



For Official Use Only:
Date Received:
Reference No:
Cedar Ref:

Acknowledged	
Constitution	
Financial Statement	
Bank Statement	
Bank Mandate	
Pro-forma	

COMMUNITY GRANT APPLICATION FORM

Before completing the form, read the attached general guidance notes and read through the questions – additional guidance is attached to each question as appropriate.

Section 1 – Details Of Your Organisation

Name of Organisation The name of the organisation should be the same as in your constitution.	
Address and Post Code of Organisation The address where your organisation meets.	
E-mail address for the organisation	
Contact number	

Is your organisation a recognised charity?	Please cross (x)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' please enter your registration number ...			

Do you have a written policy in place covering the protection of children and vulnerable adults?	Please cross (x)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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What is the total membership of your group or organisation?	
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How long has your organisation been running?	
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Please indicate which Council Wards your organisation operates in.
Please cross (x) all relevant numbered boxes.
See more details in the guidance notes attached to this form.

<p>North Area</p> <table border="1" style="width: 100%;"> <tr><td>Ward 1. Kilsyth</td><td style="width: 40px;"><input type="checkbox"/></td></tr> <tr><td>Ward 2. Cumbernauld North</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 3. Cumbernauld South</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 4. Cumbernauld East</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 5. Stepps, Chryston and Muirhead</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 6. Glenboig and Moodiesburn</td><td><input type="checkbox"/></td></tr> </table> <p>Coatbridge Area</p> <table border="1" style="width: 100%;"> <tr><td>Ward 7. Coatbridge North</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 10. Coatbridge West</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 11. Coatbridge South</td><td><input type="checkbox"/></td></tr> </table> <p>Airdrie Area</p> <table border="1" style="width: 100%;"> <tr><td>Ward 8. Airdrie North</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 9. Airdrie Central</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 12. Airdrie South</td><td><input type="checkbox"/></td></tr> </table>	Ward 1. Kilsyth	<input type="checkbox"/>	Ward 2. Cumbernauld North	<input type="checkbox"/>	Ward 3. Cumbernauld South	<input type="checkbox"/>	Ward 4. Cumbernauld East	<input type="checkbox"/>	Ward 5. Stepps, Chryston and Muirhead	<input type="checkbox"/>	Ward 6. Glenboig and Moodiesburn	<input type="checkbox"/>	Ward 7. Coatbridge North	<input type="checkbox"/>	Ward 10. Coatbridge West	<input type="checkbox"/>	Ward 11. Coatbridge South	<input type="checkbox"/>	Ward 8. Airdrie North	<input type="checkbox"/>	Ward 9. Airdrie Central	<input type="checkbox"/>	Ward 12. Airdrie South	<input type="checkbox"/>	<p>Motherwell Area</p> <table border="1" style="width: 100%;"> <tr><td>Ward 17. Motherwell West</td><td style="width: 40px;"><input type="checkbox"/></td></tr> <tr><td>Ward 18. Motherwell North</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 19. Motherwell South East & Ravenscraig</td><td><input type="checkbox"/></td></tr> </table> <p>Bellshill Area</p> <table border="1" style="width: 100%;"> <tr><td>Ward 14. Thorniewood</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 15. Bellshill</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 16. Mossend and Holytown</td><td><input type="checkbox"/></td></tr> </table> <p>Wishaw Area</p> <table border="1" style="width: 100%;"> <tr><td>Ward 13. Fortissat</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 20. Murdostoun</td><td><input type="checkbox"/></td></tr> <tr><td>Ward 21. Wishaw</td><td><input type="checkbox"/></td></tr> </table>	Ward 17. Motherwell West	<input type="checkbox"/>	Ward 18. Motherwell North	<input type="checkbox"/>	Ward 19. Motherwell South East & Ravenscraig	<input type="checkbox"/>	Ward 14. Thorniewood	<input type="checkbox"/>	Ward 15. Bellshill	<input type="checkbox"/>	Ward 16. Mossend and Holytown	<input type="checkbox"/>	Ward 13. Fortissat	<input type="checkbox"/>	Ward 20. Murdostoun	<input type="checkbox"/>	Ward 21. Wishaw	<input type="checkbox"/>
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Premises

If you are applying for costs associated with building or repair costs - please answer the following two questions by placing a cross (x) in the appropriate boxes.

Does your organisation lease or own its own premises? Yes No

Does your organisation lease its premises? Yes No

(If 'Yes' please how long your existing lease runs for)

Section 2 – Contact Details for your Organisation

Please detail two responsible persons who are recognised as representatives of your organisation, of which one must be a Management Committee or Board member. These representatives will be approached in relation to the assessment of the application, and will be expected to talk about your application in detail, if required.

Name of Main Contact / Signatory (i.e. the one we will use first in relation to this application)

Please cross (x) Mr Mrs Ms Other – please detail

Full Name

Position in organisation

Address (i.e. where you want any correspondence sent)

Postcode

E-mail address

Contact Number

Name of Second Contact / Signatory (i.e. an alternative if the above contact is unavailable)

Please cross (x) Mr Mrs Ms Other – please detail

Full Name

Position in organisation

Address (i.e. where you want any correspondence sent)

Postcode

E-mail address

Contact Number

The Council is responsible for ensuring public funds are properly managed and used, and that organisations receiving funds have good systems in place for this purpose. You need to provide us with details of those people who will have management responsibility for your organisation i.e. the management committee or board. Please also identify which position is held by each office bearer e.g. chairperson, treasurer, secretary etc.

Names of any Office Bearers not detailed above	Position

Names of the other committee or Board members

Section 3 – Financial Breakdown of your Request

3.1 Use this box to describe what you want the grant for and what it will enable you to do.

3.2 If the funding is requested for a specific event (or events) then please give the dates / details here.

3.3 Please indicate the main beneficiaries your activities target. Please cross (x) as applicable

Children & families	<input type="checkbox"/>	Disabled People	<input type="checkbox"/>	If specific disability say which here	
Young People	<input type="checkbox"/>	Ethnic Minorities	<input type="checkbox"/>	Please say which minority here	
Women/girls only	<input type="checkbox"/>	Particular Religion	<input type="checkbox"/>	Please say which religion here	
Men/boys only	<input type="checkbox"/>	Adults	<input type="checkbox"/>	Young Carers	<input type="checkbox"/>
The 50+	<input type="checkbox"/>	Others	<input type="checkbox"/>	Please say which here	

3.4 What is the total cost of running this activity? £

3.5 Please give a breakdown below of grant money requested and total applying for.

Equipment Costs	£
Accommodation Costs / Let Charges	£
Social Events Costs	£
Running Costs	£
Trips and outings Costs	£
Programme Costs	£
Improvement and Repair Costs	£
TOTAL APPLIED FOR	£

Section 5 – Signatories

The application must be signed by the two recognised representatives of the organisation that are listed in section two of this form.

On behalf of _____
(please enter the name of organisation)

we confirm that the information contained in this application and any accompanying attachments is accurate and that we agree to comply with the conditions of grant as described in the guidance notes.

Main Signature (as per section 2) Print Name Position in Organisation Date	Second Signature (as per section 2) Print Name Position in Organisation Date
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Please read the following Data Protection and confidentiality statement.

Data Protection and Confidentiality: -

Part, or all, of the information you give us will be held on computer. It will be used for the administration of the application forms and grants. We may provide copies of the information to individuals or services within the Council and partner organisations that are helping us assess applications or monitor grants. Your signature on this form is treated as confirmation that North Lanarkshire Council may use the information you have supplied to us under the terms of the Data Protection Act 1998.

North Lanarkshire Council may share information with other grant funders and partner agencies to help prevent fraudulent applications and co-ordinate the process of complementary applications.

Supporting information

Please attach (or forward) the following information in support of your application: - Please cross (x)

	Attached	Already supplied	To follow
A copy of your Constitution or Memorandum and Articles of Association signed and dated by a minimum of 2 members of either the Management Committee or the Board if we don't already have it or if you have recently altered it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of your most recent Bank Statement showing the account name, account number and sort code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A copy of your most recent Annual Accounts signed and dated by the appropriate persons or a note of your income and expenditure covering the last six months of your operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A completed Bank Mandate Form – see attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>