

#### **COMMUNITY RESILIENCE FUND**

# Funding Application Form 2024 - 2025

The aim of the Community Resilience Fund is to support community resilience and volunteering efforts in their local area.

One application per organisation up to the value of £2000 will be considered.

Groups applying must be either **constituted** or **affiliated** to a constituted group. An email from the constituted group, e.g. a Community Council, will be sufficient evidence that a group is affiliated to them.

Applications should be in connection to supporting community resilience as follows:

- 1. Vulnerability to protect the welfare of vulnerable community members through enhancing their resilience and improving community participation and effectiveness.
- 2. Resilience in Emergency Events to enhance community facilities, services and communication specifically to support the local response in the event of a significant emergency event.

Decisions on applications will be made by the relevant Area Manager

#### **GUIDANCE NOTE AND CRITERIA**

#### PLEASE READ CAREFULLY WHEN COMPLETING YOUR APPLICATION

#### Section 1: Group Details

Please ensure this section is completed in full including bank details and that a copy of the group's (or affiliated group's) Constitution or Memorandum and Articles is attached.

#### Name of Organisation/Group applying

This is the name of the group applying for the funding.

#### Name of Constituted Organisation/Group if affiliated

This is the name of the constituted group the applicant is affiliated to if not constituted. This should be left blank if the group making the application is constituted.

#### **Section 2: Details of the Project**

#### 2.1 Project Details

Applicants should detail:

- The outcomes the project proposes to achieve and explain how these relate to supporting community resilience and / or volunteering.
- How the proposal fits with your community resilience plan if appropriate (attach your plan if available).
- How any equipment funded by the proposal will be stored and maintained.

#### 2.2 Have you received any other funding for this project?

Please give details of any other funding you may have received towards this project.

#### 2.3 How many people are likely to benefit from the project?

Please give an indication of the number of people who will benefit from this project. If possible, applicants should seek to provide demographic information.

#### 2.4 Does the project demonstrate partnership working?

Does your project involve other groups or partners?

## 2.5 Is your project aimed specifically at any of the following protected characteristics?

Everyone is protected by the <u>Equality Act</u>. Every person has one or more of the protected characteristics, so the Act protects all of us against unfair treatment.

Please indicate if your project is specifically aimed at promoting positive attitudes, equality and diversity and eliminating discrimination, harassment and victimisation in any of the nine protected characteristics.

#### **Section 3: Project Costs**

Please ensure this is completed as fully as possible.

Applications will be limited to a maximum of £2000.

Payment will be made directly into a group's bank account. The money awarded must be spent, and receipts sent to the Area Manager's Office as soon as possible and, by 31 March 2025.

#### **Section 4: Signature:**

Please ensure the application is signed by one of the group's office bearers. If you are unable to sign the form, please type your name in the Signature Box and ensure the form is sent from the same email address stated in the group details section of the form.

#### **Additional Information**

This scheme will be advertised by the Area Manager's Team.

Eligibility is limited to properly constituted groups (or groups affiliated to constituted groups) with an annual turnover of less than £250,000 per annum. Applications which are solely or substantially for individual benefit will not be considered.

If any additional assistance or guidance is required, please contact your relevant area office. Contact details can be found at <a href="https://www.aberdeenshire.gov.uk/contact-us/area-offices/">https://www.aberdeenshire.gov.uk/contact-us/area-offices/</a>

## **SECTION 1: Group Details**

Name of Organisation/Group applying	
Name of Constituted Group if affiliated	
Contact Name	
Position	
Address (including postcode)	
Telephone No	
Email address	
Please enter Treasurer's d	etails below (if different from contact above)
Please enter Treasurer's d Address (including postcode)	etails below (if different from contact above)
Address	etails below (if different from contact above)
Address (including postcode)	etails below (if different from contact above)
Address (including postcode)  Telephone No Email address	etails below (if different from contact above)
Address (including postcode)  Telephone No Email address	
Address (including postcode)  Telephone No Email address  Details of Bank Ad	

## **SECTION 2: Details of the Project**

	rease give details of your project, identifying proposed outcomes and now project contributes to supporting community resilience and/or volunteering.
2.2 detail	Have you received any other funding for this project? Please provide ls of amount and the funder:
2.3	How many people are likely to benefit from the project?
_	Please provide details:
	☐ Less than 20 ☐ 21-50 ☐ 51 – 100 ☐ whole community
2.4	Does the project demonstrate partnership working?
Plea	ase give details of any other groups/partners that are involved in the project:

Aberdeenshire Council is committed to promoting positive attitudes, equality and diversity and eliminating discrimination, harassment and victimisation for people with protected characteristics.

Is your project aimed specifically at any of the following protected

2.5

С	haracteristi	cs?						
<b>ф</b>	Sexual Orie	entation				Pregnancy & Maternity		
<b>AN</b>	Age				MA	Race		
E	Disability				\$	Sex (Gender)		
X	Religion/be	elief			ð	Gender reassignment		
	Marriage/Civil partnership							
SECTION	SECTION 3: Project Cost							
Total co	otal cost of project							
	nount requested ( <u>must</u> t exceed £2,000)							
Breakdown of cost								
SECTION	N 4: Signatu	<u>re</u>						
Signatu	re							
Position	1							
Date								

#### Please check that you have included the following documents:

The application form	
A copy of the group's (or affiliated group's) Constitution, or Memorandum and Articles	

Please scan and return the completed application form and any supporting documents the email address for your local area office below.

BANFF & BUCHAN Area Office:

banffandbuchanamo@aberdeenshire.gov.uk

FORMARTINE Area Office:

formartineareaoffice@aberdeenshire.gov.uk

KINCARDINE & MEARNS Area Office:

kincardineandmearns@aberdeenshire.gov.uk

**BUCHAN Area Office:** 

buchan@aberdeenshire.gov.uk

GARIOCH Area Office:

garioch@aberdeenshire.gov.uk

MARR Area Office:

marr@aberdeenshire.gov.uk

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Award amount:

Authorised by:

Date sent to Finance: