**

**APPLICATION FORM TO APPLY TO**

**THE INVERNESS COMMON GOOD FUND**

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| **Applicant / Organisation:** |  |
| **Project Title:** |  |
| **Project Location** *(inc. Postcode):* |  |
| **Contact Name:** |  |
| **Applicant Address** *(inc. Postcode):* |  |
| **Email Address:** |  |
| **Contact Telephone:** |  |
| **Council Ward** *(check guidance for link):* |  |
| **Does the main contact have any communications needs?** E.g., textphone, sign language, large print?  |
| **Yes** |  | **No** |  |

**What type of organisation are you?** *(Please tick all that apply)*

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| **Third Sector (Voluntary or Community organisation** |  | **Community Council** |  |
| **Registered Charity** **If yes Registration Number** |  | **Company Limited by Guarantee****If yes – Company Number** |  |
| **Other – please specify** |

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| **Amount applied for** |  |

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| **Start Date of Project** |  |
| **End Date of Project** |  |

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| **Project summary** – please provide a brief outline of your project and the outcomes it will deliver. ex*ample:** *Aims of the project and how you are going to do it*
* *Is this a new project/service or an additional activity to an existing project or service?*
* *Help with running costs or for a specific project or activity?*
* *Please include details of how you know there is a need for this project*
* *Who will benefit? It is important to state in your application how your project will benefit the citizens of the City of Inverness*
* **Please note** that the Council (ICGF) will be unable to provide any resources towards activities/items not specified on this form or supporting information
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| **Please give a summary of expected outcomes from your project.**Please include details:* *How your project will continue beyond the period of ICGF support?*
* *How your project or activity will help the Council to meet its Public Sector Equality Duty?*
* *Will your project make a contribution towards the promotion of the Gaelic language?*
* ***Please Note*** *you will be expected to submit an Evaluation Report (a form will be supplied) at the conclusion of your project and prior to the payment of the final instalment of grant.*
* ***Please Note*** *If successful your grant will be valid for a period of six months from the date of the letter confirming Project Funding your award. Extensions can be applied for in writing if made within the period of validity.*
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**PROJECT COSTS**

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| Please provide a breakdown of how much your activities/project will cost splitting between revenue and capital expenditure,**Please Note** grant recipients are expected to provide evidence of value for money. | **Amount (£)** |
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| **Total Project Cost** |  |

**PROJECT FUNDING**

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| **How will the project be funded?** (*What other organisations* *have you applied to?)* | **Amount(£)** | **Confirmed** |
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| **Total Match Funding** |  |  |
|  **Total Inverness Common Good Fund Funding Requested** |  |  |
| **Own Contribution** |  |  |
| **Total Project Funding** |  |  |

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| **If there is a shortfall in funding, how do you propose to fund it?** |

**About your Organisation**

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| **When did your Organisation start?** |  |
| **What geographic area does your organisation cover?**Please note the Inverness Common Good Fund can only help with projects that bring direct benefit to the citizens of Inverness. |  |
| **What communities of interest (e.g. Young people, people with disabilities, people with an ethnic minority background etc.) does your organisation cover?** |  |
| **Is there a restriction on who can join your organisation?** If yes please give details. |  |
| **Has your organisation received any funding from the Inverness Common Good Fund over the last 3 years.** If yes please give details of when/what for/how much. |  |
| **Has your organisation received any other funding from the Highland Council or any Common Good Fund over the last 3 years?** If yes please give details of when/what for/how much. |  |

**Bank Details**

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| **Name of Bank** |  |
| **Account Name** |  |
| **Account Number** |  |
| **Sort Code** |  |

**Checklist**

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| To ensure that the Highland Council can consider your application please tick to show what you have enclosed. Please ensure that you have enclosed the following information: |
| Externally verified Statement of Accounts as presented to your AGM for the last 3 years**OR**For new organisations which have been established less than 12 months please give an estimate of first year’s income and expenditure**AND**A copy of your organisation’s last 3 months bank statements (for very new organisations a single bank statement will be sufficient)**AND**A copy of your organisation’s Constitution/Company Documentation**AND** (if applicable)Three quotes for goods or services**AND**A Business Plan (where requested)**AND**Any other supporting information |  |

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| **Declaration:** We confirm that we are allowed to submit this application on behalf of:**Name of Organisation** ………………………………………………………………………………………………... |
| We undertake to ensure that all the necessary enclosures are included, that the information is, to the best of our knowledge, accurate and that this application complies with the Highland Council’s Conditions of Award. The data you have provided in the application and claim forms will be recorded on an electronic data base and are subject to the provisions of the Freedom of Information Act (Scotland) Act 2002 and the Data Protection Act 1998.Please provide 2 signatures. Signatory 1 should be the Chairperson of the Organisation and signatory 2 should be the person who has filled out the form. If these two people are the same, signatory 2 should be another member of your organisation’s committee. **Signatory 1: Signatory 2:****Print Name: ………………………………………… .…………………………………………** **Signature: ………………………………………… …………………………………………..** **Date: ………………………………………… ………………………………………….** |

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|  | **Please Tick** |
| **Please confirm you have read and understood the** [**Privacy Notice:**](https://www.highland.gov.uk/directory_record/1487160/community_regeneration_funding) |  |
| **Please confirm you have read and understood the Funding Terms and Conditions which can be found in the Guidance Notes:** |  |

**Completed forms should be emailed to: Policy6@h****ighland.gov.uk**