



Support to Community Facilities Youth Facilities

Organisation Name: (Please insert your organisation's full name as detailed on your constitution)

Please use this form to tell us about your organisation and the annual running costs you would like us to assist you with.

Please note applications for Support to Community Facilities Grant funding must be received by the Grants Unit within SIX MONTHS of your organisation's new financial year commencing. For example, if your group's financial year runs from 1 April to 31 March, we need to receive your application by no later than 30 September.

Before you fill in the form please make sure you have thoroughly read the scheme guidelines and the help notes. This will help you when filling in the application form. You may also wish contact the Grants Unit to discuss your application prior to completing the form, to make sure your expenditure is eligible for grant aid.

When you have answered all the questions please go to Section 7 of the application and work through the checklist to ensure all the relevant information is enclosed on submission of your application.

Electronic applications should be emailed to grants.unit@shetland.gov.uk.

Written application forms and enclosures should be completed neatly in black or blue ink and returned to the Grants Unit, Community Planning & Development, Solarhus, 3 North Ness Business Park, Lerwick, Shetland, ZE1 0LZ.

Incomplete application forms may be returned.

If you fail to observe any of the conditions of the grant scheme, we may require repayment of your grant, and your group may be disqualified from future assistance from this or other grant schemes run by the Council.

FOR OFFICIAL USE ONLY

Application No

Last updated April 2016

SECTION 1 - APPLICANT DETAILS

Q1 Name of main contact

Title First name Surname

Position within the organisation

Contact address

Postcode

Contact telephone numbers (including area code, where applicable)

Home Work Mobile

Contact email address, if applicable

Would you prefer to receive your grant acknowledgement letter: By post? By email?

Please refer to Section 11 of the guidelines with regard to our use of the information you provide.

Q2 What are the main activities of your organisation?

Q3 Is your organisation a registered charity and/or is it registered for VAT?
If so please confirm details below.

Charity number VAT number

SECTION 2 - PROTECTION OF VULNERABLE GROUPS DETAILS

From 1st April 2011, if your organisation is applying for grant assistance from this scheme, your group/organisation will need to decide whether you have anyone (staff or volunteers) involved in 'Regulated Work' with children (and/or protected adults)*. If your organisation has individuals involved in Regulated Work then those individuals will need to apply to become a member of the PVG Scheme. All groups must also have policies and procedures in place that adequately cover child protection and welfare issues.

Q4a Does your group have individuals involved in 'Regulated Work' with children and young people under the age of 18?

Yes No

Q4b Does your group have individuals involved in 'Regulated Work' with protected adults (from the age of 16)?

Yes No

If you answered no to both question 4a and 4b, go to questions 6 and 7;

If you answered yes to either, or both, questions 4a or 4b, please complete all of the following questions:

Q5a Does your organisation undertake a PVG Scheme Membership check when appointing staff, volunteers or helpers who are doing 'Regulated Work', to make sure they are not barred from working with children/protected adults as part of checking their suitability for the particular post?

Yes No Not applicable

Q5b Does your organisation take reasonable steps not to appoint anyone who is unsuitable to work with children/protected adults or who is barred from working with children/protected adults?

Yes No

Q5c How does your organisation access PVG checks for its volunteers? Please tick one of the following options:

Voluntary Action Shetland

National Governing Body

Other (please specify)

Not applicable

(If not applicable, please let us know why. You should use the space overleaf* to explain why your volunteers do not undertake PVG scheme record checks)

Please note that it is a requirement of this scheme that your organisation has in place policies and procedures that meet the requirements of the Protection of Vulnerable Groups (Scotland) Act 2007, and which adequately address child protection and adults at risk of harm.

Q6a Does your organisation have an approved:

Adult and Child Protection Policy? Yes No

Q6b Does your organisation have an approved:

Adult and Child Protection Procedure? Yes No

Q6c Does your organisation have an approved Equal Opportunities Policy?

Yes No

Q6d For organisations working with children and young people, do you have an approved Code of Conduct for staff and volunteers?

Yes No

Q7 Are you satisfied that your organisation complies with the requirements of the Protecting Vulnerable Groups Act 2007?

Yes No

For more information on Protection of Vulnerable Groups requirements please refer to grant scheme guidelines. You may also wish to contact us for advice or refer to the Shetland inter-agency Child and Adult Protection Procedures that are available through a link from the Safer Shetland website below:

www.safershetland.com

*Please use the space below to provide us with any additional information:

SECTION 3 - PROJECT DETAILS

Q8 How will the grant be used? Please briefly provide details of how you would spend the grant, specifying dates, venues, and number of participants, where appropriate.

Q9 Why do you think your group's activities are needed?

Q10 What do you hope to achieve this year? Please detail any aims / targets you may have.

Q11 How will you know your project aims / targets have been achieved?

Q12 How does your project meet one or more of the Support to Community Facilities Grant Scheme's aims? *(See section 1 of scheme guidelines)*

SECTION 4 - FINANCIAL DETAILS

Q13 In this section please tell us about your group's income and expenditure for the previous or most recent financial year. The income and expenditure specified must be the same as the amounts detailed in your annual accounts. Please also confirm the financial period, e.g . 1st April 2015 - 31 March 2016.

Actual income and expenditure for financial year:

(Day/month/year) - (Day/month/year)

Income

Grants

Sponsorship

Fees / hires

Fundraising & other income

Total Actual Income

Operating expenditure

Building insurance.....

Rent / rates

Heating / lighting

Building repairs

Telephone line rental

Cleaning/caretaker (wages & materials)

Activity insurance & affiliations (specify).

Licences

Administration costs & audit fees

Total Actual Operating Expenditure

Programme Expenditure

Local transport.....

Venue hire

*Expendable equipment

Wages / honorarium

Total Actual Programme Expenditure

Total Actual Operating & Programme Expenditure

Please note only the above categories are eligible for grant assistance. Any amendments to the above expenditure headings will not be considered.

Q14 Please use this section to tell us about your estimated income and expenditure for next financial year. Please also confirm the financial period, e.g. 1 April 2016 - 31 March 2017.

Estimated income and expenditure for financial year:

(Day/month/year) - (Day/month/year)

Income

Grants	<input type="text"/>	
Sponsorship.....	<input type="text"/>	
Fees / hires	<input type="text"/>	
Fundraising & other income	<input type="text"/>	
Total Estimated Income		<input type="text"/>

Operating expenditure

Building insurance.....	<input type="text"/>	
Rent / rates	<input type="text"/>	
Heating / lighting	<input type="text"/>	
Building repairs	<input type="text"/>	
Telephone line rental	<input type="text"/>	
Cleaning/caretaker (wages & materials)	<input type="text"/>	
Activity insurance & affiliations (specify).	<input type="text"/>	<input type="text"/>
Licences	<input type="text"/>	
Administration costs & audit fees	<input type="text"/>	
Total Estimated Operating Expenditure (A)		<input type="text"/>

Programme Expenditure

Local transport.....	<input type="text"/>	
Venue hire	<input type="text"/>	
*Expendable equipment	<input type="text"/>	
Wages / honorarium	<input type="text"/>	
Total Estimated Programme Expenditure (B)		<input type="text"/>
Total Estimated Operating & Programme Expenditure		<input type="text"/>

Please note only the above categories are eligible for grant assistance. Any amendments to the above expenditure headings will not be considered.

Q15 Please use this section to confirm what your total estimated costs are for the new financial year and detail how much grant assistance you are asking us for. Please refer to the guidelines when calculating how much grant assistance you may apply for.

Total Estimated Operating Costs (A)	<input type="text"/>
Total Estimated Programme Costs (B)	<input type="text"/>
Total Estimated Expenditure (A + B)	<input type="text"/>
Grant requested from Shetland Islands Council (C)	<input type="text"/>
Your group's contribution (D)	<input type="text"/>

Please note, Total Estimated Expenditure as detailed in boxes A and B above must be the same as the estimated expenditure as detailed previously in question 14. The total of A + B must also equal the funding formula detailed in boxes C + D.

SECTION 5 - FINANCIAL DETAILS

Q16 Please complete your bank details below.

Account name	<input type="text"/>
Bank or Building Society name	<input type="text"/>
Bank or Building Society address including postcode	<input type="text"/>
Account sort code	
Account number	
Roll number (building society accounts only)	<input type="text"/>

Q17 How many people have to sign each cheque or withdrawal from this account?

Q18 If your group has savings, reserves, cash or investments greater than £10,000 please specify the purpose for which these funds will be used. Please note that groups with significant funds that are not specified as restricted or designated funds may not be considered for grant assistance.

SECTION 6 - COMMITTEE DETAILS

Chairperson

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>				
Tel No Home	<input type="text"/>	Tel No Work	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>				

Treasurer

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>				
Tel No Home	<input type="text"/>	Tel No Work	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>				

Secretary

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>				
Tel No Home	<input type="text"/>	Tel No Work	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>				

SECTION 7 - FINISHING YOUR APPLICATION

We can only process your application if:

- You complete all the questions on this form;
- You complete this checklist
- You send us all the necessary documents.

You must tick **all** the boxes below to confirm that:

- you have answered all the relevant questions on the form
- you (the main contact named in question 1 of this application form) are authorised to apply for a grant from us (Shetland Islands Council) on behalf of your organisation
- you understand that if you make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or knowingly withhold any information, this could make your application invalid and you could be liable to repay any funding to us
- your organisation meets our eligibility requirements as set out in our guidelines
- you understand and accept our obligations under the Data Protection and Freedom of Information Acts as set out in our guidelines

Now please use this checklist to make sure you are sending us everything we need.

We are sending ALL necessary documents : (Scanned, emailed copies are acceptable. Otherwise, you should post the appropriate documentation to the Grants Unit, Community Planning & Development, Solarhus, 3 North Ness Business Park, Lerwick, Shetland, ZE1 0LZ)

- A copy of our constitution or set of rules - **ONLY ENCLOSE CONSTITUTION** if this is your first application or your constitution has been recently amended.
- A bank or building society statement not more than three months old. (A photocopy is acceptable. Original statements will be returned.)
Or if you have a passbook
A copy of the pages in our passbook, which shows our organisation's name, account number and current balance
- A copy of our most recent annual accounts, dated, checked and signed by an individual independent of the organisation. (This person should not be related or married to a member of your committee.)

Please make sure you have also enclosed:

(you only need to enclose these documents if you haven't already sent us copies, or if you have recently amended them)

- A copy of our Child and Adult Protection Policy
- A copy of our Child and Adult Protection Procedures
- A copy of our Equal Opportunities Policy
- A copy of our Code of Conduct for staff and volunteers

(Continued overleaf)

Other Important Checks

- We will ensure that this form is received by the Grants Unit **within six months of our organisation's new financial year commencing.**
- Our organisation is included in the online Shetland Community Directory and the details currently listed are up to date.
- We have made a copy of this application to keep for our reference.
- We have returned the Evaluation Form for our last Support to Community Facilities Grant (if applicable).
- We understand that if we are asked to provide any additional information, we must do so within 2 months of the date of receipt of this application, otherwise it will be withdrawn.

If you have ticked all the boxes above, your application should now be complete. We need to receive the completed application and ALL relevant documents to process your application. **If we do not receive all these things, we may have to return your application to you.....SO....double check** - just to be sure.

Please email your application to: grants.unit@shetland.gov.uk

We will send you an email during normal office hours to acknowledge receipt.

Or post your application to:

Grants Unit

Community Planning & Development
Solarhus, 3 North Ness Business Park
Lerwick
ZE1 0LZ

We will then send you an acknowledgement letter by post.

If you have any questions or if you would like to discuss your application, please do not hesitate to contact us on (01595) 743827 or 743828.

SECTION 8 - FOR OFFICIAL USE ONLY

This section is for internal use only. and enables staff to monitor the progress of this grant application.

This application form **must be signed by the Area Community Involvement & Development Worker (CWO) or Resources Officer (RO) prior to being passed to the Executive Manager, Community Planning & Development (EM) for final consideration.**

Group Name

Application form received Date

Application form acknowledged Date

Additional information required. Please detail here:

All information received Date

Comments

Grant Calculation:

% of eligible project cost £ less underspend £ = approved grant £

Application certified (CWO/RO) Date

Application (EM) Date

This section should only be completed in the event that the applicant organisation has appealed against the decision of a grant application.

Applicant appeal received in writing Date

Applicant appeal considered Date

Appeal outcome Date