**Falkirk Council integration fund 2025/26**

Organisation details

|  |  |
| --- | --- |
| Name of Organisation/ Group |  |
| What type of organisation / group are you applying on behalf of? |  |
| Full Name of Applicant  |  |
| Address of Organisation  |  |
| Email address |  |
| Phone Number |  |
| Would you like to provide an alternative contact? (e.g. if you are not going to be available) |  |
| Why do you require an alternative contact? |  |
| Alternative Contacts Full name |  |
| Email address |  |
| Do you have a constitution or governing document? |  |
| Do you have a bank account in the groups name? Can you provide the 3 statements  |  |
| Do you have an Adult and child protection policy? |  |
| Does your recruitment processes include staff and volunteers being part of the PVG / disclosure scheme? |  |

Project/Activity Details

|  |  |
| --- | --- |
| Please select all thePriority groups that you are delivering activities to. Please note that you can tick multiple boxes | * Resettled Refugees through the Home Office resettlement Scheme
* Asylum seekers – Those in dispersal or contingency accommodation through the Home Office
* Refugees who have been granted leave to remain following an asylum application
* Displaced persons who are seeking refuge in the UK, e.g. Ukraine displaced persons
 |
| What benefits will theparticipants get out ofthe activitiesPlease note that you can tick multiple boxes | * Improving English
* Learn about local community
* Cultural
* Build relationships and intercultural bonds
* Pathways to employment
* Building and breaking down barriers for intercultural communities
* Improving health and mental wellbeing
 |
| Please give us a brief description of your project and the outcomes it aims to achieve.Max words 300 |  |
| How will you achieve integration through this activity Max words 200 |  |
| How do you plan to engage with New Scots to participate in your activityMax words 250 |  |

|  |  |
| --- | --- |
| Are you working with a partnerorganisation to delivery activities, If so please provide their details  |  |

Partner Organisations

|  |  |
| --- | --- |
| Organisation Name |  |
| Service Provided  |  |

|  |  |
| --- | --- |
| Organisation Name |  |
| Service Provided  |  |

|  |  |
| --- | --- |
| Organisation Name |  |
| Service Provided  |  |

|  |  |
| --- | --- |
| Organisation Name |  |
| Service Provided  |  |

Anticipated Number of individuals to participate per session

|  |  |
| --- | --- |
| Number of individuals  |  |

|  |  |
| --- | --- |
| How will you sustain your project after funding ends?Max words 200 |  |

|  |  |
| --- | --- |
| Detail of expenses (please use additional paper if needed) |  |
|  |  |
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|  |  |
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| --- |
| Please explain what the expenses are for |
|  |

|  |  |
| --- | --- |
| Please state the amount you wouldlike to request from this fund |  |
| If we cannot grant the full amount of funding requested, can your project still go ahead |  |
| Is the total cost of your project more than the maximum amount of funding we can give? |  |

|  |  |
| --- | --- |
| How do you intend to cover the additionalcosts of the project (not covered by our funding) |  |
| Who have you requested funding from? |  |
| How much have you requested? |  |
| If the additional funding is not granted, will your project be able to go ahead? |  |
| Who have you received funding from? |  |
| How much have you received? |  |

Name ……………………………………………………. Job Role …………………………………

Signature ……………………………………………… Date ………………………………………

**Check list**

|  |  |  |  |
| --- | --- | --- | --- |
| Completed all funding application form  | Yes | No | Reason if no |
| Signed application form |  |  |  |
| Included constitution |  |  |  |
| Included 3 bank statements |  |  |  |
| Included audited accounts |  |  |  |

Please return to refugeeresettlement@falkirk.gov.uk