**DUMFRIESSHIRE EAST COMMUNITY BENEFIT GROUP (DECBG) SCIO**

**GRANT APPLICATION FORM FOR THE EWE HILL 16 FUND**

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| --- | --- | --- | --- | --- | --- | --- |
| This form helps DECBG understand more about your proposed project and determine whether it is eligible for funding.  The fund criteria and the project appraisal and approval process are explained in the DECBG Grant Information Sheet, together with the circumstances under which grant funding can be offered. Please ensure that you read the guidance on the Information Sheet before filling in this form.  It will save time if you provide **all** relevant details and documents requested, otherwise there could be delays in processing your application.  It is easier to assess your application if all relevant information is provided within this document. If you do need to provide further information in support of your application separately, please make sure that this is clearly stated on your application form (e.g. ‘see attached ‘name of document’) or this may not be taken into account.  If you have any queries on the application form, please email [**decbgscio@gmail.com**](mailto:decbgscio@gmail.com)or telephone Pip Tabor on **01750 725154** or Sheila Adams on **07741 076997.**  To assist in processing, **typed** applications are preferred. If this is not possible, please write clearly in black ink. Completed application forms, and all supporting evidence, should be emailed to [**decbgscio@gmail.com**](mailto:decbgscio@gmail.com) **AND ALSO** posted, with **original** signatures, to:  **The Southern Uplands Partnership, Studio 2, Lindean Mill, Galashiels, TD1 3PE**  Applications will be acknowledged within one week of receipt and decisions will be notified within one month of a Board meeting. Please check you pay the correct postage for the size and weight of your application. We do not take responsibility for the return or non-delivery of applications sent with insufficient postage.  *By submitting your application, you agree to allow The Southern Uplands Partnership (SUP) and Dumfriesshire East Community Benefit Group (DECBG) to retain your personal data on their database in order to process your application. The information you provide will be used to help assess your application and administer any grant award made to you. This information may also be published on SUP’s or DECBG’s websites or used to analyse grant making for our own research. Copies of this information may be given to individuals and organisations consulted when assessing applications, when monitoring grants and for evaluation purposes. Information may also be shared with other organisations providing match funding.*   |  |  | | --- | --- | | *Please tick if you would you like to receive a copy of newsletters by email from The Southern Uplands Partnership (SUP)* |  | | *Please tick if you would you like to receive a copy of newsletters by email from Dumfriesshire East Community Benefit Group (DECBG)* |  | | | |
|  | | |
| **DUMFRIESSHIRE EAST COMMUNITY BENEFIT GROUP (DECBG) SCIO** | **C:\Users\Sheila\Dropbox (SUP)\Projects\DECBG Dumfriesshire East Community Benefit Group\DECBG\Structure\DECBG Logo.jpg** |

**GRANT APPLICATION FORM FOR THE EWE HILL 16 FUND**

**TITLE OF YOUR PROJECT** (no more than 10 words)

|  |
| --- |
|  |

**Name of Organisation applying for funding**

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| --- |
|  |

**Legal Status of Organisation** (including Registration Numbers and Date of Registration)

*(please provide a copy of your governing document)*

|  |
| --- |
|  |

**Name of Contact Person**

|  |
| --- |
|  |

**Correspondence Address**

|  |
| --- |
|  |

**Landline Telephone Number Mobile Telephone Number**

|  |  |
| --- | --- |
|  |  |

**E-mail Address**

|  |
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|  |

**Website Address** *(if you have one)*

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**Please describe the purpose of your group and what it seeks to achieve**

|  |
| --- |
|  |

**How many people benefit from the work you do and in what way(s)**

|  |
| --- |
|  |

**Financial details:**

|  |  |
| --- | --- |
| What period do your last accounts cover? (e.g. April 2017 – March 2018)  *Please include a copy of your organisation’s last accounts.*  *(If your organisation is in its first year and does not have accounts, please provide cashflow projections)* |  |
| Please state if your accounts are audited or independently examined or neither? |  |
| Please give the name of the auditor or independent examiner who has signed your accounts. |  |
| What was the total income of your organisation in the last accounting year? | £ |
| How much do you have in unrestricted reserves? | £ |
| How much of these reserves will be used to match fund your project? | £ |

If reserves are not being used, please explain why they cannot be used for this project?

|  |
| --- |
|  |

If you are awarded a grant, DECBG would prefer to pay by BACS transfer. **Please specify if a cheque is required.** Please provide your organisation’s Bank details.

Name of Bank and address of branch

|  |
| --- |
|  |

Name on Bank Account *(Please provide a copy of a* ***recent*** *Bank Statement)*

|  |
| --- |
|  |

Please note that your account name must be the same as the name of your organisation or you will have to explain why this is not the case.

Sort code *(6 digits)*  Account number *(8 digits)*

|  |  |
| --- | --- |
|  |  |

Is your organisation registered for VAT? *(Please tick appropriate box)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  | If yes, please give registration no. |  |

If your organisation is registered for VAT, you cannot include VAT on your eligible costs.

**About Your Project**

*Please note that monies from the Ewe Hill 16 Fund must be spent and receipts submitted to DECBG within three months of completion of your project.*

When is the project expected to start and finish? *(Grant cannot be offered retrospectively)*

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated Start Date |  | Estimated End Date |  |

Does your project require planning permission or any other statutory consent?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES |  | NO |  | *Please attach permission or confirmation, where appropriate.* |

If your project involves land or buildings, please confirm the owner(s)

|  |
| --- |
|  |

*If your organisation does not own the land or buildings, please provide confirmation that the owner(s) are aware of and have given consent for your project*

In which Community Council area (or surrounding area) will the project take place?

|  |  |  |  |
| --- | --- | --- | --- |
| Brydekirk and District |  | Lockerbie and District |  |
| Canonbie and District |  | Middlebie and Waterbeck |  |
| Eastriggs, Dornock and Creca |  | North Milk area, including: |  |
| Eskdalemuir |  | Corrie |  |
| Gretna and Rigg |  | Hutton and Boreland |  |
| Hoddom and Ecclefechan |  | Tundergarth |  |
| Kirtle and Eaglesfield |  | Springfield and Gretna Green |  |
| Kirkpatrick Fleming |  | Other area (please name): |  |
| Langholm, Ewes and Westerkirk |  |  |  |

Which category **best** fits the project you are applying for grant for **(maximum of 3)**

|  |  |  |
| --- | --- | --- |
| 1 | Educational *(but not something that is the responsibility of the local authority)* |  |
| 2 | Enhancing citizenship and community development and sustainability |  |
| 3 | Promoting or advancing the arts, heritage, culture or science |  |
| 4 | Provision of recreational facilities, including public participation in sport, or the organisation of recreational activities |  |
| 5 | Provision of community facilities |  |
| 6 | Protecting or improving the environment |  |

Please provide a brief summary of the project **(no more than 100 words)**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many people will benefit from your project? |  |

Please explain how you worked this out.

|  |
| --- |
|  |

Please describe what the project will do and how it will be run

|  |
| --- |
|  |

What consultation or research have you done to ensure that this project will meet the needs and interests of those involved?

|  |
| --- |
|  |

What difference will your project make to the people involved and how will you monitor and demonstrate this?

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| --- |
|  |

DEBCG is particularly keen that the Ewe Hill 16 Fund support projects with a strong strategic element so that they benefit both the particular community and the wider area. Projects that create links between communities or that are shared between a number of communities will be particularly welcome. Please indicate if and how your project fits with this ambition.

|  |
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|  |

**Your Project Costs**

|  |  |
| --- | --- |
| What is the **TOTAL** expected cost of the project?  *(Please do not include* ***contingency*** *costs as these cannot be funded)* | £ |
| How much are you requesting from this Fund? | £ |
| How much have you raised so far? | £ |
| How much of your own funds will you contribute to the project? | £ |

*Please note that DECBG cannot fund 100% of project costs so other funding will be required.*

*The* ***maximum*** *contribution available is 90%.*

**Breakdown of Income**

*Please make sure that the Total Income matches your total Project Costs*

|  |  |  |  |
| --- | --- | --- | --- |
| Source of Funds | Amount | Funding Confirmed  Yes / No | Decision Date  or Expected Decision Date  *(if not yet approved)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Income | £ |  |  |

**Breakdown of Expenditure**

Please list your expected items of expenditure.

*If your project will last for more than 12 months, please provide a separate full cost breakdown by year*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ref | Item / Description | Amount  (exc VAT) | VAT *(if applicable)* | Total Amount |
| 1 |  | £ | £ | £ |
| 2 |  | £ | £ | £ |
| 3 |  | £ | £ | £ |
| 4 |  | £ | £ | £ |
| 5 |  | £ | £ | £ |
| 6 |  | £ | £ | £ |
| 7 |  | £ | £ | £ |
| 8 |  | £ | £ | £ |
|  | **Total** | **£** | **£** | **£** |

Quotes and Tenders

*To demonstrate best value for money, a minimum of two* ***comparable*** *quotes should be obtained for each item of expenditure over £100. Where this is not possible (i.e. specialist equipment, please note the reasons why only one quote has been provided). You do not have to choose the cheapest supplier if you can justify why another supplier is preferable (i.e. local business, environmental policies, less travel / delivery)*

*Where a single item will cost more than £5,000, please provide evidence of* ***comparable*** *tenders or at least three* ***comparable*** *quotes). Please list all quotes received, not just the one you have selected.*

|  |  |  |  |
| --- | --- | --- | --- |
| Ref | Item or Service | Name and Location of Supplier | Quote Amount £ |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

|  |  |  |
| --- | --- | --- |
| Item or Service (from above) | Preferred Supplier | Reason for Choice |
|  |  |  |
|  |  |  |
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***Please note that awards of more than £10,000 will be subject to staged payments***

How will you promote your project and acknowledge the funding received from the Ewe Hill 16 Fund?

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**DECLARATION**

**Two ORIGINAL signatures must be provided of two non-related people from the organisation, who have the authority to sign this application.**

I declare that to the best of my knowledge and belief, the information given on this Application Form is true and correct and that I am authorised by

(insert Organisation name)

to make the application, with whom it has been discussed, and to sign the declaration.

I understand that the decision made by the Trustees of DECBG is final.

Signature …………………………………………………………………………………..

Print Name …………………………………………………………………………………..

Position …………………………………………………………………………………..

Date …………………………………………………………………………………..

Signature …………………………………………………………………………………..

Print Name …………………………………………………………………………………..

Position …………………………………………………………………………………..

Date …………………………………………………………………………………..

**Checklist**

With your completed Application Form, please enclose the following documents:

|  |  |
| --- | --- |
| Copy of your governing document |  |
| Copy of your **most recent** independently examined annual accounts, signed by an independent examiner or auditor, or for new groups, a financial projection of the first year’s income and expenditure |  |
| Copy of a **recent** Bank Statement |  |
| Quotes for items of expenditure |  |
| Other: Please name |  |
|  |  |
|  |  |