BTEG Capacity Building Consultancy Support

**Application Form**

Please complete this application form for the free Capacity Building Consultancy Support Projects funded by The London Community Foundation and the National Lottery Community Fund. The project is open for up to six months and selection will be determined by meeting the criteria and on a first come first serve basis.

Please complete all sections and return to simone@bteg.co.uk.

For more information on the project criteria please visit [www.bteg.co.uk](http://www.bteg.co.uk).

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| **Section One: Organisation Details** |
| Organisation Name: |  |
| CEO/Director Name/Lead Person: |  |
| Applicant Name (if different to above): |  |
| Office Base/Location Borough: |  |
| Organisational Legal Status (please select): | Unincorporated association □ Company □ Trust □Community Interest Company (CIC) □ Charitable Incorporated Organisation (CIO) □ |
| Are you a Black, Asian or Ethnic Minority led/owned organisation? Please select | Black □Asian □Other Minority Ethnic (state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact email: |  |
| Contact telephone:  |  |
| **Section Two: About Your Organisation** |
| What is your org/projects mission? |  |
| Who are your target beneficiaries? Who do you serve in the community? |  |
| What Activities and/or Services do you provide? |  |
| What is your Annual Turnover/Income? | £0 - £10,000 □£10,000 – £25,000 □£25,000 – £75,000 □£75,000 - £100,000 □£100k - £150k □ |
| **Section Three: Your Organisational** **Structure and Leadership** |
| Do you have a board or management committee? | Board □ Committee □ None □If yes, how many? \_\_\_\_ |
| How many paid employees do you have? | Permanent: \_\_\_ Fixed Term/Contracted: \_\_\_Temporary: \_\_\_ |
| How many unpaid employees do you have? | Volunteers: \_\_ Casual/Sessional: \_\_\_Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Prior to Covid-19 did you/your employees work in an office base or from home? | Only office: □ Office and Home/Flexible: □ Only from home/flexible: □ |
| **Section Four: Impact of Covid-19 on**  **your organisation** |
| For some organisations, operations have ceased and for some new opportunities have arisen; in no more than 250 words please tell us how Covid-19 has impacted on your organisation and its work? |
| Please select three support and development areas from the list below that you would find most useful for your organisation in response to the Covid-19 pandemic: |
| Funding sources and options |  | Bid Writing/funding applications |  |
| Safeguarding and Health and Safety |  | Policy and Procedures /Document Review |  |
| Governance and Trustee Support |  | Organisational Repositioning /Strategy and Structure |  |
| Networking and Memberships |  | Partnerships and/or Collaboration |  |
| Premises - -new or alternative space (advice and guidance on tenancies) |  | Premises – existing location (advice and guidance on lease agreements and legalities) |  |
| Contracts and Legalities |  | Leadership Support including coaching and change management  |  |
| Financial Planning (future) budgeting, forecasting and core funding |  | Financial Management (current) e.g. management accounts, project spend,  |  |
| HR – recruitment and retention. |  | HR –Redundancies / Flexible Working (working from home) |  |
| HR – Safe and Ethical Working Policies and Procedures |  | Organisation Continuity Planning |  |
| General Post Covid Organisational Health Check  |  | Media /Social Media  |  |
| Marketing and Messaging  |  | Volunteer Management – strategy/recruitment and retention |  |
| **Section Five: Information for our Organisation** |
| Please confirm which Organisational Leader will be working with this programme? (if different from above) | Name:Email: |
| Available days for Consultation if application successful (mon-fri only): | Mon | Tue | Wed | Thurs | Fri |
|  |  |  |  |  |
| If you do not speak or understand English fluently, please state which language you speak. |  |
| Do you have access to your own interpreter? | Yes □ No □ |
|  |
| Signed: |  |
| Date: |  |

-End of application-