Please give us a detailed breakdown of your project costs** (continue on separate sheet if needed)

e.g. Room hire, Volunteer Expenses, Mileage, Staff Costs

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| --- | --- | --- | --- |
| Item (e.g. room hire) | Year 1 | Year 2 | Year 3 |
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| Total Project Cost |  |  |  |

**Q13. What was your total income for the previous financial year?**

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**Q14. What was your total expenditure for the previous year?**

**Q15. What were your unrestricted reserves/funds for the previous financial year?**

**Q16. Bank Account details**

**Does your organisation/ group have a bank account? Yes  No**

* **If Yes fill out bank details below**
* **If No give the details of host bank account below:**

**Name of the account that the funding should be made payable to:**

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| 1 | Account Name |  |
| 2 | Name of Bank/Building Society |  |
| 3 | Account Number |  |
| 4 | Sort Code |  |

**17. Please ensure that you have included all the information required with your application.**

**Missing information could result in your application missing deadlines.**

**Do not send originals as they will not be returned.**

**Essential documents**

Please check the boxes confirming you have included the following:

A copy of the governing documents adopted by your organisation (constitution, memorandum and articles of association, trust deed, etc.)

Previous year’s annual accounts (new organisations that do not have

records for last year must produce a projected budget for all their activities

for the coming year.

Bank Statement (to confirm payment details)

Registered with **ALISS**

Hosted on local support and connect website, powered by **FORT**

**ALISS**

To improve signposting to the wealth of community supports afforded by the Fund, we would like projects to register their organisation or project on [ALISS](https://www.aliss.org/). ALISS (A Local Information System for Scotland) is being used by GPs and community link workers to signpost available supports so it is important that this is kept up to date.

**You can self-register at** [**https://www.aliss.org/**](https://www.aliss.org/)

**FORT**

We also ask that if you are not already listed on the local SUPPORT and CONNECT website powered by **FORT,** that you do this also. This can be done at [**Home (supportandconnectdundee.org)**](https://www.supportandconnectdundee.org/)

If you are not already registeredor need support adding your organisation or project details please contact[**wfwf@dvva.scot**](mailto:wfwf@dvva.scot)

**Declaration**

I apply, on behalf of the organisation/partnership named above, for funding as outlined in this proposal to be incurred over the proposed funding period on the activities described above.

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.

Name: Position:

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Date:

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If this is a partnership bid all named partners to sign below. If this is not possible then please ensure they are copied into the email when submitting the application.

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| **Name** | **Organisation/Position** | **Signature** |
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Please return this form to: [**wfwf@dvva.scot**](mailto:wfwf@dvva.scot)

If your supporting documentation is not available electronically, please send hard copies to the address below clearly stating what they refer to:

Whole Family Wellbeing Fund

Dundee Volunteer and Voluntary Action

Number Ten

10 Constitution Road

Dundee

DD1 1LL

DVVA and Dundee Children's Service Planning Partnership would like to thank you for the time taken to complete this application.