**STEWARTON INITIATIVES LOTTERY SMALL GRANTS FUND**

**APPLICATION FORM**

Please complete all sections and ensure the form is signed.

**A. ABOUT YOUR ORGANISATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A1** | **CONTACT DETAILS** | | | | | | | | | | | |
| Name of Organisation/Project | | | |  | | | | | | | | |
| Name of Person to contact  (this person should sign section  D - Declaration) | | | |  | | | | | | | | |
| Email Address | | | |  | | | | | | | | |
| Telephone Number(s) | | | |  | | | | | | | | |
| **A2** | | **AIMS AND ACTIVITIES** | | | | | | | | | | |
| Briefly describe the aims and activities of your organisation | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Please list the geographic areas or communities that your organisation serves | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **A3** | | **MEMBERSHIP** | | | | | | | | | | |
| Is your organisation a membership organisation YES ☐ NO ☐ | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **If YES:** | | | | | | | | | | | | |
| How many members does your organisation or group have? | | | | | | |  | | | | | |
| Who can become a member of your organisation? | | | | | | |  | | | | | |
| **A4** | | **STATUS** | | | | | | | | | | |
| What kind of organisation are you? (more than one may apply) | | | | | | ☐Registered Charity Company limited by guarantee  ☐ Local Branch of a National Charity  ☐ Voluntary Organisation  ☐ Not for profit club  ☐ Partnership, please describe: …………………………………………...  ☐ Other, please describe: ………………………………………………... | | | | | | |
| When was the organisation set up? | | | | | |  | | | | | | |
| **A5** | | **PLEASE CONFIRM YOUR ORGANISATION HAS THE FOLLOWING:** | | | | | | | | | | |
| REQUIREMENT | | | | | | | | YES | | | NO | NOT APPLICABLE |
| A constitution/governing document | | | | | | | |  | | |  |  |
| A governing or management committee | | | | | | | |  | | |  |  |
| A bank or building society account | | | | | | | |  | | |  |  |
| Annual Accounts | | | | | | | |  | | |  |  |
| **A6** | | **WHAT IS THE TOTAL ANNUAL INCOME AND EXPENDITURE OF YOUR ORGANISATION FOR THE LAST FINANCIAL/CALENDAR YEAR?**  Please attach statement of income & expenditure or accounts, if these are available. | | | | | | | | | | |
| Dates (From – To) | | | | | Income | | | | | Expenditure | | | |
|  | | | | |  | | | | |  | | | |
| **A7.** | | | **PREVIOUS APPLICATIONS** | | | | | | | | | |
| Have you applied to us for a grant before? | | | | | | | | | YES ☐ NO ☐ | | | |
| If YES, were you successful? | | | | | | | | | YES ☐ NO ☐ | | | |
| When was the grant awarded? | | | | | | | | |  | | | |

**B. ABOUT THE PROJECT OR WORK FOR WHICH THE GRANT IS REQUESTED.**

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| --- | --- | --- | --- | --- | --- | --- |
| **B8** | **Please confirm which of the Stewarton Initiatives Small Lottery Fund Priorities your project fits with:** | | | | | |
| PRIORITY  Stewarton Local Action Plan priorities | | | | Please tick as appropriate ( you can tick more than one) | | |
| * Community Safety | | | |  | | |
| * Improving Town Appearance and Environment | | | |  | | |
| * Housing and Infrastructure | | | |  | | |
| * Roads, Traffic and Parking | | | |  | | |
| * Improve Community Spirit, Activities and Facilities | | | |  | | |
| **B9** | | **Grant Use and Benefits** | | | | |
| Please describe fully what the grant will be used for, what benefits will be achieved for the Stewarton Community and how the project fits the Stewarton Initiatives priorities. | | | | | | |
|  | | | | | | |
| How many people will benefit from this project? | | | | |  | |
| **B10** | | | **Funding Required** | | | |
| What is the total sum of money required for this project/work? | | | | | |  |
| How much are you requesting from Stewarton Initiatives? | | | | | |  |

**C. REFEREE**

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| **C11** | **Please give details of someone who will be approached as a referee and who would be able to comment on the general appropriateness of the application, if required.**  **The referee should be someone who knows the work of your organisation, but is not a member.** | |
| Name of Referee | |  |
| Email Address | |  |
| Telephone Number(s) | |  |

**D. DECLARATION – TO BE COMPLETED BY ALL APPLICANTS**

When you have completed all the questions, please sign this declaration.

I am the authorised representative of this organisation. To the best of my knowledge all the information I have provided on this application form is correct. I understand that Stewarton Initiatives may contact me for clarification about the information provided in this application.

|  |  |
| --- | --- |
| SIGNATURE |  |
| DATE |  |

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| --- |
| **Please enclose with your application:** |
| ☐ A copy of your constitution or governing document |
| ☐ Your most recent annual accounts or balance sheet and income & expenditure statement |
| ☐ A copy of your most official recent bank statement showing the bank, your group name as the account holder, the account number and sort code |