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| **For internal use only** |
| Date Received |       |
| Reference | CBF06-       |

**Dumfries and Galloway**

**Coastal Benefit Fund**

**APPLICATION FORM – Round 6**

**DEADLINE 28 March 2025 (12 noon)**

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

* 1. Name of applicant Organisation (As detailed on your Constitution/Governing Document)

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* 1. Please tell us what type of organisation you are (i.e. SCIO/Unincorporated/ etc)

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 Please detail any relevant registration numbers (i.e. SCIO/Charity registration number)

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* 1. Governing Document Checklist

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| --- | --- |
| Please tell us the date your Governing Document was signed |  / /  |

|  |  |
| --- | --- |
|   | Yes/No |
| Has your Governing Document been formally adopted and signed by two authorised signatories? |  |
| Does your Governing Document specify which office bearers can manage your organisation’s bank account(s)? |  |
| Does your Governing Document specify a quorum for committee meetings and the Annual General Meeting (AGM)?  |  |
| Does your Governing Document include a dissolution clause that sets out what will happen to assets if your organisation folds? |  |

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| Please tell us the date of your organisations most recent **Annual General Meeting (AGM)** |  |
| Please tell us the date of your organisations most recent **externally verified Accounts** |  |

* 1. Lead Applicant Details (Person authorised by your organisation to submit this Application)

|  |  |
| --- | --- |
| Name of Lead Applicant |       |
| Position in Organisation |  |
| Correspondence Address |       |
| Postcode |       |
| Telephone number |       |
| Email address |       |
| Organisation Social Media info X/Facebook/Bluesky/Instagram etc(**do not** detail any personal accounts) |  |

**Section 2 – About your project/activity**

2.1 Please give your project/activity a short title.

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2.2 Please tell us when your funded project/activity will start and end.

**All projects must start by 1 August 2025. Activity and spend must be complete by 31 March 2026**. Decisions will be made on 22 April 2025 and activity cannot start prior to receipt of all signed documentation.

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| --- | --- | --- | --- | --- | --- |
| Start Date |       |  |  | End Date |       |

2.3 Please tell us which coastal community(s), as references in the Guidance, will directly benefit from your project/activity?

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2.4 Please tell us how many people will benefit from your project/activity.

|  |  |
| --- | --- |
| Actively involved in volunteering to deliver the project/activity |  |
| Directly employed by the project/activity (**only if funding is sought for salaries**) |       |
| Directly benefit from the outcomes of the project/activity |       |

2.5 If your organisation works with young people under the age of 25 or with vulnerable adults it is your responsibility to ensure that your organisation has taken steps to protect them.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please confirm all staff/volunteers have been PVG checked | YES |  |  | \*NO |  |
| Does your organisation have a Safeguarding Policy? | YES |  |  | \*NO |  |
| Does your organisation have Public Liability Insurance?  | YES |  |  | \*NO |  |

 \*if NO, please explain below

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**Section 3 – Finances**

3.1 Please detail the total cost to deliver the outcomes outlined within this application. Any agreed funding will contribute towards achieving your **overall project outcomes** as set out in this application and therefore all relevant project costs must be eligible and detailed here.

If any match funder is contributing **fully** towards a specific element (such as salary or piece of equipment) then neither the item, nor the match funding, can be included.

Volunteer or in-kind costs **cannot** be included either as match funding or item of expenditure.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES |  |  | NO |  |

 Is your organisation VAT registered?

*If your organisation can recover VAT, please detail costs below exclusive of VAT.*

|  |  |
| --- | --- |
| **Item of Expenditure** | **£** |
|       |       |
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|       |       |
|  |  |
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| **TOTAL COST OF PROJECT/ACTIVITY** | **£** |

3.2 Please tell us how the total cost of your project/activity will be funded.

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| --- | --- |
| Total funding requested from Dumfries and Galloway Coastal Benefit Fund  | £      |
| Match funding in place/applied for (evidence to be provided)(please detail in Section 3.3 below) | £      |
| Contribution from own funds | £      |

3.3 Please tell us who will match fund the project/activity. You must provide evidence of all confirmed match funding (award letter etc) **In-kind support is not eligible.** You must notify Dumfries and Galloway Council if you receive any additional funding which may not be detailed to deliver this project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Match Funding Organisation** | **Amount** | **CONFIRMED****(evidence to be provided)****YES NO** | **Date Confirmed****/Expected** |
|       |       |  |  |       |
|       |       |  |  |       |
|  |  |  |  |  |
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|       |       |  |  |       |

\*If match funding is not yet confirmed, please estimate the date you expect a decision. You must provide evidence once received. Awards are subject to all match funding being in place and activity must begin within 3 months of award or any offer may be withdrawn.

3.4Please tell us how much money your organisation has right now and any ring-fenced commitments. 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 4 - Application Detail**

4.1 Please **summarise** the project/activity you plan to carry out using funding from Dumfries and Galloway Coastal Benefit Fund. (No more than 300 words. This section will be used to summarise your project in reports so it is important to be concise.)

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4.2 Why is your project/activity a good idea and how can you **evidence** a need/demand for it? For example, a Local Place Plan or other consultation with the community(ies) that will benefit from the project/activity? **Evidence should be provided** (No more than 500 words.)

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4.3 Please identify which theme(s) from our Council Plan your project/activity supports.

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| --- | --- |
|  | * **ECONOMY**
* There is a diversified and growing local economy that benefits all
* Our workforce and their skills base are growing
* Rural communities and places are vibrant and thriving
* Enhancing the region’s natural capital benefits local communities and businesses
* Businesses are supported to start and grow
* Investment in the region benefits communities and the local economy
 |
|  | * **TRAVEL, CONNECTIVITY AND INFRASTRUCTURE**
* Roads, footpaths, cycling and walking networks in the region are improved
* Communities are protected from the impact of floods
* Sustainable travel in the region contributes to net zero2
* The Council is a low carbon organisation
* People have access to services that are modern, efficient and responsive
* Digital connectivity supports thriving rural communities
 |
|  | * **EDUCATION AND LEARNING**
* Places of learning are inclusive, sustainable and meet the needs of local communities
* We get it right for every child
* Children, young people and adults transition successfully through all life stages
* Young people and adults succeed in what they want to achieve
* Participation in creativity and play is part of early and lifelong learning experiences
* Local people can build their skills and confidence
 |
|  | * **HEALTH AND WELLBEING**
* Prevention and early intervention assist people to have independent lives
* Access to personal support and care helps keep people safe
* People are active, resilient and improving their health and wellbeing
* Help is provided to tackle the causes and effects of poverty and increased cost of living
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4.4 Please explain how your project/activity supports **each** of the theme(s) from our Council Plan that you have identified at 4.3 above. (No more than 500 words.)

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4.5 A key focus of the Crown Estate for this fund is to support the ‘blue economy’. Please identify which theme(s) **best describe** your project/activity

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| --- | --- |
|  | Environmental enhancement |
|  | Emission reduction or removal of waste |
|  | Jobs  |
|  | Tourism |
|  | Skills development |
|  | Diversification project |
|  | Investment for community purpose |
|  | Climate change adaptation |

4.6 Please explain how your project/activity will benefit/support coastal community(ies). Please also include any benefit for the natural environment and impact on net zero. (No more than 500 words.)

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4.7 Dumfries and Galloway Coastal Benefit Fund aims to assist new projects, or activities which will add value in bringing benefit to our coastal communities. What is new or different about your project/activity? (No more than 500 words.)

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4.8 Impact - by the end of your project/activity, what will be achieved? What does ‘success’ look like for this project. (No more than 500 words.)

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4.9 Please detail specific milestones that can be monitored and will demonstrate your project is on track (ie by 1 May – Tender awarded, 31 Oct – 10 sessions delivered). You cannot include any activity prior to a decision (ie ‘Secure Match Funding’ or ‘Submit Application’)

|  |  |
| --- | --- |
| DATE | KEY MILESTONE ACHIEVED |
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4.10 Partnership - what other organisations will you work with and how have/will you involve the coastal community(s) in the development/delivery of this project/activity? Please tell us how you will work with them. **You must have the formal agreement of any organisation you reference in this Application form with, for example, a letter of support.** (No more than 500 words.)

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4.11 How will the project/activity be sustainable beyond the project funding period?

Will the project/activity happen without support from this fund?

Will you charge beneficiaries to access/use/participate/benefit?

– if so please give details here (No more than 500 words.)

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**SUBSIDY CONTROL**

4.12 Will your funded project/activity generate any income – ie from sales, entry fees, tickets etc – if Yes, please provide details, including costs and anticipated levels of income.

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4.13 If your funded activity will generate income, irrespective of whether this is profit or non-profit, we are required to undertake an additional assessment of your application in line with [UK Subsidy Control Regime](https://www.gov.uk/government/collections/subsidy-control-regime#guidance-on-the-uk-subsidy-control-regime) measures. If an award for this project is assessed as a ‘subsidy’ and made to your organisation under Minimal Financial Assistance (MFA), we need you to confirm that this is not likely to exceed the maximum MFA of £315k awarded within the last 3 financial years across all public sector funds. (If you have received other funding considered MFA, this will be stated within the Grant Award Letters).

 **SUBSIDY CONTROL DECLARATION**

 I can confirm that, should our application be successful and thereafter considered as Minimal Financial Assistance under the UK Subsidy Control Regime:

|  |  |
| --- | --- |
|  | x |
| Across all public sector funding we have received over the past 3 financial years, **WE ARE UNLIKELY** to exceed £315k in MFA contributions |  |
| Across all public sector funding we have received over the past 3 financial years, **WE WOULD BE LIKELY** toexceed £315k in MFA contributions |  |

 Please note – Minimal Financial Assistance (MFA) does not refer to the total amount of public sector funding your organisation has received, it is a specific type of allocation. If Minimal Financial Assistance is not mentioned in any of your Grant Letters from Public Bodies, then your answer here will be box 1 WE ARE UNLIKELY to exceed £315k.

 You can read more on Minimal Financial Assistance (MFA) [HERE](https://www.gov.scot/publications/subsidy-control-guidance/pages/special-drawing-rights/)

**Section 5 – Confirmation and Checklist**

Please tick (x) to confirm your understanding of the key eligibility criteria:

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| --- | --- |
|  | If successful, our project will have secured all match funding (if applicable) and be able to start within 3 months of a decision, and by 1 August 2025. |
|  | If successful, our project will be fully delivered and conclude by 31 March 2026. |
|  | Our application has been submitted by the organisation which will incur the expenditure and be responsible for the project delivery. |
|  | Our organisation has no outstanding monitoring reports for any previous grant from any other Council source. |
|  | Our application does not include any of the General Exclusions as outlined in the Guidance and Criteria for the Fund. |
|  | All relevant permissions are in place or will be by 1 August 2025. |

Please tick (x) to confirm you have provided the following information with your application:

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|  | Two unrelated Office Bearers etc have signed the Declaration in Section 7 |
|  | Quotes/Evidence supporting costs of project (for any item of expenditure detailed over £1,000 at 3.1) |
|  | If applicable, evidence of all Match Funding included or information when you expect a decision detailed at 3.3 |
|  | Most recent independently examined accounts (signed and dated within two years of the date of your application) |
|  | Bank Statements for last 3 months |
|  | Formally adopted signed Constitution/Governing document |
|  | Community consultation/evidence of need/demand/letters of support from any group/organisation/supporter mentioned in this application |

**Section 6 – Bank Details**

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| **Account Name** |       |
| **Bank/Building Society Name** |       |
| **Bank/Building Society Address** |       |
| **Account Number** |       |
| **Sort Code** |       |

**Section 7 – Declaration**

**The Declaration below must be signed by two representatives acting on behalf of the Applicant Organisation.**

**Please make sure you understand the conditions of the declaration and that you have the appropriate authority from your organisation to sign it. The Lead Applicant named in question 1.3 must sign part 1 of the declaration. Another person who is an office bearer/authorised person of the Applicant Organisation and who is not related to the Lead Applicant 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 its behalf. We understand that it may be a criminal offence to receive funding after giving false information, in which case Dumfries and Galloway Council will revoke the Grant Offer and claim back any money we have received. We agree that you can check and confirm with others, the information contained within this application form and any supporting documents we have provided. If successful, we confirm on behalf of the Applicant Organisation that the project/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 in accordance for which funding was given and for no other purpose.
* We can confirm that our organisation has its own UK based bank or building society account in the legal name of the Applicant Organisation and that it requires at least two unrelated people to authorise all transactions (this means any spouse, civil partner, a person with whom the signatory is living; and any parent, grandparent, child, step-child, brother or sister of the signatory (and their spouse) may not also authorise a transaction.
* We confirm on behalf of the Applicant Organisation that should there be any changes to the project/activities not agreed in writing with you beforehand, or if the project/activities do not go ahead for any reason, Dumfries and Galloway Council can claim back all or part of any funding that has been paid, as appropriate.
* We understand Dumfries and Galloway Council must comply with European Community (EC) rules when giving subsidies/grants for commercial activities operating in the European Union. We further understand that if our organisation is involved in economic activity, we may be subject to State Aid/de minimis rules.
* We agree that if the application is successful, we will acknowledge the funding contribution in an appropriate way, using the logo provided to us.
* We agree that you may make the information we have given on this form available to the public, and you may use it for publicity purposes.

|  |  |
| --- | --- |
| **Lead Applicant Signature** |  |
| **Lead Applicant Name** |       |
| **Position in Organisation** |       |
| **Date** |       |
|  |  |
| **Additional Authorised Signature** |  |
| **Additional Authorised Name** |       |
| **Position in Organisation** |       |
| **Date** |       |

**Please submit your completed application and supporting information to**

E: GrantApplications@dumgal.gov.uk

**To discuss your project idea or the process,**

**please contact your local Ward Officer**

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

**DEADLINE FOR APPLICATIONS AND ALL SUPPORTING INFORMATION**

**28 March 2025 (12 noon)**

**IMPORTANT**

**This is the deadline for your application to be submitted for final compliance checks and scoring. Please submit in advance of this deadline to ensure any feedback can be provided and issues resolved as.**

**If applications have not completed compliance checks by the time of the preparations for the Scoring Panel assessment and cannot be resolved by the time of the appropriate Committee meeting, the application will be withdrawn and not presented for consideration**

**FOR INTERNAL USE ONLY**

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| **SUBSIDY CONTROL PRE-ASSESSMENT** |
| LIMB A |  | LIMB B |  | LIMB C |  | LIMB D |  |
| NOTES |
| IS SUBSIDY PRESENT? Y/N |  | FULL SUBSIDY ASSESSMENT REQUIRED? Y/N |  |