**APPLICATION FORM**

**DISCRETIONARY BUDGET SMALL GRANTS**

Nithsdale Area Committee has allocated funding to support a small grants scheme within Nithsdale. The priority for this scheme has been identified as:

|  |  |
| --- | --- |
| **Priority Area** | **Detail** |
| Remembrance Hospitality | Support hospitality after Remembrance parades – up to £300 per application |

You can apply for a **maximum £300** towards the provision of hospitality following Remembrance parades.

You cannot request 100% of the project costs from this Fund or other Dumfries and Galloway Council sources.

Only fully compliant and completed applications will be assessed.

The fund will close when the budget has been fully allocated and will be assessed on a first-come first-served basis.

**Section 1 – About you and your organisation**

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Organisation Type:** | SCIO / CHARITY / CIC / UNINCORPORATED / CONSTITUTED GROUP |
| **Any Registration Number(s):** |  |

**You must send us a copy of your Signed Constitution and most recent independently certified Annual Accounts with this Application Form.**

|  |  |
| --- | --- |
| **Contact Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |

**Section 2 – Finance**

Please outline the total eligible costs of delivering your event which you are seeking a contribution towards.

|  |  |
| --- | --- |
| **ITEM** | **COST** |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** | **£** |

|  |  |
| --- | --- |
| Please tell us how much funding you are requesting from  Nithsdale Area Committee. | **£** |

Please tell us how much money your organisation has right now. If you are part of a national

organisation, please detail only the money your local branch has access to.

|  |  |
| --- | --- |
| **£** | **Please detail what the money will be used for or state ‘no reason’** |
|  |  |
| **£** | **TOTAL** |

**Section 3 – Your application in detail**

**Please tell us about your event, when it will take place, and why you require support from Nithsdale Area Committee towards it.**

|  |
| --- |
| **DATE OF EVENT:**  **DETAILS:** |

**CHECKLIST**

In order to ensure your application is progressed, please ensure you include:

|  |  |
| --- | --- |
| **√** | **Detail** |
|  | **Application Form:** Fully completed Application Form, signed by TWO people |
|  | **Constitution:** your most up to date, signed Constitution |
|  | **Verified Accounts:** your most up to date independently certified annual accounts |

**Please submit your completed application, signed Constitution**

**and most recent annual Accounts to**

E: [GrantApplications@dumgal.gov.uk](mailto:GrantApplications@dumgal.gov.uk)

**To discuss your application, please contact your local Ward Officer**

[www.dumgal.gov.uk/WardWorking](http://www.dumgal.gov.uk/WardWorking)

**Section 4 – Organisation’s Bank details**

Give details of the bank or building-society account we should pay your funding into. We prefer to make payments electronically (by BACS), so we need your account details.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of bank or building society:** | |  | |
| **Address of bank or building society:** | |  | |
| **Account Name:** | |  | |
| **Account Number:** |  | **Sort Code:** |  |

**Section 5 – Declaration – MUST BE SIGNED BY TWO PEOPLE**

**Make sure you understand the conditions of the declaration and that you have the appropriate authority from your organisation to sign it. The main contact named in question 1.2 must sign part 1 of the declaration. Another person who is a member of your organisation and who is not related to the main contact must sign part 2 of the declaration.**

* As far as we know, the information in this form is true and accurate. We are authorised by the organisation to make this application and sign this declaration on their behalf. We understand that it may be a criminal offence to receive funding after giving false information, in which case you will cancel the funding and claim back any money we have received. We agree that you can check, with others, the information on this application form and any supporting documents. If you award funding based on the information in this form, we confirm on behalf of the organisation that the activities we carry out will be as described in this form. We agree on behalf of the organisation that you, or your appointed agents, can examine any documents necessary to show that the activities have been carried out.
* We confirm that our organisation has its own UK based bank or building society account in the legal name of the organisation applying.
* We agree on behalf of the organisation that if there are any changes to the activities not agreed in writing with you beforehand, or if the activities do not go ahead for any reason, you can claim back all or part of any funding you have paid, as appropriate.
* We agree that if the application is successful, we will acknowledge your funding contribution in any publicity.
* We agree that the information given in this form can be used for contact purposes, and non-personal information given may be made available to the public and may be used for publicity purposes.

**Please give the legal name of your organisation as in Section 1**

|  |
| --- |
|  |

**Part 1 - The main contact named in Section 1 must sign in blue ink so we can clearly see this is an original signature.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Print Name:** |  | | |
| **Position in Organisation:** |  | | |

**Part 2 - A member of the applying organisation who is not connected to the main contact named in Section 1 must sign in blue ink.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Print Name:** |  | | |
| **Position in Organisation:** |  | | |