

	WEST DUNBARTONSHIRE COUNCIL COMMUNITY GRANTS APPLICATION FORM ADMINISTERED BY WEST DUNBARTONSHIRE CVS
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THANK YOU FOR REQUESTING AN APPLICATION FOR THE WDC COUNCIL GRANTS SCHEME

Who can apply:

- Any not-for-profit community or voluntary organisation which has a current constitution, bank account and has/agrees to have its accounts independently examined annually.

Who cannot apply:

- Individuals
- Organisations promoting a political party

What can be funded:

All grants made through the Community Grants Service must bring about benefits for those who live or work in West Dunbartonshire and should address an area of the WDC Corporate Plan and/or the WD Community Plan.

Applications may cover:

- Start-up costs
- Project costs
- Salaries
- Capital and equipment costs
- General running costs

While grants of up to 100% of total cost may be made, WDC is committed to increasing the level of external funding which comes into the area. Please consider seeking a proportion of the costs from other funders or from your own fundraising. West Dunbartonshire CVS will assist you to do this.

What cannot be funded:

- Costs already incurred
- Activities designed to promote religion or which require people to participate in religion in order to benefit
- Uniformed organisations

Application Dates:

In the 2008/9 financial year, there will be four opportunities to submit applications to the grants scheme.

	Applications Open:	Applications Deadline:	Decisions made:	Groups Notified by:	Payment made by:
Spring	1 April 08	22 May 08	16 Jun 08	19 Jun 08	22 Jun 08
Summer	1 July 08	22 Aug 08	16 Sep 08	19 Sep 08	22 Sep 08
Autumn	1 Oct 08	22 Nov 08	16 Dec 08	19 Dec 08	22 Dec 08
Winter	1 Dec 09	22 Jan 08	16 Feb 08	19 Feb 08	22 Feb 08



All applicants must be able to show that their project or activity meets at least one of the following areas of priority for West Dunbartonshire. You will be asked to provide details of your project or activity later in the application form and will be monitored on the project or activity based on the areas you identify below.

		Our planned activity for which we are looking for funding will:	Our group's main objective is to:	Does your group consult with/represent the interests of this group?
Health & Well Being				
	Provide services for older people			
	Provide services to vulnerable children			
	Support for carers			
	Support for people living with disability			
	Alcohol/drug services/support			
	Improved diet and nutrition			
	Increased levels of physical activity			
	Promote positive mental health			
	Improve quality/access to green space			
	Increase community volunteering and involvement			
	Increase benefits uptake			
	Reduce fuel poverty			
	Employment/training opportunities			
Safe and Strong Communities				
	Reduce anti social behaviour			
	Improve road safety			
	Services to prevent domestic violence			
	Neighbourhood development services			
	Reducing the fear of crime			
	Raising awareness of environmental issues			
	Improve access to transport			
Education & Lifelong Learning				
	Providing core skills			
	Providing access to educational services			
	Increasing youth participation			
	Providing cultural, arts and sporting opportunities			



These sections tell us about your group and how we can contact you. The main contact person should be someone who is able to discuss the work of your organisation and the contents of this application in some detail.

1. Contact details

Organisation Name:
(as it appears on your constitution)

Address of group:

Website:

Email

2. Main Contact for this application (this should be an Office Bearer of your group)

Name:

Position held:

Date of Birth:

How long have you been involved with the group:

Home Address:

Telephone:

Specific communication needs:

Best time to contact you: Morning 9am-12.30pm _____

(please tick as appropriate) Afternoon 1.30pm – 5pm _____

Evening 5pm – 7pm _____

3. Type of Group

(please tick as appropriate)

Community & Voluntary Sector – registered charity _____

Community & Voluntary Sector – not a charity _____

Community & Voluntary Sector – branch of/related to a larger organisation _____

National organisation – registered charity _____

National organisation – not a charity _____

How many committee members are involved in running your group? _____

Names/Positions of Committee Members

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____



Use this section to tell us about the activities of your group. Tell us what you were set up to do giving some examples of activities your group is involved in.

4. What are your group's main aims?



We need you to give us details of the things your group will use the funding for. If you are applying for running costs, we will need to know all of the activities you plan to use the funding for.

5. What project/activity will take place with the grant you are requesting?

6. Tell us how your project/activity will meet the headings highlighted on page 2

7. How much will the project/activity cost?

Please provide quotes/estimates where possible. If equipment will be purchased, please provide 2 quotes from different companies.

	Total cost	Amount requested
<i>How much for:</i>	£	£
<i>Capital Equipment</i>		

Where will this equipment be stored?

Will your existing insurance cover be adequate?

Salary costs

(give the post title, number of hours per week and a brief job description)

Other costs (please specify)

If the total project cost is more than the amount you are requesting, please tell us where the remainder of the money is coming from?

Funding organisation	Amount	Stage of application
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Please tell us of any contribution your group is making to the project?

8. Previous Awards

Please give details of any grants received from WDC in the last 3 years.

Funding type

Date

Amount

If there is an increase in the amount of on-going costs you are asking for compared with any funding received in the past, please explain why.



*We need to know who will benefit from the grant and how you know a need exists.
What will the benefits be? Will any other groups benefit from the work you are planning to do? How many people will benefit?*

9. Who will benefit from the grant?

10. Where will most of the people you hope to benefit live?

West Dunbartonshire wide? _____

Clydebank Waterfront ward? _____

Clydebank Central ward? _____

Dumbarton ward? _____

Kilpatrick ward? _____

Lomond ward? _____

Leven ward? _____

If the grant will benefit people outwith West Dunbartonshire, please explain why?

11. Referee details

Please supply the details of two referees who can confirm that they have known your organisation for at least one year or since its inception and can support this application. Only one referee can be a Council Officer or Elected Member. Please note the referees may be contacted and asked to comment further.

Referee 1:

Name

Job Title

Address

Email

Telephone

Referee 2:

Name

Job Title

Address

Email

Telephone



We need you to provide details of your groups finances and financial management. Please ensure that you give the names of all bank accounts held by the group, exactly as they appear on the bank statements. Should any undisclosed bank accounts be identified at a later date, the amount of this grant could be reclaimed.

12. Bank Accounts

Please supply details of your bank accounts

Bank Account 1:

Account Name

Bank Name

Bank Address

Sort Code:

Account Number:

When was this account opened:

How many people have to sign each withdrawal:

Bank Account 2:

Account Name

Bank Name

Bank Address

Sort Code:

Account Number:

When was this account opened:

How many people have to sign each withdrawal:

Bank Account 3:

Account Name

Bank Name

Bank Address

Sort Code:

Account Number:

When was this account opened:

How many people have to sign each withdrawal:

13. Financial Information

When is your financial year end?

Do you have your accounts independently examined/audited?
(if no, please explain) Y N

Do you have a financial policy in place? *(If yes, please attach)* Y N

Please attach a copy of your most recent examined accounts
and a recent bank statement, no more than 2 months old

14. Additional Information

Are you a registered Scottish Charity?
(if yes, please give your charity number) Y N

Do you undertake disclosure checks with staff/volunteers working
with children or vulnerable adults?
(if no, please explain) Y N

Are you affiliated to a national organisation ?
(If yes, please tell us which one) Y N

Name of your groups insurance company?

Please circle the types of insurance your group holds?

Public Liability Employers Liability Contents Other

APPLICATION CHECKLIST



We will check your application form and enclosed documents. If your application is not complete, we will contact you to get the missing information. However, this will certainly cause a delay to your application, so please check carefully.

You have answered all the questions on the form	
Your referee details are complete	
You have attached your most recent constitution	
You have enclosed your annual accounts	
You have given full details of all bank accounts your organisation holds	
You have enclosed a bank statement for all accounts your organisation holds. These are no more than 2 months old	
You have provided estimates/quotes in support of your application (if appropriate)	
You have made a copy of this application form to keep for reference	
Your main contact has signed the application	
A second organisation contact has signed the application	

Application Signatories

We confirm that the organisation named in this application has authorised us to sign this form on its behalf. We certify the information given is true and confirm the enclosures are current, accurate and approved by our organisation. We understand that any offer of grant will be subject to terms and conditions and we confirm that the organisation has the power to accept this grant if the application is successful and to repay it if the grant conditions are not met.

Application Main Contact:	Application Second Contact:
Name:	Name
Position:	Position:
Address	Address
Signed	Signed:

Data Protection Act

We will use the information you give us on the application form and supporting documents during assessment and for the life of any grant awarded to you. We may give copies of this information to local authority accountants, external evaluators and other organisations or groups involved in delivering the grants scheme. We may also share information with other local authority officers, with a legitimate interest in grants, or for the prevention or detection of fraud. We might use the data you provide for our own research. We recognise the need to maintain the confidentiality of vulnerable groups and their details will not be made public in any way, except as required by law.

Freedom of Information Act

The Freedom of Information Act 2000 gives members of the public the right to request any information held by local authorities. This includes information received from third parties, such as, although not limited to, grant applicants, grant holders, contractors and people making a complaint. If information is requested under the Freedom of Information Act we will release it, subject to exemptions, although we may consult with you first. If you think that information you are supplying may be exempt if requested under the Freedom of Information Act, you should let us know. We will take your signatures on this form as confirmation that you understand our obligations under the Data Protection Act 1998 and the Freedom of Information Act 2000 and that you accept that we will not be liable for any loss or damage to you pursuant to our fulfilment of our obligations under the relevant law

Please return completed forms to:

COMMUNITY GRANTS SCHEME
WEST DUNBARTONSHIRE CVS
ARCADIA BUSINESS CENTRE
MILLER LANE
CLYDEBANK G81 1UJ