Kirriemuir Landward West Community Grant Scheme

THE APPLICATION FORM

About your group

It is important that you read the notes before you complete this application form

1	I. Name of gr	roup				
	Name of m	ain contact ir Firs	the group	1	Surname	
	Post held					
	Address for	corresponde	nce			
					Postcode	
Ī	Telephone		ı	M	obile	
ı	Email					
Hav	e vou made a	previous apr	dication to	tho	KLWCGS? Yes / No	
	-					
If 'Y	es' please giv Date:	e the date(s)	andRefere Ref:	nce	e Number(s) of the previous applic	cation(s)
	Date:		Ref:			_

About this grant

2.	What does your organisation do? (refer to guidelines – Question 2)

3. What does your organisation want to do with the grant? (refer to Guidelines – Question 3)

4.	Please give a detailed breakdown of all the costs. Please make sure you support
	these costs with quotes, estimates or catalogue pages, planning and other statutory
	consents, and landowner agreements or leases where necessary. (It is important
	that you read all the guidelines in Question 4 before completing this section.)

4a Item (Continue on a separate sheet if necessary)	Cost £
Total project costs	
4b Additional Funding Sources	
(continue additional funding information here or on a separate sheet if	Amount £
necessary, enter the source below and amount to the right.	Amount £
Total amount of funding from other Sources	
Total amount requested from Grant Scheme	

About your financial details (refer to Guidelines – Question 5)

5.	Please give us details of your group's bank account or bank account details of the organisation that is prepared to administer any money on your behalf.						
	Group Name on Account						
_	Bank / Building Society Name						
	Bank / Building Society Address						
	Sort Code		Account Number				
	Building Society Roll Number (if applicable)						
	ase give the names of two bank signatories and their positions for your organisa organisation that is supporting you.						
	1. Name		Position				
	2. Name		Position				
			1				

	Committee Members	Volunteers	Paid Staff	Total Membership
7.	a) What evidence do you for it?	have of the n	eed for this pro	oject and community support
	b) How does your project KLWCGS?	t fit with your o	organisations p	ourposes and with those of the
	c) How will your project b Guidelines – Q7)	enefit people	and how many	/ are likely to benefit? (refer to
	d) If a grant is awarded w displaced?	vill any other c	organisation be	adversely affected or

8. Signature on behalf of the organisation

I confirm that to the best of my knowledge and belief all replies given on this application form are true and accurate. I agree to provide additional supporting information as required by Kirriemuir Landward West community Grant Scheme. I further confirm that this application is made on the basis that if successful, then I/the organisation agrees to the following conditions:

- Use the grant only for the purposes in the offer letter and agree to inform the trustees of any changes to your plans/project once a grant has been confirmed and/or work has begun. Failure to comply may result in grant money being withheld if it is being used for work or purposes other than those initially agreed.
- Complete an End of Project Report as requested
- Agree to any additional monitoring as required
- Accept that decisions of the trustees of KLWCGS are final. Should you wish to complain about the administration of the KLWCGS you should contact the chairperson of the Trustees.
- In the event that your group was to close within twelve months from receipt of a grant any assets purchased with this grant will be given, or transferred to another local voluntary organisation with similar aims and objectives.

Signed:
Print Name (in capital letters):
Data Protection
The information given will be entered and processed on computer by the Trustees of the Kirriemuir Landward West Community Grant Scheme; the forms will also be kept. The information will be used by the Trustees for administration purposes of the grant scheme only. Personal data is limited to contact names, position, address, telephone and other contact numbers, organisation and project.
Contact details will only be disclosed to third parties for the following purposes; to enable the Trustees to process your application; to announce successful projects and to promote the Kirriemuir Landward West Community Grant Scheme generally via press releases and other bona fide promotional activities including placement on the KLWCGS Website; or where legally required to do so.
Please sign to show that you agree to the Trustees using your data in this way.
I agree to the use of my data and I confirm that to the best of my knowledge and belief all replies given on this application form are true and accurate.
Signed by the Contact Person: Date:
Print Name:

Please make sure that you send this form back to us fully completed and that you have verified your enclosures against the checklist.

9. I/We have enclosed the following documentation:

ITEM			
The Completed Application Form (pages 7-12)			
Copy of your Constitution			
Statement of Accounts			
Statement of Income or Expenditure			
Projected Income (for new groups)			
Quotes/Estimates of Costs			
Plans/Drawings			
Planning Consents			
Other Statutory Consents			
Landowner Agreements or Lease			
VAT Registration Number			
Other -			
Other -			
Other -			

Part or all of the information you provide us with will be held on a computer. This information will be used for the administration of applications and grants and for producing statistics. Kirriemuir Landward West Community Grant Scheme reserve the right to publicise details of grants awarded.

Please return the completed application form and required documents by em	ail
to:	
apply@klwcgs.org	

Kirriemuir Landward West Grant Scheme – Scottish Charity No SC048575.

For office use:	
Reference No.	
Date received	
Date considered	
Decision	
Date decision notified	
Date payment made	