A group of logos with text

AI-generated content may be incorrect.

CLLD Third Sector Fund

Application Form 2025

We provide this sample application form, for your convenience, but you must copy your draft application into the online form using the hyperlink on the website (and guidance document). Please refer to the guidance document to effectively complete this application and find relevant hyperlinks.

All questions with an asterisk \* are mandatory to proceed with submitting an application.

The deadline for submitting this application is **30 May at 4.00pm**.

# Check eligibility:

**Do you have a bank account registered in the organisation's name? \***

\*To proceed with an application for this fund, you are expected to have a bank account in the organisation's name.

All applicants are required to provide a statement describing how the organisation is committed to advancing the Fair Work First Policy including the 'Real Living Wage' and 'Effective Workers Voice' criteria.

This statement is applicable to all groups and organisations even if you do not directly employ staff, or only work with volunteers. Projects cannot progress without a signed statement - please refer to the Community Regeneration Funding I Fair Work First summary guidance.

## Fair Work First policy statement is published: \*

* Yes, we have published a FWF policy statement
* No, we have not published a FWF policy statement

**If you apply for grant funding relating to building/repairs of an asset, please confirm ownership/long-term lease of the asset: \***

* Yes the asset is owned
* Yes our lease on the asset is equal to or exceeds, ten years
* Not applicable for our project

# Tell us about your organisation:

**Organisation Name** \* **Website**

|  |  |
| --- | --- |
| **Name of primary contact** \* | **Name of secondary contact** \* |
| Email\* | Email\* |
| Phone Number \* | Phone Number \* |

**Select your organisation's legal structure from the following list \***

* Scottish Charitable Incorporated Organisations (SCIO)
* Companies Limited by Guarantee
* Trusts
* Not-for-profit company, asset locked company, or Community Interest Company
* Cooperative and Community Benefit Societies
* Community councils

1. **Tell us about your organisation's experience operating in Highland. \***

0/100

# Tell us about your project:

**Project Name \***

1. **Provide details about your proposed project: please include type of activities; outputs such as number of sessions, staffing, participants, etc; and relevant timing. \***

0/250

1. **What difference will this make for individual participants or for your community? \***

|  |  |
| --- | --- |
|  | Describe the change(s) you hope will be observed |
| Outcome 1 |  |
| Outcome 2 |  |
| Outcome 3 |  |
| Outcome 4 |  |

[0/20 words max per outcome]

1. **What methods will be used to measure the changes described in Q3? \***

0/200

1. **To which funding theme does this activity relate? \***

* Enterprising and Growing
* Inclusive and Engaged

1. **How will your project help achieve the aims of the chosen theme (above)? \***

0/200

1. **How did you identify a need for this activity/service?** Please describe your engagement methods, timing, etc. to identify this need and please indicate whether this need is recognised in local plans. \*

0/250

1. **Proposed start date: \* Proposed end date: \***
2. **In which locality will the project be focused?\***

Caithness **Neighbour/community within locality?**

Easter Ross

Highland-wide

Inverness-shire (excluding city)

Lochaber

Mid-Ross

Nairnshire

Skye & Lochalsh

Sutherland

Wester Ross

# Financial Breakdown:

1. **Projected REVENUE expenditure for the project: \***

Revenue item heading £

Total Revenue costs

1. **Projected CAPITAL expenditure for the project: \***

Capital item heading £

Total Capital costs

1. **Match funding** (please enter details if applicable)

Amount Confirmed? Y/N Organisation Name



**V**



**V**



**V**



**V**

1. **In-kind costs: (75 words)**
2. **Total project costs £ \* 15. Amount requested £ \***

Maximum £10,000

1. **Please provide income/expenditure details for the period ending 31 March 2024** for your whole organisation, not just the department related to this application. (Figures rounded up to the nearest whole number please) \*

£

Income Expenditure

Surplus/deficit at year end

Total savings/reserves at year end

**If your accounts cover a different period, please use this free text box to explain:**

(75 words)

0/75

**Please attach a copy of your latest independently verified accounts, as required by your governance structure. \***

Browse Files

Drag & Drop Files here

We provide this sample application form, for your convenience, but you must copy your draft application into the online form using the hyperlink on the website (and guidance document).

