West dunbartonshire Council on Behalf of West Dunbartonshire Strategic Employability Group

**West Dunbartonshire Employability Grant Programme: Application Form Provision**

**July 2024 – Stage 4 and Stage 5**

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Please fill out a separate application form for each proposal. The grant form is split into expanding sections. Please provide detailed responses however no single answer to a question should be more than 500 words in length. If this is a partnership proposal then a lead applicant should make the application on behalf of the partnership.

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| **Section 1: Applicant Information** |
| **Name and Address of Applicant Organisation:****Organisation Website:** | **Name of person making the application:****Job Title:****Contact Tel No:****Email Address:** |
| **Is this the address where the proposed services would be delivered from?** | [ ]  **YES**[ ]  **NO** |
| **If NO then please provide the address where the proposed services will be delivered:** |  |
| **Please confirm the type of organisation:** | [ ]  **Voluntary sector** [ ]  **Private sector**[ ]  **FE/HE sector** [ ]  **Public sector** |
| **Applicant Declaration:**I confirm that I have the authority to submit this application on behalf of the project applicant. Signed: |
| **Section 2: Priority Groups**  |
| This application is for employability services which should be forthe following priority group(s)- please select group(s) which will be supported:[ ]  Vulnerable Young People[ ]  Long-term Unemployed[ ]  Economically Inactive[ ]  Families facing Poverty[ ]  Individuals with Disabilities[ ]  Long-term Health Conditions[ ]  Neurodiversity[ ]  Care Experienced[ ]  Minority Ethnic Communities[ ]  Community Justice[ ]  Areas of Multiple Deprivation[ ]  Other group – please give details  |
| **Are comprehensive safeguarding policies and procedures that address the specific needs and vulnerabilities of these priority groups in place?**[ ]  **YES**[ ]  **NO****A condition of the grant would be adherence to the Fair Work policy. Can you confirm that your organisation/partnership adheres to the policy and practices?**[ ]  **YES**[ ]  **NO** |

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| **Section 3: Project Proposal** |
| * 1. **Project Name and Aim**
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| **3.2 Project Proposal** Describe the project - what activities will be delivered and by whom, including partners if relevant. Please reference engagement activity, marketing, training 1-1 support, group support etc. Please also detail the service users journey including progression routes and in-work support/aftercare as appropriate. |
| **3.3 How, where and when are you going to deliver it?** e.g., geographical area, times of the day, does it include evening and weekend work, start/end dates, duration, frequency. |
| **3.4 Why is this needed?** Delivery must be data informed. |
| **3.5 Detail** **the evaluation approaches that you will use, ensuring lived experience of service users are included.**  |

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| **Section 4: Project Impact – select only those relevant to your project and indicate numbers of people** |
| **4.1** | **Number** |
| **Key Performance Indicators**  |  |
| Number of people supported on your project  |  |
| Number of people experiencing reduced structural barriers into employment and into skills provision  |  |
| Number of people supported to access basic skills  |  |
| Number of people engaged in life skills support following interventions |  |
| Number of people reporting increased employability through development of interpersonal skills |  |
| Number of people achieved a qualification |  |
| Number of people supported into a work placement  |  |
| Number of people commenced formal volunteering  |  |
| Number of people entered employment or self-employment (including a Modern Apprenticeship) |  |
| Number of people sustaining employment at 13, 26 and 52 weeks  |  |
| Number of people receiving in work support |  |
| Number of people retraining |  |
| **Section 4: Additional Project Outputs and Outcomes specific to your project** | **Number** |
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| **Section 5: Cost**  |
| **5.1** | **Amount (£)** |
| **Delivery Staff Costs** (please outline below) |  |
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| **Delivery Staff Costs total** | **£** |
| **Client Participation Costs** (please outline below) for example, Training Allowance, travel expenses, qualification costs, etc |  |
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| **Client Participation Costs total** | **£** |
| **Other Costs** (please outline below)  |  |
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| **Other Costs total** | **£** |
| **Overall Total:** | **£** |
| **How much of the costs above are you requesting in grant?** | **£** |

**Please email any completed applications to:** **WDC\_NOLB\_Grants@west-dunbarton.gov.uk** **by Noon, Friday 26th July 2024**