

## **FWCC COMMUNITY FUND**

### **Short Form Application (Less than £1000 Spend)**

Before completing this form, please read our guidelines. Copies of forms, guidelines and advice on the application process and timings are available from: <http://marrareapartnership.org.uk> or Lorna Tyrrell, [lorna\\_ty@hotmail.com](mailto:lorna_ty@hotmail.com) tel: 01330 823296

<b>SECTION 1: YOUR ORGANISATION</b>		
<b>1</b>	<b>Name of your organisation</b>	
<b>2</b>	<b>Address</b> Please provide the address for correspondence	
<b>3</b>	<b>Contact details: Name</b> Your contact must be someone who can talk about the application and funding needs in detail	
<b>4</b>	<b>Position in organisation</b>	
<b>5</b>	<b>Address</b> (if different from that above)	
<b>6</b>	<b>Tel (day)</b>	
<b>7</b>	<b>Tel (evening)</b>	
<b>8</b>	<b>E-mail</b>	
<b>9</b>	<b>Geographic area covered by organisation</b> The application for which you are seeking support must fall within our designated areas - see our guidelines	
<b>10</b>	<b>Describe the structure of your organisation</b>	

11	Give details of the plan and what you want it to achieve	

### SECTION 3: YOUR PLAN

12	<b>Title of scheme for which you are seeking support</b>	
13	<b>Does the plan have a specific location?</b>	
14	<b>If Yes, where is it located</b>	
15	<b>Why does your community need this application?</b> Please tell us about any preliminary community consultation, feasibility study or other evidence of need	

16	<b>Will the benefit of the fund be fully accessible to the public?</b>	
17	<b>How many years do you expect the benefit of this fund to last?</b>	
18	<b>How often will the benefit of this fund be utilised?</b>	

19	<b>Which of the following criteria do you believe it meets?</b> Please tick all that apply
Helps to improve and sustain wildlife and the environment	
Helps to unite the community	
Promotes health and well being	
Benefits disadvantaged and disabled people	
Benefits children and young people	
Benefits older people	
Provides improved access to countryside and/or local amenities	
Restores derelict land for community benefit	
Preserves local heritage	
Improves transport links for the community	
Improves communication links for the community (newsletters etc.)	
Supports educational development	
Community building development	
Voluntary self-help group	
Is it energy efficient	
<b>Other</b> (please specify)	



23	What funding are you seeking from the Feughdee West Community Fund?	£
24	Do you already have funds towards the application? How much?	
25	Will there be any longer term funding requirements for this application in order to sustain it into the future?	
26	If so, is this source of funding in place?	
27	Have your organisation successfully received funding from the Feughdee West Community Fund previously? When, and how much did you receive?	
28	If a grant is awarded, to whom should the cheque be made payable and to what address should it be sent?	

**29**

**This area should be used for any other information deemed relevant to your application not already stated**

## DECLARATION

*We are authorised to submit this application on behalf of the organisation and certify that the information enclosed is correct. By signing this application form, we agree to abide by the terms and conditions included in the grant guidelines and any additional special conditions within the letter of award. We understand that we will be required to monitor expenditure and to provide the Feughdee West Community Fund with receipts and reports on the progress of the application as required. We give permission for the fund to record the information in this form electronically. We also give permission for the fund's involvement in our application to be publicised.*

Signature 1

Date

Signature 2

Date

## INDEPENDENT REFERENCE

This section should be completed by someone who knows you and can support your application.

**Name**

It cannot be a member of your management committee, a volunteer or user of your group.

**Occupation**

**Contact address**

**Daytime telephone**

**I can confirm that I know the applicant. I have read this application and the request for funding. I support the proposal and am happy to be contacted to discuss the application further.**

**Signature**

**Date**



## CHECKLIST

Please ensure that you have included the following information as it applies to your application. Failure to do so may delay or jeopardise your application. Please use the tick boxes or mark "NA" if not applicable.

**The completed application form signed by two people**

**A copy of your constitution or set of rules for your organisation signed by each of the members of your management committee**

**A set of accounts for your organisation signed by your treasurer, or for groups less than one year old - a recent bank statement and annual budget. If you don't have a bank account provide a description of your banking arrangements.**

**If your organisation relates to children or vulnerable people, copies of your Child Protection Policy and Vulnerable Persons Policy**

### **WHERE TO SEND YOUR FORM**

**Please return the completed form to:**

**Please mark the envelope 'Application Form'**

**Mrs L Tyrrell,  
Bee Croft,  
Inchmarlo,  
AB31 4AT**