

Common Good Fund

Application for Financial Assistance (Organisation)

Ref No:

Please ensure that you clearly show benefit to the local community

1. Name of Organisation		
Address (for correspondence)		
Contact Person:		Address where organisation meets
Position in Organisation:		
Phone Number:		
Email Address:		
2. Amount of Grant Requested		£
Total cost of Project:		£
Numbers benefiting from the funding:		
3. Details of Application		
a) Please describe in as much detail as possible what the grant aid requested will be used for.		

The criteria for the Common Good Fund is that the application must benefit all, or a significant group, of the inhabitants of the area to which the Common Good relates.

(b) Please indicate below how your application will meet this criteria:

c) Please detail the total costs of the project and how these will be funded?

(i) Costs

Item	Cost (£)

(ii) Amount and source of organisation's own contribution:

Source	Amount (£)

(iii) Other Financial assistance applied for:-

Amount	Date	Funding Body	Purpose

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):

b) How long has the organisation been in existence?

c) Membership Details:

(i) Age Group?

(ii) Geographical area covered:

(iii) Any restrictions on membership?

d) Staff employed (if any)?

e) Affiliation (if any) to other Groups/Associations?

(f) Names and Addresses of Office Bearers:

Chairperson:		Vice-Chairperson:	
Address:		Address:	
Secretary:		Treasurer	
Address:		Address:	

5. Information Submitted in Support of Application

Please enclose the following documents:

	Please tick if enclosed
(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 (if applicable)	<input type="checkbox"/>
(g) Health and Safety Policy (if applicable)	<input type="checkbox"/>
(h) Copy bank statement and quotes for items required by funding	<input type="checkbox"/>
(i) Quotes of estimates for items required by funding	<input type="checkbox"/>

6. Details of Bank Account

Name and Address of Bank:

Account Number:

Sort Code:

7. Declaration

I certify that the above information is accurate and complete:

Signed:

Name (please print):

If under 16 years of age, signature
of Parent or Guardian:

Date:

Data Protection: North Ayrshire Council gathers and processes information about you, so that services including grant applications can be delivered effectively and efficiently. We only ask for the minimum information necessary and process this in line with data protection legislation. A copy of our privacy policy statement is available at <https://www.north-ayrshire.gov.uk/privacy-policy.aspx>, or a copy can be provided on request.

By ticking this box you are agreeing to your information being gathered and processed as above:

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.

Please return this form to:

Grants Officer

Community Development Team

St John's Primary School Base, Morrison Avenue

STEVENSTON, KA20 4HH

Tel: 01294 475935

Email: rosemaryfotheringham@north-ayrshire.gov.uk



North Ayrshire Council
Comhairle Siorrachd Àir a Tuath