**RevdR**



 **Revd Sept 2023**

**APPLICATION**

**for**

**RECURRING GRANT**

Office use only: Forms must be kept for the financial year the claim is made and 6 further years

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| **Name of organisation:****Contact address:** **Postcode:****Telephone number:** **E-mail address:****Charity number (if appropriate):** **Date organisation established:****Link Officer name (if appropriate):** |  |
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| Name of organisation's contact *(Board/Committee Member)* if different from above**Name:** **Address:** **Tel no:** **E-mail:**   |  | **Organisation's day to day contact *(worker)*****Name:** **Address:** **Tel no:** **E-mail:**  |

**I can confirm that the information given in this application form is correct.**

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| **Signed:** |  | **Date:** |  |
| **Position in organisation:** |  |

(CHAIRPERSON / BOARD or COMMITTEE MEMBER)

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| **Management Committee - please attach a separate sheet if more space is required** |
| **Office** | **Name** | **If a Member or Officer of Fife Council****please state service and job title** | **Tick if a signatory** |
| Chairperson |  |  |[ ]
| Secretary |  |  |[ ]
| Treasurer |  |  |[ ]
| Committee Member |  |  |[ ]
| Committee Member |  |  |[ ]
| Committee Member |  |  |[ ]
| Committee Member |  |  |[ ]

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| **Constitution / Memorandum of Arts / SCIO:** Has there been any changes to your Organisation's Constitution / Mem of Arts / SCIO since it was submitted. ***If yes, please attach an updated version.***  |

**YES / NO**

**Aims & Objectives of Organisation**

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| **Name of Bank:** |  |
| **Address of Bank:** |  |
|  |
| **Bank Account Name:** |  |
| **Account No:** |  | **Sort Code:** |  |
| **Names of all Authorised Signatories:** |
|  |  | **(2)** |  |
| **(3)** |  | **(4)** |  |
| **Name, Address & Qualifications (if appropriate) of Independent Examiner:** |  |
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| **Most recent accounts enclosed for year ending:**  |  |

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| **What service will you provide with Fife Council funding?**  |  |
| **Who will benefit (describe your client group and the projected no. of beneficiaries)?** |  |
| **Where does your service operate?** | Cowdenbeath |[ ]  Levenmouth |[ ]
|  | Dunfermline |[ ]  North East Fife |[ ]
|  | Glenrothes |[ ]  South West Fife |[ ]
|  | Kirkcaldy |[ ]  Fife wide |[ ]
| **When does your service operate?** |  |
| **How will you monitor and evaluate your activities?** |  |
| **Describe how your organisation complements and/or adds to current Fife Council provision.** |  |
| **Describe how the project being funded links with Fife Council's Priorities.**[Plan\_for\_Fife\_2017\_2027\_June19-1.pdf](https://our.fife.scot/__data/assets/pdf_file/0017/183320/Plan_for_Fife_2017_2027_June19-1.pdf) \*[Plan-for-Fife-2021-24-23-Aug.pdf](https://our.fife.scot/__data/assets/pdf_file/0021/250248/Plan-for-Fife-2021-24-23-Aug.pdf) \*\* |  |
| **Detail which other agencies/ organisations will be involved in this service or which are linked to your organisation.** |  |
| **Number of members and volunteers and their roles in the organisation (if appropriate).** |  |

\* <https://our.fife.scot/__data/assets/pdf_file/0017/183320/Plan_for_Fife_2017_2027_June19-1.pdf>

\*\* <https://our.fife.scot/__data/assets/pdf_file/0021/250248/Plan-for-Fife-2021-24-23-Aug.pdf>

**3 Year Budget & Financial Projection**

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| **Staff Cost – Salaries** |  | **YEAR 1** |  | **YEAR 2** |  | **YEAR 3** |
| Salaries & Wages |  | £ |  | £ |  | £ |
| Employer's National Insurance Contributions |  | £ |  | £ |  | £ |
| Employer's Superannuation Contributions |  | £ |  | £ |  | £ |
| **Sub Total** |  | **£** |  | **£** |  | **£** |
| **Staff Cost - Other** |  |  |  |  |  |  |
| Travelling Expenses |  | £ |  | £ |  | £ |
| Conference & Training |  | £ |  | £ |  | £ |
| Staff Recruitment |  | £ |  | £ |  | £ |
| Other (Please Specify) |  | £ |  | £ |  | £ |
| **Sub Total** |  | **£** |  | **£** |  | **£** |
| **Property Costs** |  |  |  |  |  |  |
| Rates |  | £ |  | £ |  | £ |
| Rent |  | £ |  | £ |  | £ |
| Insurance |  | £ |  | £ |  | £ |
| Repairs & Maintenance |  | £ |  | £ |  | £ |
| Heat & Light |  | £ |  | £ |  | £ |
| Cleaning Materials |  | £ |  | £ |  | £ |
| Other (Please Specify) |  | £ |  | £ |  | £ |
| **Sub Total** |  | **£** |  | **£** |  | **£** |
| **Supplies & Services** |  |  |  |  |  |  |
| Provisions |  | £ |  | £ |  | £ |
| Office Equipment |  | £ |  | £ |  | £ |
| Equipment Leasing |  | £ |  | £ |  | £ |
| Publicity |  | £ |  | £ |  | £ |
| Publications |  | £ |  | £ |  | £ |
| Other (Please Specify) |  | £ |  | £ |  | £ |
| **Sub Total** |  | **£** |  | **£** |  | **£** |
| **Vehicle Costs** |  |  |  |  |  |  |
| Fuel |  | £ |  | £ |  | £ |
| Licence & Insurance |  | £ |  | £ |  | £ |
| Repairs & Maintenance |  | £ |  | £ |  | £ |
| Other (Please Specify) |  | £ |  | £ |  | £ |
| **Sub Total** |  | **£** |  | **£** |  | **£** |
| **Administration** |  |  |  |  |  |  |
| Printing & Stationery |  | £ |  | £ |  | £ |
| Postages |  | £ |  | £ |  | £ |
| Telephone |  | £ |  | £ |  | £ |
| Audit Fee |  | £ |  | £ |  | £ |
| Secretarial/Accountancy Fees |  | £ |  | £ |  | £ |
| Subscriptions |  | £ |  | £ |  | £ |
| Volunteer Expenses |  | £ |  | £ |  | £ |
| Other (Please Specify) |  | £ |  | £ |  | £ |
| **Sub Total** |  | **£** |  | **£** |  | **£** |

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| **Total Expenditure**  |  | **£** |  | **£** |  | **£** |

**Less Income / Other Funding (please specify sources)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **£** |  | **£** |  | **£** |
|  |  | **£** |  | **£** |  | **£** |
|  |  | **£** |  | **£** |  | **£** |
|  |  | **£** |  | **£** |  | **£** |
|  |  | **£** |  | **£** |  | **£** |
|  |  | **£** |  | **£** |  | **£** |

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| **Grant Applied For (Annually)** |  | **£** |  | **£** |  | **£** |

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| **TOTAL GRANT APPLIED FOR OVER 3 YEAR PERIOD £** |