



Scottish Government  
Riaghaltas na h-Alba  
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**Chief Dental Officer and Dentistry  
Division**

**Scottish Government**

**Oral Health Community Challenge Fund  
July 2019 – March 2022**

**Application Form**

Please read the Guidance Notes before completing this application form.

Please save this Application Form to your computer to ensure you can write onto the pdf.

The deadline for applying is **midday Thursday 21 March 2019**.  
Applications submitted after this will not be considered for funding.

## Section 1: Tell us about your organisation.

### 1.1 Legal name of your organisation

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### 1.2 Registered address for your organisation

Address 1	
Address 2	
Address 3	
Address 4	
Town	
Postcode	
Telephone	
Email	
Website Address	

### 1.3 Primary contact for this application

Name			
Position			
Telephone		Mobile	
Email			

### 1.4 Bank account details

Name of Bank	
Account Name	
Account Number	
Sort Code	
Number of Authorised Signatories	

### 1.5 The legal status of your organisation

Legal Status			
Charity No.		Company No.	
In what year was your organisation established?			
Is your organisation a branch of another charity/body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes provide name of parent company/body			

1.6 Is your organisation a Social Enterprise? Yes  No

**1.7 Annual income**

What was the income of your organisation in its last financial year? (Exclude any income for capital items such as buildings and equipment or funding you hold on behalf of another independent organisation – see below)	£
Use this space to provide a brief breakdown and explanation if the income shown in your accounts includes capital or funds held on behalf of another independent organisation.	
Please advise if you are a new organisation that has been operating for less than one year.	

**1.8 Geographical area**

In which local authority area is your registered office based?	
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**1.9 Please provide a brief overview of what your organisations does?**

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**1.10 Who are the people involved in your organisation?**

How many board/committee members do you have?	
How many volunteers are involved?	
How many full-time staff are employed?	
How many part-time staff are employed?	
In the last financial year, how many service users have benefited from the work of your organisation?	

**1.11 Describe the make up of your Management Committee/Board of Trustees.  
Briefly tell us about their skills and experience.**

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## Section 2: Tell us about your project you are requesting funding for

### 2.1 Name of project

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### 2.2 Project start date (dd/mm/yyyy)

### Project end date (dd/mm/yyyy)

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### 2.3 Briefly describe your proposed project

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**2.4 Describe the need or issue that your project will address including evidence of need**

**2.5 Describe how you have worked with/involved service users in shaping your project and how involvement will continue**

**2.6 In which geographical area/s will your project operate?**

**2.7 Will your project take place in an area of regeneration or high deprivation?**

Yes  No

**If yes, please provide details**

## Section 3: The difference your project will make

### 3.1 Oral Health Inequalities Community Challenge Fund

To qualify for funding your project must work towards at least one of the following fund outcomes. Please select the outcome(s) that your project will work towards.

- Improve infant oral health
- Reduce oral health inequalities among people most at risk
- Increase opportunities for people to improve oral health and well-being

### 3.2 Describe in detail the intended project outcomes – the most important change or difference for the intended beneficiaries that this funding will support

**3.3 Describe the activities to be carried out and any target numbers and timescales for these**

**3.4 Tell us about the beneficiaries who will be involved in this project, indicating how many of these are from disadvantaged communities**

**3.5 How will you measure progress towards achieving the project outcomes?**

**3.6 What will be the challenges of this project and how will you overcome them?**

**3.7 Provide full details of any agencies that will be involved and their role within the project**

### 3.8 Describe how the project will be managed and delivered

**3.9 Describe what steps you will take to ensure your services are inclusive and accessible to all**

## Section 4: Staffing

### 4.1 How many staff will be employed to deliver this project?

Please provide staff details below and ensure that the information provided here accurately reflects the information provided in the Excel Budget Form accompanying your application.

Job Title	Weekly working hours	No. of hours per week on project	Basic Salary	Employer's NI	Pension	TOTAL	Existing or new post
<b>TOTAL</b>	<b>N/A</b>	<b>N/A</b>					<b>N/A</b>

### 4.2 Tell us about the key duties, relevant skills and experience of staff to be funded by this project

## Section 5: Budget

Please complete the separate Excel Budget Form accompanying this application form.

5.1 What is the total amount you are requesting from this grant fund? The figures provided below should match those provided in the Excel Budget Form.

July 2019 – March 2020	April 2020-March 2021	April 2021-March 2022	Total
£	£	£	£

5.2 Please tell us if there is anything we should know about the figures in the budget, include an explanation or breakdown to show how main costs were calculated.

5.3 Is this project a partnership or part of a bigger project?      Yes       No

5.4 Can the project go ahead without other partner/s or funding if the project is part of a bigger project?

Yes       No

**Please provide some brief details below regarding the partnership or the bigger project.  
Refer to Guidance for Partnerships for further information**

**5.5 When this funding ends how will the project continue to have a lasting impact?**

## Section 6: Beneficiary Monitoring

Section 6 is for monitoring purposes only, you should only provide answers to sections that most apply to your target beneficiaries, alternatively select No.

### 6.1 Will your project mainly benefit people from a particular ethnic background?

Yes  No

If yes, which ethnic group(s) or background?

#### A White

- Scottish
- Other British
- Irish
- Gypsy /Traveller
- Polish
- Other white ethnic group, please specify

#### B Mixed or Multiple Ethnic Group

- Any mixed or multiple ethnic groups, please specify

#### C Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please specify

#### D African

- African, African Scottish or African British
- Other, please specify

#### E Caribbean or Black

- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please specify

#### F Other ethnic group

- Arab, Arab Scottish, or Arab British
- Other, please specify

**6.2 Will your project mainly benefit people from a particular age group?**

Yes       No

If yes, which age group? (Please select all that apply)

0-24 years       25-44 years  
 45-54 years       55-64 years       65+ years

**6.3 Will your project mainly benefit disabled people?**

We use the definition from the Equality Act 2010, which defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day to day activity. It should be noted that the Scottish Government recognises British Sign Language (BSL) as a language in its own right, and although many BSL users do not consider themselves disabled, they are covered by the Equality Act 2010.

Yes       No

**6.4 Will your project mainly benefit people of a particular gender?**

Yes       No

If yes, which? (Please tick all that apply).

Men (including transgender men)  
 Women (including transgender women)  
 Other (e.g. non-binary people)

**6.5 Will your project mainly benefit people who identify as transgender?**

Yes       No

**6.6 Will your project mainly benefit people who are lesbian, gay or bisexual?**

Yes       No

**6.7 Will your project mainly benefit people of a particular religion or belief?**

Yes       No

If yes, which specific religion or belief?

<input type="checkbox"/> Church of Scotland	<input type="checkbox"/> Jewish
<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Hindu
<input type="checkbox"/> Other Christian	<input type="checkbox"/> Pagan
<input type="checkbox"/> Muslim	<input type="checkbox"/> Humanist
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Other
<input type="checkbox"/> Sikh	

## 6.8 Where did you hear about this fund?

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## 6.9 Independent Referee

**Provide details of an independent referee who knows the work of your organisation and the subject of this application.**

Name	
Position	
Organisation	
Address 1	
Address 2	
Address 3	
Town	
Postcode	
Telephone	
Email	
Relationship to your organisation	

## Section 7: Declaration

I apply on behalf of the organisation named above for a grant as proposed in this application in respect of expenditure to be incurred over the proposed funding period on the activities described.

### Signatory one

This must be the primary contact named in the first part of the application. I confirm that I am authorised to submit this application and that to the best of my knowledge the information given in this form is a true and accurate account of this organisation's work and needs. My organisation authorises Scottish Government to hold any information supplied about this application in its records and that the information supplied can be used for the purposes of assessment, publicity, promotion, monitoring of any award, and for publishing the details of financial support given to my organisation.

I understand that you may contact me during the assessment process and I confirm that I am authorised by the organisation for this purpose and that you may rely on any further information supplied to you by me.

Name	Position
Date	Signature
(dd/mm/yyyy)	

### Signatory two (see Guidance)

I confirm that this application and the proposed project within it have been authorised by the board members or other governing body.

Name	Position
Address including postcode	
Phone number (or text phone)	
Mobile number	
Email	
Date	Signature
(dd/mm/yyyy)	

## Section 8: Submitting your application

Check List:

Have you completed all the questions on the Application Form?	<input type="checkbox"/>
Have you completed and attached your Excel Budget Form spreadsheet?	<input type="checkbox"/>
Have you enclosed/attached the following documents? <ul style="list-style-type: none"><li>• A copy of your Memorandum and Articles or Constitution, signed and dated.</li><li>• Most recent independently examined or audited accounts, or verified statement of income and expenditure (if a new organisation, most recent bank statement).</li><li>• A copy of your Child Protection/Vulnerable Adult Policy if your project involves working with children, young people or vulnerable adults.</li></ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

This form should be submitted to **ccfapplications@gov.scot** with your organisation's name in the subject line of the email. Please save this Application Form and your separate Excel Budget Form with your organisation's name and project name (if different) as the file titles. Attach the documents requested in the check list.

For enquiries call Elizabeth McLearn on 0131 244 1817 or email **ccfenquiries@gov.scot**. The mailbox has an automated response acknowledging the receipt of your application. Contact 0131 244 1817 if you do not receive an automated response.

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