



## Support to Community Facilities Sports 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 facility you would like us to fund.

**Please note all applications for Support to Community Facilities grant funding must be received by the Grants Unit WITHIN 6 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.**

In this application pack you will find information about who can apply for grants, the types of things we will give grants for and what will happen after we receive your grant application.

In order to reduce the demand on the Shetland Islands Council's resources your organisation should apply to all alternative grant sources, where appropriate, prior to using this grant aid scheme.

**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 6 of the application and work through the checklist to ensure all the relevant information is enclosed on submission of your form. This will help the Grants Unit to consider your completed application as early as possible.

**Electronic applications should be emailed to [grants.unit@shetland.gov.uk](mailto: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.

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FOR OFFICIAL USE ONLY

Application No

## 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** Please give a brief description of the facilities that your organisation currently maintains, including the location of these facilities, eg Lerwick, Brae, etc

**Q4** What age group(s) does your organisation mainly work with?

0-17       18-65       66 plus       All

**Q5** Does your organisation own, lease, hire or have some other form of agreement to manage and maintain the above facilities? Please select one of the following:

Owned       Leased       Hired       Access Agreement

**Q6** Does your organisation insure its facilities?

Yes       No

**Q7** Please use the space below to specify the type of insurance cover you have in place, the value of cover provided and the period that the policy is valid for.

**Q8** Does your organisation have charitable status and/or is it registered for VAT? If so, please confirm details below:

Charity number

VAT number

**Q9** How does your organisation's activities meet one or more of the Support to Community Facilities Scheme's aims? (See Section 1 of the scheme guidelines)

## 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.

**Q10a** Does your group have individuals involved in 'Regulated Work' with children and young people under the age of 18?

Yes  No

**Q10b** 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 10a and 10b, go to questions 12 and 13;**

**If you answered yes to either, or both, questions 10a or 10b, please complete all of the following questions:**

**Q11a** 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

**Q11b** 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

**Q11c** 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.**

**Q12a** Does your organisation have an approved:

Child and Adult Protection Policy?      Yes       No

**Q12b** Does your organisation have an approved:

Child and Adult Protection Procedure?      Yes       No

**Q12c** Does your organisation have an approved Equal Opportunities Policy?

Yes       No

**Q12d** For organisations working with children and young people, do you have an approved Code of Conduct for staff and volunteers?

Yes       No

**Q13** 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](http://www.safershetland.com)

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

**SECTION 3 - PROJECT DETAILS**

**Q14** Please use this section to tell us about your organisation's income and expenditure for the previous or most recent financial year. You should ensure the boxes completed below relate directly to income and costs detailed in your annual Income and Expenditure statement. You must also state exactly what financial period you are detailing below - e.g. 1st April 2015 - 31st March 2016.

**ACTUAL INCOME AND EXPENDITURE FOR FINANCIAL YEAR:**

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

**INCOME**

Grants .....

Sponsorship .....

Pitch fees / hires .....

Fundraising & other income .....

**TOTAL ACTUAL INCOME**

**EXPENDITURE**

Haulage / hire charges .....

Insurance .....

Rent / rates .....

Heating / lighting .....

**\*\*Equipment purchase** .....   
 (Automatically calculated total - please list and cost items in columns opposite:)

Wages .....

Fuel .....

**Other repairs / maintenance**  
**(Please specify)**

Cleaning materials .....

Admin / telephone line rental.....

**TOTAL ACTUAL EXPENDITURE**

**\*\*Equipment purchase**

Please list and cost the items of equipment purchased:

<i>Item</i>	<i>Cost</i>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>

**Q15** Please use this section to tell us about your organisation's estimated income and expenditure for the next financial year. Please also tell us what the financial period is you are applying to us for - e.g. 1st April 2016 - 31st March 2017.

**ESTIMATED INCOME AND EXPENDITURE FOR FINANCIAL YEAR:**

(Day/month/year)

(Day/month/year)

**ESTIMATED INCOME**

Grants .....	<input type="text"/>
Sponsorship .....	<input type="text"/>
Pitch fees / hires .....	<input type="text"/>
Fundraising & other income .....	<input type="text"/>
<b>TOTAL ESTIMATED INCOME</b>	<input type="text"/>

**ESTIMATED EXPENDITURE**

Haulage / hire charges .....	<input type="text"/>
Insurance .....	<input type="text"/>
Rent / rates .....	<input type="text"/>
Heating / lighting .....	<input type="text"/>
<b>**Equipment purchase</b> .....	<input type="text"/>
<small>(Automatically calculated total - please list and cost items in columns opposite:)</small>	
Wages .....	<input type="text"/>
Fuel .....	<input type="text"/>

**Other repairs / maintenance (Please specify)**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Cleaning materials .....	<input type="text"/>
Admin / Telephone line rental.....	<input type="text"/>

**TOTAL ESTIMATED EXPENDITURE**

**\*\*Equipment purchase**

Please list and cost the items of equipment purchased:

<i>Item</i>	<i>Cost</i>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>

**GRANT REQUESTED**

## SECTION 4 - FINANCIAL DETAILS

**Q16** Please complete your bank details below.

Account name

Bank or Building Society name

Bank or Building Society address including postcode

Account sort code

Account number

Roll number (building society accounts only)

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

**Q18** Please supply the following information from your most recent annual accounts.

Accounts for financial year ending

Day

Month

Year

£

Total gross income

Minus total expenditure

Equals profit or loss for the year

Savings, reserves, cash or investments

**Q19** 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 5 - 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 6 - 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

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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 copy of our current insurance certificate
- 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](mailto: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  
Shetland  
ZE1 0LZ.

We will then send you an acknowledgement letter by post.

If you have any questions, please don't hesitate to give us a call on (01595) 743827 or 743828.

**SECTION 7 - 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 an officer of the Grants Unit**, prior to being passed to the Executive Manager, Sport and Leisure Services 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 (EFO/RO)  Date

Application  (EM)  Date

Applicant advised of decision in writing 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