**Whole Family Wellbeing**

**Application Form**

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| ***for Funding 2024-2026****(up to £5,000)* |

*Please read the guidance sent with this document carefully prior to and when completing the application to ensure that you have provided all relevant information.*

*Incomplete applications will result in the application being delayed or rejected. Applications should be submitted electronically.*



Round 2 of the Whole Family Wellbeing Funding in Aberdeenshire will open on
19th June 2024 and will close at Midnight on 31st July 2024.

This allocation of funding will cover the period 1st September 2024 to 27th March 2026.

***Please note: This funding cannot be used to supplement or sustain existing services and should not exceed £5,000 per application. Read guidance for details.***

# **Whole Family Wellbeing Funding Application**

Please ensure that you complete each section of this form, using the checklist at the end to help you include the relevant documentation. Incomplete applications will result in the application not being assessed and may be rejected.

## **SECTION 1: Group Details**

**1.1** Please give full details of the organisation or group that is applying for this funding, including names and contact details.

|  |  |
| --- | --- |
| **Name of Organisation/ Group/ Lead Partner***This is the organisation/ group who will receive the funding if awarded* |  |
| **Are you a local or national organisation?** |  |
|  **Please detail any services your organisation/ group currently provides in Aberdeenshire, if applicable** *(please detail specific areas if not Aberdeenshire wide)* |  |
| **Are your existing services/ activities listed on ALISS?** <https://www.aliss.org> |  |
| **Name(s) of other Partners***(partnership projects only)* |  |
| **Contact Name***This is the person we will communicate with re. this application* |  |
| **Organisation Name** |  |
| **Role/ Position** |  |
| **Address** *(including postcode)* |  |
| **Telephone No** |  |
| **Email Address** |  |
| ***Please ensure Treasurer/ Financial Officer information is provided below*** *(this should be from the main applicant/ lead partner)* |
| **Contact Name** |  |
| **Organisation** |  |
| **Role/ Position** |  |
| **Address***(including postcode)* |  |
| **Telephone No** |  |
| **Email Address** |  |

**1.2 Fair Work First***The Scottish Government ‘Fair Work First’ criteria must be applied to all grants and other funding being awarded by the public sector. As stipulated below:*

*‘For public sector grants awarded from 1 July 2023, the default position is that Fair Work First criteria for paying at least the real Living Wage and providing effective workers' voice will be mandatory while the other criteria will continue at this stage to be encouraged. Only in limited circumstances may the grant maker/funder consider making an exception to the mandatory criteria.’*

*‘As part of the grant application process, applicants will be expected to provide a statement verifying their Fair Work First commitment and confirming it has been developed in agreement with the workforce. The representative providing confirmation should be from the relevant trade union(s) where one or more is recognised, alternatively where there is no union recognition, it should be another workers' representative.*

*A grant application cannot be progressed without such a statement being provided to the grant maker/funder. As part of the grant monitoring process, the grant recipient should confirm the progress being made towards the commitments set out in the Grant Offer Letter and relevant grant award documents. A short statement agreed by an appropriate workforce representative, confirming the organisation's progress in adopting Fair Work First commitments, should be submitted to the grant maker, in advance of the conclusion of the grant and before the final grant payment can be made.’*

**Scottish Government (24 March 2023) ‘Fair Work First guidance’**

**Source:** [**https://www.gov.scot/publications/fair-work-first-guidance-2/**](https://www.gov.scot/publications/fair-work-first-guidance-2/)

In line with the above policy, please confirm below if you are meeting the two criteria listed and that this has been developed in agreement with the workforce:

|  |  |  |  |
| --- | --- | --- | --- |
| **Fair Work First (mandatory criteria)** | **Yes** | **No** | **Not Applicable** |
| Payment of at least the real Living Wage |  |  |  |
| Provide appropriate channels for effective workers' voice, such as trade union recognition |  |  |  |
| **If you have ticked No or Not Applicable, please provide further information/reasons below:** |
|  |

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

**2.1** Please give details of your project, identifying what difference this will make to children, young people and families and how you know that this is needed.

**Area project is to be delivered in (select all that apply)**

|  |
| --- |
| Aboyne |[ ]
| Alford |[ ]
| Banchory |[ ]
| Banff |[ ]
| Ellon |[ ]
| Fraserburgh |[ ]
| Huntly |[ ]
| Inverurie |[ ]
| Kemnay |[ ]
| Laurencekirk |[ ]
| Meldrum |[ ]
| Mintlaw |[ ]
| Peterhead |[ ]
| Portlethen |[ ]
| Stonehaven |[ ]
| Turriff |[ ]
| Westhill |[ ]
| Other (Aberdeenshire) – please detail below |[ ]
|  |

 **2.2 Areas of Whole Family Wellbeing Focus (select all that apply)**

|  |
| --- |
| Improved Family Wellbeing |[ ]
| Reduced inequalities in family wellbeing  |[ ]
| Reduction in families requiring crisis intervention  |[ ]
| Reduction in the number of children and young people living away from their families |[ ]
| Increase in families taking up wider supports |[ ]

 **2.3 Funding should also support at least one of the six priority family types identified in the Tackling Child Poverty Delivery Plan (select all that apply)**

|  |
| --- |
| Lone parent families |[ ]
| Families which include a disabled adult or child |[ ]
| Larger families |[ ]
| Minority ethnic families |[ ]
| Families with a child under one year old |[ ]
| Families where the mother is under 25 years of age |[ ]

**2.4** Project Overview

|  |
| --- |
| Please provide a clear, easy to read overview describing what project or service that you would like to be funded(max 250 words) |
|  |

**2.5** What difference will you make

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| --- |
| Provide details of the difference this funding and proposed project will make to children and families, what evidence will you be able to show?*Who will benefit? How many people will benefit? How will they benefit?*(max 500 words) |
|  |

**2.6** Evidence of Need/ Lived Experience Engagement
Please provide research or evidence of need/ demand. Videos/ audio also accepted. How will you evidence the difference you make.

|  |
| --- |
| How do you know the project is needed? How will you know it has made a difference? |
|  |

**2.7** Is your project aimed specifically at any of the following protected characteristics? Please tick those that apply

|  |
| --- |
| Age |[ ]
| Disability |[ ]
| Gender Reassignment |[ ]
| Marriage & Civil Partnership |[ ]
| Pregnancy & Maternity |[ ]
| Race |[ ]
| Religion or Belief |[ ]
| Sex |[ ]
| Sexual Orientation |[ ]

## **SECTION 3: Project Costs**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Funder | Type and duration of the funding | How much awarded | Expected/ Applied for or Already Received |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please provide information about any funding from Aberdeenshire Council received in the last 3 years that has not been mentioned above.

|  |  |  |
| --- | --- | --- |
| Amount Awarded | Details of the Type and Duration of Funding | Current Status |
|  |  |  |
|  |  |  |
|  |  |  |

**3.2** Please outline all costs associated with this project over the period the funding is being applied for. Highlight the amount of funding which is being applied for. Funding will run until March 2026 and is not expected to continue beyond this time.

|  |  |  |
| --- | --- | --- |
| Initiative Costs | Year 12024/2025 | Year 22025/2026 |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
| **Total Costs** |  |  |
| **Amount of funding applied for** |  |  |

 **3.3** Longer Term Planning

|  |
| --- |
| Please describe your plans for how you will be continuing this service or activity beyond the period of funding *(Max 500 words)*  |
|  |

## **SECTION 4: Signature**

I confirm that all information provided in this application, and in any supporting material is truthful and accurate. I will inform Aberdeenshire Council immediately and with full details if any changes in circumstances require the application or the supporting material to be amended.

|  |  |
| --- | --- |
| **Signature** |  |
| Position |  |
| I confirm I have read the attached privacy notice | [ ]  Yes, I have read the privacy notice |
| I understand I will be asked to provide evidence of impact of the service/ activity | [ ]  Yes, I understand |
| Date |  |

***IMPORTANT:*** *Where there are multiple partners involved with a bid, all are required to sign the proposal if in agreement or may be copied into the submission email.*

# **Application Checklist**

Please ensure that you have included the following documents.

|  |
| --- |
| **Documentation***Requires to be submitted with the application. Failure to submit the required documentation will result in the application not being assessed.*  |
| 1. Grant Application Form
 |[ ]
| 1. Constitution/ Governance Documentation
 |[ ]
| 1. Details of Insurance Cover
 |[ ]
| 1. Evidence of Need/ Lived Experience Involvement *(video/ audio also accepted)*
 |[ ]
| 1. Existing Examples/ Case Studies of Previous Projects *(where available)*
 |[ ]

 **Please return the completed application form and any supporting documents to** **fwh@aberdeenshire.gov.uk** **by midnight on 31st July 2024**