

For office use only

Application ref No.

Cromarty Firth (WARD 7)

Discretionary Budget Application Form 2009/2010

PLEASE NOTE:

A COPY OF CONSTITUTION AND ANNUAL ACCOUNTS SHOULD ACCOMPANY THIS FORM

APPLICANT DETAILS

This form must ONLY be completed by the applying organisation or individual. Please complete this as fully as you can. IF THIS APPLICATION IS NOT FULLY COMPLETED, IT MAY DELAY YOUR REQUEST. Further information may be asked for at a later date.

1. Full Name of organisation or individual applicant

2. Contact for Correspondence

(Please give name, address, phone and e-mail address)

Name:

Address:

Post code:

Tel No:

e-mail:

Unless otherwise requested, the Council will now make payments direct into an organisation's Bank Account. Please complete the section below with your bank details.

Would you prefer to receive a cheque direct?

YES/NO *(please delete as necessary)*

If applying as an individual are you an employee of Highland Council

YES/NO *(please delete as necessary)*

Bank or Building Society Name:

Bank Sort Code:

-

-

Account Name:

Account Number:

3. What does your organisation do?

(In 3 – 4 sentences, summarise the aims and main activities of the organisation. If you are applying as an individual, go to 4)

PROJECT DETAILS

4. What will the money be used for?

(In 3-4 sentences, give details of the project, where and when it will take place and any other relevant information)

FUNDING DETAILS

What are the total project costs?

£

How much are you requesting from the Ward Discretionary Budget?

£

5. You must give details of other Council and/or external agency funding applied for

(What will your own organisation contribute? For other sources please state amounts and whether or not confirmed)

Organisation applied to:

Amount applied for:

Confirmed YES/NO

<i>Organisation applied to:</i>	<i>Amount applied for:</i>	<i>Confirmed YES/NO</i>

Statement:

To the best of my knowledge the information on this form gives a true and accurate account of this organisation's work and needs. I confirm I am authorised to complete this application and have read and agreed to the undernoted terms and conditions:

- 1 *The Highland Council must be acknowledged as a supporter of the project in any public announcements, press or media comment, advertising and such other promotional material.*
- 2 *The Highland Council reserves the right to publicise this assistance and include it in a public record of grants.*
- 3 *The Highland Council will request copies of all invoices paid etc., in respect of this project.*

Signature:

Position in Organisation:

Date:

□

FOR OFFICE USE ONLY

CONFIRMATION OF GRANT:		<i>Constitution enclosed?</i>	<input type="checkbox"/>
		<i>Annual Accounts enclosed?</i>	<input type="checkbox"/>
Ward Manager's Decision and Signature:	Members' Consultation:		
Signature Date:	Councillor.....		
	Councillor.....		
	Councillor.....		
	Councillor.....		

This form should be returned as soon as possible to
Ward Manager – Cromarty Firth Ward, Invergordon Service Point, 62 High Street, Invergordon IV18 0DH
E-mail: helen.ross@highland.gov.uk