

Grants to Voluntary and 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 for which grant is requested.

If the name on your constitution is different to the name given above, please write it here.

(1b) Name of main contact in the organisation (the person we should write to). *[This must not be the same person who signs question (4e).]*

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)

Your organisation's office/base
 Your home address
 Other (please give details)

Phone: Daytime Evening

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

Textphon
 Interpreting
 Other (please give details)

(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?

How do you appoint Committee Members?

(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.

(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 £

(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
<input style="width: 95%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	YES/NO
<input style="width: 95%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	YES/NO

Charity Number SC003334

(4b) Please give us your bank account details.

Account Name	
Bank or building society name	
Bank or building society address	
	Postcode

Sort code - - Account No

How many people have to sign each cheque or withdrawal from this account?

Please list all the people who are authorised to sign cheques on this account.

1 Name	<input style="width: 95%; height: 20px;" type="text"/>	Position in the group	<input style="width: 95%; height: 20px;" type="text"/>
2 Name	<input style="width: 95%; height: 20px;" type="text"/>	Position in the group	<input style="width: 95%; height: 20px;" type="text"/>
3 Name	<input style="width: 95%; height: 20px;" type="text"/>	Position in the group	<input style="width: 95%; height: 20px;" type="text"/>
4 Name	<input style="width: 95%; height: 20px;" type="text"/>	Position in the group	<input style="width: 95%; height: 20px;" type="text"/>

The application **must** be accompanied by the following supporting information.

A copy of your most recent set of audited or independently examined accounts or an estimate of income and expenditure, dated and signed as approved **and** a copy of your most recent bank statement.

A copy of your organisation's constitution, dated and signed as approved

A copy of your organisation's management structure

A one page summary of the work of your organisation

Other supporting documentation (please specify) _____

(4c) The contact person's signature. *This must be different to the person named in question (4e).*

Signed Date

(4d) Independent referee's statement

Title	First Name	Surname	Occupation
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Contact address, including **full** postcode

<input style="width: 98%; height: 20px;" type="text"/>	<input style="width: 98%; height: 20px;" type="text"/>
<input style="width: 98%; height: 20px;" type="text"/>	<input style="width: 98%; height: 20px;" type="text"/>
<input style="width: 98%; height: 20px;" type="text"/>	<input style="width: 98%; height: 20px;" type="text"/>
<input style="width: 98%; height: 20px;" type="text"/>	<input style="width: 98%; height: 20px;" type="text"/>

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 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

