

Special Grants to Voluntary, Community Groups and Organisations
Application Form - Financial Year 2009/10

Please refer to the Guidance Notes before completing this form. The form should be completed clearly in black ink or type. Please give further details on an extra sheet of paper if required.

Section 1 – Your organisations details

(1a) Name of Organisation who is making the application.

Who are you making the application on behalf of (individual/family/group).

(1b) Name of main contact in the organisation (the person we should write to).

| | | |
|----------------------|----------------------|----------------------|
| Title | First Name | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Position held in the organisation

Contact address, including **full** postcode

| | |
|----------------------|----------|
| <input type="text"/> | |
| <input type="text"/> | Postcode |

Is this address (tick one box only)

| | |
|--|--|
| <input type="checkbox"/> Your organisation's office/base | <input type="checkbox"/> Your home address |
| <input type="checkbox"/> Other (please give details) | <input type="text"/> |

Phone: Daytime Evening

Charity Number SC003334

(1c) If you have any special communication needs, please tell us what these are.

| | | | | | |
|---------------|--------------------------|--------------|--------------------------|-----------------------------|----------------------|
| Textphon e | <input type="checkbox"/> | Interpreting | <input type="checkbox"/> | Other (please give details) | <input type="text"/> |
|---------------|--------------------------|--------------|--------------------------|-----------------------------|----------------------|

(1d) If your group is a branch of a larger organisation or a member of an umbrella body, please tell us which one.

(1e) What type of organisation are you? [You do not need to be a recognised charity to get a grant, but if you are we need your number for our records.]

Not a recognised charity Waiting for charitable recognition

Charity recognised by the Inland Revenue in Scotland
(Charity Number)

(1f) When was your organisation set up? Month Year

(1g) What are the main activities of your organisation or what services do you provide?

(1h) Please state how many people are involved in running your organisation. (Please give numbers.)

Committee Members Paid staff: Full time Paid staff: Part time Volunteers

How often does your Committee meet?

(1 i) Which of the following best describes the people your group works with? (Tick all that apply.)

Children under 5 years Children 5-11 years Young people (12-16 yrs)

Unemployed people People with illness Disabled people

Drug and/or alcohol affected Lone Parents Carers

(1j) Please indicate where most of the people your organisation works with live.

Specific Local Authority (please specify)

More than one local authority (please specify)

Other (please specify)

(1k) Please tick the box that best reflects most of the people who benefit from your group's work.

- | | | |
|---|--|---|
| <input type="checkbox"/> White European | <input type="checkbox"/> Pakistani origin | <input type="checkbox"/> Bangladeshi origin |
| <input type="checkbox"/> Black Caribbean origin | <input type="checkbox"/> Black African origin | <input type="checkbox"/> Other Black origin |
| <input type="checkbox"/> Chinese origin | <input type="checkbox"/> Mixed ethnic group | <input type="checkbox"/> Gaelic speakers |
| <input type="checkbox"/> Indian origin | <input type="checkbox"/> Other (please give details) | |

Section 2 – Grant particulars – This section will help us assess whether your application meets the priorities of the Grant Fund.

(2a) Is the application for:

- | | |
|--|---|
| <input type="checkbox"/> a new project | <input type="checkbox"/> further development to an existing project |
| <input type="checkbox"/> a request for running costs | <input type="checkbox"/> a request for equipment or other one-off expenditure |
| <input type="checkbox"/> Other (please detail) | <input style="width: 500px; height: 20px;" type="text"/> |

(2b) Give a general description of the reason that your organisation wants a Grant (maximum 80 words).

(2c) If you receive a Grant from us, tell us what **difference** it will make to those you are working with.

For funding requests of £2,000 or more please answer questions 2d – 2f below

(2d) How will you know if your project will have been a success? Tell us what targets you are trying to achieve by getting the grant from us.

(2e) Tell us how you came up with the idea for your project. Did you involve your whole group and/or your wider community? If so, tell us about who you involved and how you involved these people in identifying the need for your project.

(2f) Will your project provide a benefit or impact that will last a long time? If so, please explain why.

(2g) How many young people will benefit from the grant (please give a number)?

(2h) If working with children under 8, is your organisation registered with the local authority Early Years Services? YES/NO

Section 3 – about the grant

(3a) Tell us how much money you need for your organisation and give us a breakdown of what the money is for (please include VAT where it applies).

| Item or activity | Amount sought |
|------------------|---------------|
| | £ |
| | £ |
| | £ |
| | £ |

Total amount requested

Is this the total cost? YES/NO If **no**, how much is the total cost?

(3b) Please describe any contribution your organisation can make to the cost. Try to estimate the cash value of any 'in kind' contribution.

| Description of contribution you can make & associated cost | | |
|--|--------------------------|----------------------|
| | | |
| Cash contribution £ | 'In kind' contribution £ | Other contribution £ |

Questions 3c – 3e applies to non-statutory organisations only

(3c) Please give the following details from your most recent annual accounts (or income and expenditure report if no audited accounts available).

Accounts for year ending: _____ / _____ / _____
Day Month Year

| | |
|---|---|
| Total (gross) income | £ |
| Minus total expenditure | £ |
| Equals profit or loss for the year | £ |
| Savings (reserves, cash or investments) | £ |

(3d) Does your organisation receive funding from any other sources? YES/NO

If yes, please give details.

(3e) What fundraising does your group do – please describe

How much have you raised in the last year?

£

(3f) Please tell us if your group is applying to any other funder for the same purpose as this application.

| Funding Body | Amount requested |
|--------------|------------------|
| | £ |
| | £ |
| | £ |

Section 4 – other information

(4a) Please tell us if you have applied for funding from Cash for Kids before.

| Year/Purpose | Amount | Successful |
|--------------|--------|------------|
| | £ | YES/NO |
| | £ | YES/NO |

Phone: Daytime Evening

I confirm that I know this group and its work, I have read this application and I support this request for funding. I am willing to be contacted now to discuss this application and at a later date to comment on the grant, if this application is successful.

Signed Date

For funding request of £2000 or more by a non-statutory body

(4e) Your Chairperson, Vice Chair, Secretary or Treasurer must sign below. *This must not be the main contact named in question (1b) and question (4c).*

Title First Name Surname Position in the organisation

Contact address, including **full** postcode

Postcode

Phone: Daytime Evening

Signed Date

Now please read and sign the Conditions.

CONDITIONS

To the best of my knowledge and belief, all the information we have given in this application is true and correct. If this application is successful, in full or part, the group will keep to the terms and conditions. I understand that this is an agreement between the group and Cash for Kids.

Name Position in the organisation

Signed Date

For Office Use Only :

| ASSESSMENT CRITERIA | Status of Application | | |
|---|--------------------------------------|-----|----|
| Form checked and information correct | Date : | Yes | No |
| Documentation enclosed | Constitution : | Yes | No |
| | Management Structure : | Yes | No |
| | Summary of work : | Yes | No |
| | Any other supporting documentation : | | |
| Application Successful : | | Yes | No |
| Annual Accounts Approved by Finance: | Date : | Yes | No |
| | Finance Officer: | | |
| Grant recorded in Council's cash flow forecast | Date : | Yes | No |
| | Finance Officer : | | |
| Offer letter and T&C's sent out : | Date : | Yes | No |
| Signed documentation returned: | Date: | Yes | No |
| First report received: | Date: | Yes | No |
| Six monthly reports received: | Date: | Yes | No |
| | Date: | Yes | No |
| | Date: | Yes | No |
| | Date: | Yes | No |
| | Date: | Yes | No |
| | Date: | Yes | No |
| | Date: | Yes | No |

