| COMMUNITY GRANT SCHEME<br><br>PROJECT GRANT<br>APPLICATION | Scottish Borders COUNCIL |
|---|---|

**To ensure you are eligible to apply please complete the undernoted checklist before filling in the application.**

|  |  | YES | NO |
|---|---|---|---|
| (a) | Is your group non profit-making and one of the following:-<br>• Voluntary or community organisation<br>• Registered charity<br>• SCIO<br>• Company Limited by Guarantee<br>• Company Limited by Shares<br>• Trust<br>• Community Council | ☐ | ☐ |
| (b) | Does your Constitution allow you to carry out the activities you seek funding for? | ☒ | ☐ |
| (c) | Does your group have a bank account in its own name which requires at least 2 unrelated people to authorise **all** cheques and withdrawals? | ☐ | ☐ |
| (d) | Do you have at least 3 unrelated people on the board or committee which runs your group? | ☐ | ☐ |
| (e) | Is your group's bank account and annual accounts in exactly the same name as its Constitution? | ☐ | ☐ |
| (f) | Is your grant request for no more than £5,000? | ☐ | ☐ |
| (g) | Is the project start date at least 2 months from the date you will submit this application? | ☐ | ☐ |
| (h) | Will your project be completed within 12 months of receiving a grant? | ☐ | ☐ |

> **IF YOU HAVE ANSWERED 'NO' TO ANY OF THE ABOVE**
> **PLEASE DO NOT COMPLETE AN APPLICATION FORM WITHOUT CONTACTING THE GRANTS CO-ORDINATOR FOR ADVICE (TEL: 01835-826626)**

**If your group is in temporary financial hardship and you wish to apply for assistance with annual running costs please contact the Grants Co-ordinator for an application**

Our Scottish Borders
Your community

## Please read the Guidance Notes carefully before completing this application

You must **answer each question in the space provided** – do not attach separate documents. Please refer to the application notes on the right-hand side when completing

## PART 1: About your group

1. What is the legal name of your group?

|  |
|--|
|  |

This should be the same name that appears on your Constitution

2. Name of main contact

| Name |  |
|------|--|
| Position in Group |  |
| Home Address |  |
| Post Code |  |
| Telephone Number |  |
| Email Address |  |

This should be the person who will be the main point of contact for this application

Communication will be via email or telephone. If you have any communication requirements please let us know what these are.

3. Are any Councillors/Scottish Borders Council Officers members of your Management Committee? If so, give names

|  |
|--|

4. What is the purpose of your group? **(max 200 words)**

|  |
|--|
|  |

Tell us what your group does, the activities it undertakes and in what way it benefits the community it serves

**Our Scottish Borders**
Your community

5. Is your group registered for VAT?　　　YES ☒　　　NO ☐

6. Tell us what grants your group has received from Scottish Borders Council in the last 2 years

| Date | Amount | Project Title |
|------|--------|---------------|
|      |        |               |
|      |        |               |
|      |        |               |
|      |        |               |

7. If you do not have an Equal Opportunities Policy or Equality Statement, tell us how your group takes account of equal opportunities legislation by including all sections of your community (including promotion of equality of access to services irrespective of race, disability, gender, age, sexual orientation, religious or political beliefs). **(max 200 words)**

It is your responsibility to ensure that you have an acceptable Equality Statement or Equal Opportunities Policy and procedures in place to ensure services will be delivered free from discrimination and offered fairly and equitably. Advice on requirements can be obtained from Volunteer Borders on 01896 754041

**Our Scottish Borders**
Your community

## PART 2: About your project
**Please refer to the application notes on the right-hand side when completing**

8. Summarise what you want to use this funding for **(max 600 words)**

Be specific about what you want to do.

Tell us what activities you plan to carry out, who your project will benefit and how you will deliver it

9. Tell us the expected results of your project and the difference it will make to your community **(max 300 words)**

Please tell us how your project will benefit the local community (ie. will it increase access, improve quality etc).

Please also include details on how you intend to maintain your project in the future. This is particularly important for environmental projects or improvements to community facilities where ongoing physical maintenance and spending may be required

Our Scottish Borders
Your community

10. Tell us how you have identified a need for the project and how you have involved your community in the development of it **(max 500 words)**

11. When is your project due to start?

12. If your project involves work to a building or land who is the owner?

Do you have the following?  (please tick relevant)

☐ A lease agreement (Date of lease          and duration          years)

☐ Written permission of owner

☐ Planning Permission    (Reference No                  )

Our Scottish Borders
Your community

13. Tell us how much money you need for the project?

| Item or Activity | Total Cost of Item | Amount Requested from CGS |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Totals |  |  |

Give a detailed breakdown of the main items of expenditure required for the project including VAT if relevant. Groups who are eligible to claim back VAT must not include VAT charges in their project costs. **Please note copies of quotations/ estimates must accompany the application form.**

Please refer to the guidance notes to ensure that the costs you are applying for are eligible for grant assistance.

If the total project cost is more than you are requesting from the Community Grant Scheme, tell us where the shortfall will be met

| Name of Funding Body | Amount | Progress |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If the project cost is more than you are requesting from Community Grant Scheme please give details of funds secured from other funding sources ie. lottery bodies, public bodies, trusts, businesses etc.

How much will your group contribute to the project?

**Requests of £500 and over require a minimum of 10% match-funding.** 'In-kind' support (ie. volunteer time or local skills that are a direct input to your project) can also be used to make up the balance of funding. Applicants who wish to use 'in-kind' contribution as part of their funding package should discuss this with the Grants Co-ordinator

Our Scottish Borders
Your community

14. Does your project involve work with children, young people under the age of 18 or vulnerable adults?    Yes ☐    No ☐

   If yes, what safeguarding policies do you have in place and how often are these reviewed?  Please provide a copy of these or give full details below

It is your responsibility to ensure you have acceptable safeguarding policies and procedures in place for projects involving children and vulnerable adults.  Advice on requirements can be obtained from  Volunteer Borders on 01896 754041

## PART 3. Declaration

**Our Scottish Borders**
Your community

Please tick the undernoted to confirm that:-
- You wish to apply for a grant on behalf of your group
- You have fully examined all other sources of external funding
- The answers to the questions in this form are true and accurately reflect your group, its finances and your grant request
- You will deliver the project as described in the application form
- You understand if you make misleading statements or withhold information, your application will become invalid and your group will require to return any grant monies received in full
- You will co-operate with the monitoring of any grant made and comply with the terms and conditions of the scheme
- You accept that if information about this application is requested under the Freedom of Information Act we will release it in line with our requirements under the Act

☐ I agree to all of the above

| | | |
|---|---|---|
| Title: | Forename(s) | Surname: |
| Position in group: | | Date: |

*IMPORTANT*
*Your application can only be considered if all the questions on this form are completed. You must also provide the documents listed in the following checklist. **Failure to enclose the requested documentation will result in the application being returned.***

☐ A copy of your constitution or rules, dated and signed.

☐ Copy bank statement, less than three months old.

☐ Copy of your most recent annual accounts (less than 15 months old), dated and signed as approved. (New organisations should submit estimates of income and expenditure for the first 12 months)

☐ Copies of quotations/estimates for items of expenditure to be support by the scheme

☐ Copy of your Equal Opportunities Policy or Equality Statement if you have one

**Please Note:  Constitutions, bank statements, annual accounts must all be in the same name.**

| |
|---|
| This completed form and attachments should be submitted via email  to communitygrants@scotborders.gov.uk or hard copy to:–<br>**Grants Co-ordinator, Scottish Borders Council, Communities & Partnerships Team, Newtown St. Boswells, Melrose TD6 0SA.**<br>**Tel: 01835-826626** |

**You can get this document on tape, in Braille, large print and various computer formats by contacting the address above**

**Our Scottish Borders**
Your community