



North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

Please return this form to:

Grants Officer
Economy and Communities
Connected Communities
St John's Primary School Base
STEVENSTON
KA20 4HH

The North Ayrshire Council Town Charitable Trusts

Ref. No.

Application for Financial Assistance (Organisation)

Before completing this form, please take time to read the Notes of Guidance

| | | |
|----|---|---|
| 1. | Please confirm the town this application relates to: | |
| 2. | Name of Organisation: | |
| | Address (for correspondence): | |
| | | |
| | | |
| | Post Code: | |
| | Contact Person: | |
| | Position in Organisation: | |
| | Daytime Telephone Number: | |
| | Address of where Organisation meets: | |
| | | |
| | Post Code: | |
| 3. | Amount of Grant Requested: | £ |
| | Total cost of Project/Activity: | £ |

4. Details of Applications:

(a) Please describe in as much detail as possible what the grant aid requested will be used for. In particular, please confirm who will benefit from the use of the funds and how this assistance will be provided:

A summary of the trust purposes of the Council's Town Trust Funds is annexed to this form.

(b) Please indicate which of the trust purposes relate to your application and how any grant awarded will meet this purpose (see notes of guidance for further information). Note that an application may relate to more than one.

| | | | | |
|---|--|--------------|---------|--|
| (c) | Please detail the total costs of the project and how these will be funded? | | | |
| | Item | | Cost | |
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| Amount and source of organisation's own contribution: | | | | |
| Source | | Cost | | |
| | | | | |
| | | | | |
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| | | | | |
| Other financial assistance applied for: | | | | |
| Amount (£) | Date | Funding Body | Purpose | |
| | | | | |
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| 4. Brief Description of Organisation: | | | | |
| Please include the following information: | | | | |
| (a) | Legal Status (e.g. voluntary organisation, public/private limited company, limited by shares or guarantee, community interest company (CIC), Scottish Charitable Incorporated Organisation (SCIO)) | | | |
| | | | | |
| (b) | How long has the organisation been in existence: | | | |
| (c) | Membership Details | | | |
| | Age Group: | | | |
| | Geographical area covered: | | | |

| | | | | |
|--|--|--|----|--|
| Any restriction of membership (please tick): | Yes | | No | |
| If YES, please indicate: | | | | |
| | | | | |
| Staff employed (if any): | | | | |
| | | | | |
| Affiliation (if any) to other Groups/Associations: | | | | |
| | | | | |
| (f) | Names and Addresses of Office Bearers: | | | |
| Chairperson: | | | | |
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| Vice Chairperson: | | | | |
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| | Secretary: | |
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| | Treasurer: | |
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| 5. | Information Submitted in Support of Application: Please enclose the following documents (please tick the box): |
| (a) | Constitution and or Memorandum/Articles of Association <input type="checkbox"/> |
| (b) | Audited accounts for the last three years <input type="checkbox"/> |
| (c) | Interim accounts (if latest audited accounts are for a period ending more than 9 months ago) <input type="checkbox"/> |
| (d) | Budget for current financial year <input type="checkbox"/> |
| (e) | Business Plan (if applicable) <input type="checkbox"/> |
| (f) | Equal Opportunities Policy <input type="checkbox"/> |
| (g) | Health and Safety Policy (if applicable) <input type="checkbox"/> |

| | | | | | | | | | | | |
|-----------------|---|--|--|--|--|--|--|--|--|--|--|
| 6. | Details of Organisation's Bank Account | | | | | | | | | | |
| | Name and Address of Bank: | | | | | | | | | | |
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| Account Number: | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | |
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| Sort Code: | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | |
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| 7. | Declaration | |
| | I certify that the above information is accurate and complete. | |
| | Signed: | |
| | Name (please print): | |
| | Position in Organisation: | |
| | Date: | |

Data Protection: I act for and understand, for and on behalf of the Organisation that the North Ayrshire Council, "the Council" acts for and on behalf of the Town Charitable Trust and that any information that I provide in support of this application will be held and processed by the Council, as Data Controller, in accordance with the data protection legislation (the legislation). I declare that I have accurately and fully answered the questions set out above. I understand that the information I have supplied is the minimum necessary to enable the Council to consider the Organisation's application and I agree to provide any other information that the Council may require. I hereby consent to the Council holding and processing the information that I have provided, on behalf of the Organisation in the Council's computer or manual filing systems in accordance with the legislation.

Please tick that you agree to the above.

Please tick the box, sign and date that you are happy with this.

| | |
|-------------|--|
| Signed: | |
| Print Name: | |
| Date: | |

A copy of the Council's privacy statement is available at: <https://www.north-ayrshire.gov.uk/privacy-policy.aspx>, or a copy can be provided on your request.

We will keep your information for 5 years to map your grant awards. If you wish this information to be removed please contact us and we will remove within 30 days.

For further information please contact:
 Grants Officer
 Email: rosemaryfotheringham@north-ayrshire.gov.uk

Please return this form to: Grants Officer
 Economy and Communities
 Connected Communities
 St John's Primary School Base
 Morrison Avenue
 STEVENSTON
 KA20 4HH
 Tel: 01294 475935



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