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| Glasgow City Centre Strategy cover page  Glasgow City Centre Strategy:  Improvement Grant Fund Pilot  Application Form  2024 – 2025  Minor Improvements Application FormApplicant details  |  |  | | --- | --- | | Name of Applicant: |  | | Postal Address: |  | | Telephone Number: |  | | Email: |  | | Web address: |  |  Is your application for a Meanwhile Use Project? YES/ NOWhat kind of Organisation are you?Business/ Charity/ Social Enterprise/ Community Group/ Other (delete as appropriate)If Other, please provide details of your organisation below. Be as specific as you can.Organisation Details  |  |  | | --- | --- | | Organisation Name |  | | Operating Address |  | | Phone Number |  | | Website |  | | Organisation social media |  | | Number of staff |  | | Describe your main product/ service. |  |  BusinessIf you are a Business, please answer the below questions.What is your Legal Status: Partnership/ LLP/ Ltd Company/ Sole Trader (delete as appropriate).   |  |  | | --- | --- | | If Partnership, please provide the names of the partners. |  | | If Ltd Company/ LLP, please provide the Registration Number. |  | | If Sole Trader, please provide your Unique Taxpayer Reference Number. |  | | When did the business start trading? |  | | Is your business VAT registered? |  | | If yes, please provide the VAT registration number. |  |  If you are already operating as a business, please confirm you are not currently based in the city centre boundaries (delete as appropriate). CONFIRM/ DECLINEPlease tell us if your business is part of a wider group or franchise (delete as appropriate).YES, IT IS/ NO, IT IS NOTSocial Enterprise/ Charity/ Community GroupIf you are a Social Enterprise, Charity, or Community Group, please answer the below questions.What is your Legal Status: Social Enterprise/ Charity/ Community Group (delete as appropriate).   |  |  | | --- | --- | | When did the organisation start operating? |  | | Are you registered with the Office of Scottish Charities (OSC) |  | | If yes what is your Scottish Charity Number? |  | | Are you an incorporated company? |  | | If yes, please provide your company registration number. |  | | If you are registered with a body not identified here, please provide details. |  |  ProposalThis section should be completed in report format, giving a full answer to each of the questions to indicate how the proposal meets the purpose of the scheme.  Please provide an outline of the project below. Be as specific as you can.  |  | | --- | |  |  Which of the key pillars of the [City Centre Strategy](https://www.glasgow.gov.uk/article/1831/City-Centre-Strategy-2024-2030) will your project support?  * Magnetic Experience * A Place to Live * Front Door to Innovation  Please detail how the project will support the selected key pillars. Be as specific as you can.  |  | | --- | |  |  Please detail how your project will deliver a place-based improvement to the city centre. Be as specific as you can. Place-based Improvements   * + - Minor repair works     - Meanwhile Use     - Small-scale greening/public space improvements     - Small-scale play infrastructure     - Measures to:       1. Alleviate anti-social behaviour       2. Increase footfall       3. Reduce blight  |  | | --- | |  |  How will your project engage the community and the public, including through social media? Be as specific as you can.  |  | | --- | |  |  What is the project location? Please fill in the box below if the project location is different to the address provided above.Total project cost.  |  | | --- | | £ |  Please indicate how much funding you are applying for from the Improvement Grant Fund.  |  | | --- | | £ |  Please also indicate how much additional funding (if any) you will be receiving.  |  |  | | --- | --- | | **Funding Source** | **Funding Amount** | | Other funder name: | £ | | Other funder name: | £ | | Other funder name: | £ | | Other funder name: | £ | | Total funding secured | £ |  Are you/the organisation you represent, in receipt of any grant funding for other projects? Please indicate how much grant funding you have received and which projects this is for.  |  |  |  |  | | --- | --- | --- | --- | | **Funder** | **Amount** | **Received?** | **Date grant awarded** | |  |  |  |  | |  |  |  |  | |  |  |  |  |  Project commencement.  |  |  | | --- | --- | | What date will your project start? |  |  Please itemise proposed costs, suppliers and dates below.  |  |  |  |  | | --- | --- | --- | --- | | **Item** | **Amount £** | **Supplier** | **Date of works** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  Who are the landowners/property owners (please attach a copy of their agreement for this project). You must attach letters of agreement from all relevant building owners.  |  | | --- | |  | |  | |  |  How have you incorporated the relevant Health and Safety regulations?Do you or your business have any formal relationship with the intended suppliers? YES/ NOIf YES please state your relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have the relevant insurance to implement your project? Yes/ No GCC may request a copy of insurance contract whilst determining the grant application. DeclarationsI hereby confirm that the information in this application is true and correct and I acknowledge that it is my responsibility to inform **Glasgow City Council,** **Neighbourhoods, Regeneration and Sustainability** [citycentrestrategy@glasgow.gov.uk](mailto:citycentrestrategy@glasgow.gov.uk) immediately of any changes that could affect the interpretation or context of the application.I confirm that receiving this grant will not exceed my/the organisations limit of Minimum Financial Assistance. **Please fill in the Minimum Financial Assistance notification form and return as part of your application.**I have considered steps that might promote fair working practices, including payment of the Living Wage where possible.I confirm that I will comply with monitoring and evaluation requirements.That funds awarded will only be used in accordance with the purposes set out in this application. To enable the Council to comply with the provisions of the Local Government act 1986 (as amended) the activities will not involve publicity which promotes or poses a view on a question of political controversy which is identifiable as the view of one political party.Signatures  |  |  | | --- | --- | | Signature |  | | Print Name |  | | Date |  |   *Confirmation must be sent by someone who is authorised to do so on behalf of your organisation. If the signatory is not a Director or Company Secretary listed on Companies House we may ask to see their authority to sign on behalf of your organisation.* Section Checklist  |  |  | | --- | --- | | **Section/ document** | **Check if complete** | | Application form |  | | Business details (if applicable) |  | | Charity/ Social Enterprise/ Community Group details (if applicable) |  | | Project proposal |  | | Signatures |  | |

**This information will only be used to better understand the needs of people across Glasgow City Centre.**

Which age group do you belong to?

* 16-24
* 25-34
* 35-44
* 45-54
* 55-64
* 65+

Which of the following describes how you think of yourself?

* Male
* Female
* In another way

Do you have any long-term illness, health problem or disability which limits your daily activity or the work you can do?

* Yes
* No
* Don’t know/ no opinion

If yes, please provide more details

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Which of the following best describes your ethnicity?

* White – Scottish, English, Welsh, Northern Irish, British
* White - Irish
* Any other white background
* Asian, Asian Scottish, Asian British - Indian
* Asian, Asian Scottish, Asian British - Bangladeshi
* Asian, Asian Scottish, Asian British - Pakistani
* Any other Asian background
* Black, Black Scottish, Black British - Caribbean
* Black, Black Scottish, Black British - African
* Any other Black background
* Chinese
* Mixed - Any mixed background
* Any Other - Any other background

Any other background (please specify)

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