

# Community Grant Application Form



**For office use only**

Date Received:  
Date Ack'd:

Ref No.  
Area:

**Please ensure that you have read and understood the questions before you complete this application form.**

**Please write clearly using BLOCK CAPITALS when completing this application form.**

## Section 1: Contact information

a) Name of Group/Organisation		
b) Contact Name	c) Telephone Number	
g) Contact Address		
e) Postcode	f) E-mail	
g) Position in the Group		
h) Other people/community groups may wish to contact your group—can we pass on your details? Yes <input type="checkbox"/> No <input type="checkbox"/>		
i) Please give a brief description of your group eg who are you, what type of group are you and what do you do?		
j) How many members do you have in your group? Male Female		

**Section2: Tell us about the Community Project/Initiative you want us to support**

**a)** Why do you need this grant and how will any funding be used?  
\_\_\_\_\_

**b)** Who will benefit from this grant and what do you hope to achieve?  
\_\_\_\_\_

<b>c)</b> How many people will benefit from the project or initiative in these age ranges? _____	0-4yrs	5-11yrs	12-19yrs	20-55yrs	55+yrs

**d)** When does your project begin?  
\_\_\_\_\_

**e)** What geographical areas will your project serve?  
\_\_\_\_\_

**Section3: Achieving our Council Plan and Local Community priorities**

**a)** Please tell us how your project contributes to the wellbeing of the people of Evanton  
\_\_\_\_\_

## Section 4: Financing your project/initiative

(Please note: You are required to provide a detailed breakdown of all costs associated with your application for funding.)

**a)** What is the total cost of your project?  
\_\_\_\_\_

**b)** How much funding are you applying for?  
\_\_\_\_\_

**c)** Is this a completely new project? Yes  No       **d)** Is the application for a once only cost? Yes  No

**e)** If applying for less than the full project costs, how will you fund the remainder?  
\_\_\_\_\_  
\_\_\_\_\_

**f)** Where do you receive funding from? (Include any support in kind from the Highland Council).  
\_\_\_\_\_  
\_\_\_\_\_

**g)** Please tell us who else you have applied to, and the result of other funding applications.  
\_\_\_\_\_  
\_\_\_\_\_

**h)** Have you previously received a grant from K.C.C? Yes  No

If so please provide further details including when and how much funding you have received from the K.C.C.  
\_\_\_\_\_  
\_\_\_\_\_

## Section 5: Additional Information

Is there any other information that you wish to provide in support of your application for funding? You may wish to send additional information or continue on a separate sheet.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 6: Supporting Documents

You are required to enclose the following documents to support your application for funding:

- a) A minimum of **two estimates/quotes** from two different independent suppliers.
- b) A detailed **breakdown of all costs** associated with your application for funding.
- c) A copy of a recent **bank statement** for all accounts held in the name of your group.
- d) A copy of your most recent **annual accounts or audited accounts**.
- e) Your **equal opportunities policy or statement**. (if applicable)
- f) Your **constitution** or other governing documents.
- g) A copy of your last **annual report** and/or **AGM minutes**.
- h) Your **child protection policy**, where appropriate. (if applicable)
- i) Your **safeguarding vulnerable adults policy**, where appropriate.

## Section 7: Declaration

**Please ensure that that this form is signed by a minimum of two appropriate members of your group.**

In signing this declaration we agreed that:

- 1 The information provided in this application is correct.
- 2 We will complete and return a Project Completion Report within six months of receiving funding.
- 3 We have adequate and appropriate insurance cover for our activities.

Signatures

Chairperson	Treasurer	Secretary
Date	Date	Date
Please print	Please print	Please print

Please tell us how you found out about our community grants scheme:

**Please return you completed application form, and any supporting documents to;**

**The Treasurer  
Kiltearn Community Council  
Per Shelagh Dennett  
4 Culcairn Steading  
Evanton  
Dingwall  
Ross-shire  
IV16 9XN**

**OR**

**Email your completed application, and any supporting documents to;**

**[treasurer@kiltearncc.co.uk](mailto:treasurer@kiltearncc.co.uk) and [secretary@kiltearncc.co.uk](mailto:secretary@kiltearncc.co.uk)**