**NEW SCOTS REFUGEE INTEGRATION DELIVERY PROJECT**

**SMALL GRANT APPLICATION FORM**









**PURPOSE**

This fund aims to enhance the implementation of the [**New Scots refugee integration strategy 2018-2022**](https://www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022-summary/pages/6/)Scotland’s refugee integration policy framework. ‘New Scots’ aims to promote effective integration of refugees by ensuring they live in safe, welcoming and cohesive communities which enable them to rebuild their lives. The fund will make grants available, upon application, to groups, organisations and individuals working directly and indirectly with refugees and associated groups. All applications will be assessed using ‘New Scots’ strategy and its principles. It also aims to actively support current and future priorities for refugee integration to create an exemplar for how Governments and regional authorities globally can develop, deliver and evaluate a comprehensive national refugee integration strategy.

There are two separate funding streams that can be applied for:

**1.** **Spreading good practice: widening the impact of successful documented integration approaches, practices and tools.**

Funding will support proposals that seek to widen the impact or reach of successful documented integration projects, approaches and practices previously or currently developed in Scotland. This might involve taking an approach applied locally to a larger scale, or adopting good practice and applying it to a different population or in another geographic area.

**2. Supporting innovation: piloting new approaches, practices and tools that support integration.**

Funding will support projects that aim to pilot or test new approaches, practices or tools to refugee integration in Scotland. This might involve establishing wider partnerships, piloting approaches aimed at meeting gaps in current provision, testing new practices or tools or adopting projects tested elsewhere in Europe or beyond.

All activities must take place in Scotland.

**APPLICATION PROCESS**

Please refer to the accompanying Guidance Note and read this carefully before you submit your application. Email [NewScotsProjectInfo@gov.scot](mailto:NewScotsProjectInfo@gov.scot)if you have further questions.

Applications and supporting evidence must be submitted by **11.59 p.m.** on **22 May 2021** via the online application form. Please do not apply until the portal is live.

We encourage applications to be submitted using the online portal in the first instance, but will also accept word versions of applications if necessary. These can be emailed to [NewScotsProjectApplications@gov.scot](mailto:NewScotsProjectApplications@gov.scot).

Due to the present COVID restrictions, all applications should be submitted online but please contact us if this is a barrier for you applying.

# **Section 1: Tell us about your organisation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Question** | | | | |
| 1.1 | **Legal name of your organisation** | | | | |
|  | | | | |
| **(Other) Known name of your organisation if applicable** | | | | |
|  | | | | |
| 1.2 | **Registered address for your organisation** | | | | |
| Address 1 |  | | | |
| Address 2 |  | | | |
| Address 3 |  | | | |
| Town/ City |  | | | |
| Postcode |  | | | |
| Website address |  | | | |
| Social media addresses | [Twitter / Facebook] | | | |
| 1.3 | **Main contact for this application** | | | | |
| Name |  | | | |
| Position |  | | | |
| Telephone / [Mobile] |  | | | |
| Email |  | | | |
| Correspondence address (if different from above) |  | | | |
| 1.4 | **Type of organisation** | | | | |
| Type | Select from dropdown | | | |
| If other please specify: | | | |
| Charity Number | [if applicable] | | | |
| Company Number | [if applicable] | | | |
| Year your organisation was established |  | | | |
| Is your organisation a branch of another organisation? | Yes  No  [If yes selected] What is the name of your parent company or body? | | | |
| 1.5 | **Separation of duties** | Please confirm, by ticking the box, that you have procedures that ensure one person cannot authorise, make, and record payments | | | |
| 1.6 | **Governance** | | | | |
| Does your organisation have a management committee or governance board? | | |  | Yes |
|  | No |
|  | N/A |
| If yes, does this include refugee representation? | | |  | Yes |
|  | No |
|  | N/A |
| 1.7 | Numbers of full-time equivalent staff and volunteers in your organisation. | | | | |
| Full-time equivalent | Select from dropdown | | | |
| Volunteers | Select from dropdown | | | |
| 1.8 | **Annual income and expenditure** | | | | |
| What was your financial position at the 31 December 2020 or at the most recent point to which your accounts are made up? | | | | |
| If you are a local authority please tick this box and do not complete this table | | | | |
| Annual income or turnover | |  | | |
| If your financial position has changed significantly since your last set of annual accounts was finalised, please tell us about these changes. | | | | |
|  | | | | |
| 1.9 | Amount applied for | | | | |
| £ | | | | |

# **Section 2: About the work you would like funded**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Question** | | | | | | | | | | | | |
| 2.1 | Name of your project. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2.2 | When will your project start and finish? | | | | | | | | | | | | |
| Start date | | | |  | | | | End date | | |  | |
| 2.3 | Which TOPIC are you applying for? | | | | | | | | | | | | |
| Select from dropdown | | | | | | | | | | | | |
| 2.4 | Which TYPE of project are you applying for? | | | | | | | | | | | | |
|  | | Spreading good practice: widening the impact of successful integration approaches, practices and tools. | | | | | | | | | | |
|  | | Supporting innovation: piloting new approaches, practices and tools that support integration. | | | | | | | | | | |
| 2.5 | Please give us a summary of your proposed project. (150 words) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2.6 | Please describe how refugees have been involved in the development of this idea and how they will participate in the delivery of the project. (350 words) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2.7 | If in 2.4 you chose ‘Spreading Good Practice’: Please explain how your project will widen the impact of successful integration approaches, practices and tools. (350 words) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| If in 2.4 you chose ‘Supporting Innovation’: Please explain how your project will support innovation by piloting new approaches, practices and tools that support integration. (350 words) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2.8 | **Location of your project.** | | | | | | | | | | | | |
| Where will the proposed work be delivered? | | | | | |  | | A local community or small number of local communities | | | | |
|  | | Across one Local Authority area | | | | |
|  | | Across several Local Authority areas | | | | |
|  | | Nationally (across Scotland) | | | | |
| Please select the main Scottish local authority area(s) where your project will take place   |  | | --- | | Aberdeen  Edinburgh  Orkney Islands | | Aberdeenshire  Falkirk  Perth and Kinross | | Angus  Fife  Renfrewshire | | Argyll & Bute  Glasgow  Scottish Borders | | Clackmannanshire  Highland  Shetland Islands | | Dumfries & Galloway  Inverclyde  South Ayrshire | | Dundee  Moray  South Lanarkshire | | East Ayrshire  Midlothian  Stirling | | East Dunbartonshire  Na-h-Eileanan Siar  West Dunbartonshire | | East Lothian  North Ayrshire  West Lothian | | East Renfrewshire  North Lanarkshire | | | | | | | | | | | | | |
| 2.9 | **Collaboration** | | | | | | | | | | | | |
| (1) Is this an individual or partnership project? | | | | | | | | | | | | |
|  | Individual | | | | | | | | | | | |
|  | Partnership | | | | | | | | | | | |
| (2) [If partnership] Please describe who the partners working on the project are and why you have decided to collaborate. (150 words) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| (3) If yes, please indicate if you have contacted the relevant organisation(s) | | | | | | | | |  | Yes | | |
|  | No | | |
| 2.10 | **Proposed project/activities** | | | | | | | | | | | | |
| Detail about your project activities. | | | | | | | | | | | | |
| Activity | | | Who are the target groups for this activity? | | | | How many people do you estimate you will reach through this activity? | | | | | When will it take place? |
|  | | |  | | | |  | | | | |  |
|  | | |  | | | |  | | | | |  |
|  | | |  | | | |  | | | | |  |
| Please give an estimate of the total number of participants that you expect to work with over the lifetime of the project. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2.11 | Please tell us how you plan to monitor the progress and achievements of your project? What data and information do you plan to collect in order to track progress? (150 words) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2.12 | Please describe how you know this work is needed. (500 words) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2.13 | Please describe if you have considered how your project would be able to adapt to further COVID-19 restrictions in the future. (150 words) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2.14 | **People and communities who will benefit from your activity** | | | | | | | | | | | | |
| Please describe the people and communities who will benefit from the project you plan to do. (250 words) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2.15 | Please indicate if your project will include targeted work with any of the following communities, underrepresented groups or protected characteristics. [Select all that are relevant] | | | | | | | | | | | | |
| |  | | --- | | Age (older people)  Religion / belief / faith | | Age (younger people)  Sexual Orientation and / or gender identity | | Disability  Socio-economic disadvantage | | Gender  Other | | Race | | | | | | | | | | | | | |
| If other please specify: | | | | |  | | | | | | | |

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# **Section 3: Proposal budget**

|  |  |  |
| --- | --- | --- |
| **No.** | **Question** | |
| 3.1 | **Associated budget** | |
| Please provide a short description of each element and estimated cost | |
| Description | Estimated Cost |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total | £ |

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# **Section 4: Declaration**

Please tick this box if you are happy for the New Scots Refugee Integration Delivery Project panel to contact you

**By signing this declaration you are confirming that you are an authorised signatory for the organisation applying to the ‘New Scots’ Fund. You are also confirming that the statement below is accurate.**

**I confirm that I have read the accompanying guidance note in advance of completing the application form.**

As far as we know and believe, all of the information in this application form is true, accurate and complete. We are authorised to allow this proposal to go ahead. We are happy for the Scottish Government to:

* publish details of the financial support they are giving to this proposal;
* give any details they have about our proposal from this application or from future assessments to Scottish Government colleagues, other agencies, including other grant-making bodies;
* store and use the data from our application to support monitoring, analysis and insight relating to the project; and
* use any of these details in news releases, case studies, publications and other publicity materials.

The Scottish Government can do these things without asking us again for our agreement and will not use any of these details for commercial purposes.

|  |  |  |
| --- | --- | --- |
| **Authorised Signatory Details** | | |
| **Full name** |  | |
| **Designation in Applicant Organisation** |  | |
| **Contact Address** | Address 1 |  |
| Address 2 |  |
| Address 3 |  |
| Town/City |  |
| Postcode |  |
| **Telephone** |  | |
| **Email** |  | |
| **Date** |  | |
| **Signed** |  | |

**Partners** - Please complete as many as you need.

|  |  |  |
| --- | --- | --- |
| **Full name** |  | |
| **Name of organisation** |  | |
| **Contact Address** | Address 1 |  |
| Address 2 |  |
| Address 3 |  |
| Town/City |  |
| Postcode |  |
| **Telephone** |  | |
| **Email** |  | |

|  |  |  |
| --- | --- | --- |
| **Full name** |  | |
| **Name of organisation** |  | |
| **Contact Address** | Address 1 |  |
| Address 2 |  |
| Address 3 |  |
| Town/City |  |
| Postcode |  |
| **Telephone** |  | |
| **Email** |  | |

|  |  |  |
| --- | --- | --- |
| **Full name** |  | |
| **Name of organisation** |  | |
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| Address 3 |  |
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| Postcode |  |
| **Telephone** |  | |
| **Email** |  | |

|  |  |  |
| --- | --- | --- |
| **Full name** |  | |
| **Name of organisation** |  | |
| **Contact Address** | Address 1 |  |
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| Address 3 |  |
| Town/City |  |
| Postcode |  |
| **Telephone** |  | |
| **Email** |  | |