



Application Form for Organisations applying for Grant and Discretionary Funding and Funding in kind from The Highland Council

Name of Organisation:

Name of Project or Activity Requiring Support:

Which of the Council's funding streams are you applying to?

(Please provide closing date details where applicable)

Is the amount (per annum) you are applying for:

☐ £5,000 or under
 ☐ Under £10,000
 ☐ £10,000 or over

Total amount (three-year period) applied for: £.....

Estimated cost of funding in kind applied for: £.....

Please detail what funding in kind has been applied for e.g. Council staff time, use of premises or equipment, waiving of fees or administration support

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

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.....			

For official use only Application reference number			
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Part 1: About Your Activities or Projects

1.1

What is the name of your activity or project?

1.2

When will your activity or project take place? (specifically those for which you are seeking an award from The Highland Council)

Start date (month and year).....

End date (month and year).....

Location.....

1.3

What activity or project do you want us to support?

Please note that the Council will be unable to provide any resources not specified on this form or supporting information.

1.4

Does your activity or project involve building or landscaping work?

Yes ☐ No ☐

If yes please answer both a) and b) below.

- a) Does your organisation (Please tick):
Have ownership of the land or building

Yes ☐ No ☐

OR

Hold a lease of at least 5 years that cannot be ended by the landlord?

Yes ☐ No ☐

- b) Is planning permission needed for your project? Tick one option below.

Planning permission not required ☐

Planning permission required and has been granted ☐

- 1.5 Please tell us how your project or activity will help the Council to meet its Public Sector Equality Duty to:

- Get rid of unlawful discrimination, harassment and victimisation;
- Make sure that people from different groups* are treated fairly and have equal chances to use services and that there is more equality between groups*;
- Make sure that people from different groups* get on together.

*Groups are people who have “protected characteristics” in the Equality Act: age, gender reassignment, pregnancy and maternity, religion or belief, sexual orientation, disability, marriage and civil partnership, race and sex.

For example are people with protected characteristics likely to face barriers; how you intend to tackle these barriers; does your project promote inclusion?

- 1.6 Where relevant and appropriate please describe any contribution your project may make towards promotion of the Gaelic language?

- 1.7 Please tell us if you have spoken to anyone about your application for advice and support – e.g. Local Highland Council Elected Member, Community Council Member, Council Staff, local Council for Voluntary Service (CVS) – If yes, please provide details:

- 1.8 Please tell us about any funding in kind you are seeking from the Council:

Detail i.e. premises, facilities, staff time, waiving of fees	Estimated value

- 1.9 Please provide a breakdown of how much will your activities/project will cost and how much funding you are applying for from The Highland Council:

Total Costs	Year 1	Year 2	Year 3
	£	£	£
General Operating Costs			
Salaries			
NI & pension costs			
Staff training			
Travel & subsistence			
Recruitment costs			
Rent & rates			
Insurance (non-motor)			
Heating & lighting			
Telephone & postage			
Subscriptions & membership fees			
Accountancy & professional fees			
Publicity & information			
Volunteer expenses			
B: Sub- totals			
Vehicle Operating Costs			
Leasing charges			
Insurance			
Vehicle excise duty			
Breakdown cover			
Fuel			
Tyres			
Vehicle servicing			
Repairs			
Sundry Items			
Vehicle M.O.T			
10 Weekly Checks			
Consumables			
Equipment			
Sub- total			
Totals			
Total funding request			

- 1.10 **Other funding relating to this project** Please include other funders and own resources and income. Continue on separate sheet if required.

Organisation and status of application	Year 1 £	Year 2* £	Year 3* £	Total £
Successful ☐ Unsuccessful ☐ Awaiting Decision ☐				
Successful ☐ Unsuccessful ☐ Awaiting Decision ☐				
Totals				

*See guidance notes for specific funding stream to see if you are able to apply for more than one year of funding.

- 1.11 Please tell us how you know that there is a need for this activity or project and how your approach will meet this need. This might include:
- Community support for your project (e.g. surveys, etc.)
 - Statistics which show the need for your project (e.g. unemployment figures, crime statistics)
 - Evidence from similar projects which shows that they have worked (e.g. research from elsewhere or evaluations of previous local work)

1.12 Is this a new or additional activity or project? – Yes ☐ No ☐
If yes, what change will your activities or project make in your community?

If No, how has your activities or project been funded in the last three years?

1.13 Please tell us how you will know that your activities or project is working and that you are benefiting your community. You only need to provide targets for the years in which your project will operate. See the detailed guidance for examples of targets.*

How you will know you have made the change?		
Year 1 Measurable Outcome	Year 2 Measurable Outcome	Year 3 Measurable Outcome

** You will be able to go into more detail in Part 2, Question 2.6.*

1.14 If it is intended that this activity or project continue beyond the period of Council support, how will it be funded?

Part 2: Specific questions relating to the funding stream which you are applying to:

Community Transport Grants

- 2.1 What geographic areas and/or communities of interest (e.g. young people, people with disabilities, older people, people from an ethnic minority background) does your organisation cover?

- 2.2 Please provide a map of the area that your project covers. (This should be included with your application as a separate document.)

- 2.3 Are you seeking funding for Section 22 routes?

YES ☐ NO ☐

If yes, please provide details below:

- 2.4 How do you intend to promote your project within the community?

2.5 Please tell us about the innovative aspects of your project.

This may include, but is not limited to:

- 'Green', sustainable initiatives;
- Engagement with other organisations;
- Engagement and outreach within the community;
- Creative solutions to address the lack of public transport in your area;
- Interworking with existing public transport in your area.

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2.6 Please give us the details of the activities, milestones (that is, key indicators of progress) and targets you will work towards in order to deliver a successful project/service.

For existing community transport operators reapplying for a grant this section can be used to describe how your organisation proposes to maintain and/or develop the transport service(s) it presently provides within its local community, reflecting perhaps changing demographics within the community or other changes which are occurring which require the service to adapt.

Please add extra rows to this table as necessary to include information on additional activities, milestones and targets.

Targets What you want to achieve Remember to give timescales !	Milestones Important accomplishments indicating progress towards reaching each target Remember to give timescales !	Activities What actions you will take to make it happen Remember to give timescales !

2.7 Please give us the details of your income sources to supplement 1.10 above.

Source of Funding	Year 1 £	Cash or 'in kind' funding?	Confirmed? Y / N	Year 2 £	Cash or 'in kind' funding?	Confirmed? Y / N	Year 3 £	Cash or 'in kind' funding?	Confirmed? Y / N
Own reserves									
Hire charges									
Other Grants (as detailed at 1.10)									
Contracts / Agreements (Please Specify)									
Bus Service Operators Grant									
Concessionary fares reimbursement									
Other (Please Specify)									
COMMUNITY TRANSPORT GRANT APPLIED FOR									
Totals									

Please continue to **PART 3: About your organisation**

Part 3: About your organisation

3.1 What is your organisation's name and address?

Organisation name

Organisation address

	Postcode
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Website

Council Ward (see guidance note to clarify which Council Ward the project or activity will cover)

3.2 Who is the main contact for this application? (They must have a good knowledge of the organisation and this application)

Name

Title:	Forename/s:	Surname:
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Position in organisation:

Address

	Postcode
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Phone number

Day:	Evening:
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Email address

Does the main contact have any communication needs? E.g. textphone, sign language, large print? YES ☐ NO ☐

If yes, what are they? (maximum 20 words)

3.3 a) When did your organisation start? Month.....Year.....

- b) What geographic areas and/or communities of interest (e.g. Young people, people with disabilities, older people, people from an ethnic minority background) does your organisation cover?

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- c) Is there any restriction on who can join your organisation, or who can use the services offered by your project?

Yes ☐ No ☐ If yes, what are they and why do you have them?

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- d) How many people are on your governing body or management committee?

- e) Are there Highland Council Elected Members or Officers or Community Councillors on or attending your Management Committee or Board? *(please note that this will not affect your application)*

Yes ☐ No ☐

If yes, please provide names:

Highland Council Elected Members	Role i.e. Office Bearer, Voting Member, Ex-official / advisory, other

Community Councillors	Role i.e. Office Bearer, Voting Member, Ex-official, other

Council Officers	Role i.e. Office Bearer, Voting Member, Ex-official, other

3.4 Does or has your organisation receive(d) any other funding from The Highland Council? Please provide information relating to Council funding for the last 3 years:

Yes ☐

No ☐

If yes –

a) What is/was it for, and from which Service or Ward budget was it provided?

Year 1:
Year 2:
Year 3:

b) How much funding do/did you receive?

Year 1:
Year 2:
Year 3:

c) Estimated value of existing funding in kind, and from which Service or Ward budget was/is it provided?

Year 1:
Year 2:
Year 3:

PART 4: Your bank details and other information

4.1 Name of Bank

Address:

Title of Bank Account:

Account Number:

Sort Code:

4.2 Please show other bank or building society accounts held:

Name of Bank

Type of Account

Name of Bank

Type of Account

Name of Bank

Type of Account

Name of Bank

Type of Account

4.3 Please list everyone who can authorise transactions from the accounts:

Name

Position on Organisation

PART 5: Checklist and Declaration

5.1 To ensure that the Highland Council can consider your application, please tick boxes to show what you have enclosed.

Please ensure that you have enclosed the following information:

- ☐ a) A map of the area covered by the project
- ☐ b) A copy of your most recent signed and dated constitution
- OR**
- ☐ We have submitted a signed constitution to Highland Council when applying for other funding within the last two years and it has not changed since submission.
- ☐ c) Externally verified Statement of Accounts as presented to your latest AGM for the last 3 years where available (see guidance for further information on the level and type of external verification we expect).
- OR**
- ☐ We have submitted our most recent Statement of Accounts to Highland Council when applying for other Highland Council funding
- OR**
- ☐ For new organisations which have been established less than 12 months, please give an estimate of first year's income and expenditure.
- ☐ d) A copy of your organisation's last 3 months bank statements (for very new organisations a single bank statement will be sufficient).
- ☐ e) Any other documentary evidence which is available to support your answer to Q 1.11

The Council may also request other information, depending on the type of application including:

- Business Plan;
- Names of Office Bearers;
- Copy of contents/public liability/employers liability/vehicle insurance where relevant;
- Job description (where funding is required for a post/s);
- Equal Opportunity Policy;
- Child Protection Policy;
- Health and Safety Policy; and Complains Procedure.

5.2 Declaration

We confirm that we are allowed to submit this application on behalf of:

Name of Organisation:

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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, 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

<i>Print Name:</i>	<i>Signature:</i>	<i>Date:</i>

Signatory 2

<i>Print Name:</i>	<i>Signature:</i>	<i>Date:</i>

- **Completed applications and documentation should be sent to:**
The Highland Council Grant and Discretionary Funding Applications
The Chief Executive's Office,
Highland Council Headquarters,
Glenurquhart Road,
Inverness,
IV3 5NX
Fax: 01463 702830
E-mail: policy6@highland.gov.uk