**Community Grants Fund**

**Registration/Application Form – One off Grant**

**2025- 2026**

**PLEASE REFER TO THE GUIDANCE NOTES BEFORE COMPLETING THIS FORM**

**SECTION 1 – HOW YOUR ORGANISATION IS SET UP AND MANAGED**

**1 (a)** **Name of Organisation**

|  |
| --- |
|  |

Please enclose a copy of your constitution/governing document and records of the last 3 meetings of your governing committee/board with this form. If the name on your constitution is different to the name given above, please write it here and explain why it is different.

|  |
| --- |
|  |

**1 (b)** **Name of main contact in the Group:** (the person we should write to)

Title First Name Surname

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Position held in the group

|  |
| --- |
|  |

Contact address, including **full** postcode

|  |  |
| --- | --- |
|  | |
|  | Postcode |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone: | Daytime |  | Evening |  |
| E-mail Address: | |  | | |
| Website address  (if applicable): | |  | | |
| **1 (c)** **If you have any communication needs please tell us what these are:**   |  | | --- | |  | | | | | |

**1 (d) What type of group are you? (You do not need to be a recognised charity to get a grant, but if you are we need your number for our records)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not a registered charity |  | Waiting for charitable status | |
| Charity registered with Office of the Scottish Charity Regulator. Registration Number: | | | |  |
| Company Limited by Guarantee. Company Number: | | | |  |
| Scottish Charitable Incorporated Organisation Registration Number: | | | |  |
| How many people are on your organisation’s governing body or management committee? | | | |  |
| How many people are involved in delivering the activities of your organisation? | | | | full time |
| part-time |
| volunteers |
| Are you a branch of larger organisation? If yes, what is the name of this organisation? | | | | YES/NO |
| Are there any restrictions on who can join your organisation? If yes, what are they and  Why do you have them? | | | | YES/NO |

**1 (e) Please provide your bank account details**

|  |  |
| --- | --- |
| Account Name |  |
| Bank or Building Society Name |  |
| Bank or Building Society Address |  |
|  |  |
|  | Postcode |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sort Code |  |  | **-** |  |  | **-** |  |  | Account No |  |  |  |  |  |  |  |  |  |

How many people have to sign each cheque or withdrawal from this account?

Please list all the people who are authorised to sign cheques on this account.

|  |  |  |  |
| --- | --- | --- | --- |
| 1 Name |  | Position in the group |  |
| 2 Name |  | Position in the group |  |
| 3 Name |  | Position in the group |  |
| 4 Name |  | Position in the group |  |

**1 (f) What are the main activities of your organisation or what services do you provide?**

|  |
| --- |
|  |

**1 (g) Does your project involve work with children, young people under the age of 18 or vulnerable adults?**

**YES/NO**

If yes, as a minimum we expect you to:

* have safeguarding policies in place that are appropriate to your organisation’s work and the project you are asking us to fund (please include a copy of relevant documentation with this form)
* review your safeguarding policies at least every year
* comply with the National Protection of Vulnerable Groups Scheme
* follow statutory or best practice guidance on appropriate ratios of staff or volunteers to children, young people or vulnerable adults
* provide child protection and health and safety training or guidance for staff and volunteers
* carry out a risk assessment, if appropriate
* secure extra insurance cover, if appropriate

Does your organisation meet these requirements?

**Yes** **No**

**1 (h) If your organisation is registered with or inspected by bodies that enforce safeguarding arrangements (such as the Care Inspectorate) please give details below, including any reference numbers**

|  |
| --- |
|  |

**1 (i) Is your club an Active Schools Accredited Club?** Yes No

**1 (j) Is your club a member of Inverclyde Sports Council?** Yes No

**SECTION 2 – WHAT DIFFERENCE WILL YOUR GRANT MAKE?**

**2 (a) What project/activities are you seeking funding for and what are the outcomes if you are successful?**

**Please select the area(s) for which you are requesting funds for as listed in the Guidance Notes and provide information.**

|  |
| --- |
| **Facilities/Core Costs Yes No**    (If yes, please provide details/outcomes) |

|  |
| --- |
| **Project Costs Yes No**    (If yes, please provide details/outcomes) |

|  |
| --- |
| **Fee Waiver (for Inverclyde Council or Inverclyde Leisure premises)**  **Yes No**    (If yes, please provide details/outcomes) |

**2 (b)** **How do you know that there is a need for your project and how will you demonstrate that your activities are being successful in meeting this need?**

|  |
| --- |
|  |

**2 (c) Tell us what impact or difference you think it will make on one or more of the Council’s key priorities as listed in the Guidance Notes for all applicants.**

**Please select the relevant priorities your application relates to and provide information.**

|  |
| --- |
| **Empowered People Working People**  **Healthy People and Places A Supportive Place**  **A Thriving Place**  Empowered People:  Working People:  Healthy People and Places:  A Supporting Place:  A Thriving Place: |

**2 (d) In what ways will your organisation support the work of the Council and its partners to achieve their priorities? Please tick all that apply and add others as appropriate**

|  |  |
| --- | --- |
|  | Tick |
| Promoting volunteering by recruiting, training and supporting volunteers |  |
| Promoting learning and development by displaying information, hosting presentations, facilitating access/signposting to services as appropriate |  |
| Promoting healthy choices and lifestyles by displaying information, hosting presentations, facilitating access/signposting to services as appropriate |  |
| Promoting financial inclusion by displaying information, hosting presentations, facilitating access/signposting to services as appropriate |  |
| Promoting active citizenship by displaying information, participating in consultation and engagement initiatives, representing the views of your organisation/membership, encouraging participation in Community Councils/other representative groups |  |
| Promoting inclusion and equality by displaying information, hosting presentations, facilitating access/signposting to services as appropriate |  |
| Other (please specify) |  |

**2 (e) How many people will directly benefit from the grant? (please give a number and any additional information that might be relevant)**

**2 (f) Which of the following best describes the people who will benefit from your project? Please enter an approximate/target number against all that apply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Children under 8 years |  | Children 8-11 years |  | Young people (12-25 years) |
|  | Adults |  | Older people |  | People on low income |
|  | Unemployed people |  | People with illness |  | Disabled people |
|  | Women and girls |  | Lone Parents |  | Carers |
|  | Other (please specify) TOTAL | | | | |

**2 (g) Please indicate where most people who will benefit from your project live.**

|  |  |  |
| --- | --- | --- |
|  | Specific area of Inverclyde (please specify) |  |
|  | Inverclyde wide |  |

**2 (h) Equalities Monitoring Information**

Inverclyde Council puts equality at the heart of our services and we aim to acknowledge and reflect our diverse communities.You are required to answer the following questions to assist Inverclyde Council in monitoring who benefits from this funding.

**Ethnic Background**

Will your project mostly benefit people from a particular ethnic background?

Yes No

If yes, tick up to three boxes below

**White Black/African/Caribbean/Black UK**

English/Scottish/Welsh African

Northern Irish/UK

Irish Caribbean

Gypsy or Irish Traveller Any other Black/African/Caribbean background

Any other White background

**Other ethnic background**

**Mixed / Multiple ethnic groups** Arab

Mixed ethnic background Any other ethnic group

**Asian/Asian UK**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

**Gender**

Will your project mostly benefit people of a particular gender?

Yes No

If yes, tick which gender

Male Female

**Age**

Will your project mostly benefit people from a particular age group?

Yes No

If yes, tick the relevant boxes below

0-24 years 25-64 years 65+ years

**Disability**

Will your project mostly benefit disabled people?

Yes No

**Religion or belief**

Will your project mostly benefit people of a particular religion or belief?

Yes No

If yes tick box below

No religion Jewish

Christian Muslim

Buddhist Sikh

Hindu Other religion

**Sexual orientation**

Will your project mostly benefit lesbians, gay men, transgender or bisexual people?

Yes No

**SECTION 3 - COSTS**

**3 (a) Tell us how much money you need from us for your project/activity and give us a breakdown of what the money will be used for:**

|  |  |
| --- | --- |
|  | **Amount** |
| **Facilities/Core Costs:** | |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Project Costs:** | |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Fee Waiver:** | |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Total Requested:**  If this is not the total cost of the project, note additional items below | |
|  | £ |
|  | £ |
|  | £ |
|  | £ |

**3 (b)** **Please tell us how the difference between the cost of the project and the grant requested will be funded**

|  |  |
| --- | --- |
| Fundraising activities - cash | £ |
| Contributions in-kind | £ |
| Other funding secured | £ |
| Other funding applied for:  Anticipated date of outcome of application: | £ |

**3 (c) Please tell us how these costs have been identified – quotations, estimates etc**

|  |
| --- |
|  |

**3 (d) Please tell us if you have applied for funding from Inverclyde Council in the last 5 years**

|  |  |  |
| --- | --- | --- |
| Year/Purpose | Successful | Amount received |
|  | YES/NO |  |
|  | YES/NO |  |
|  | YES/NO |  |
|  | YES/NO |  |
|  | YES/NO |  |

**SECTION 4 - OTHER INFORMATION**

**4 (a) This registration/application must be accompanied by the following supporting information.**

* A copy of your most recent set of audited or independently examined accounts or, if you are a new organisation, a record of income and expenditure, dated and signed as approved and a copy of your most recent bank statement.
* A copy of your organisation’s constitution, or other governing documents, dated and signed as approved and records of the last 3 meetings of your governing committee/board.
* A copy of your most recent annual report or equivalent summary of the work of your organisation
* For organisations working with vulnerable adults, children and young people under 16 years of age only, you are required to provide the Council with information about the steps taken by your organisation to ensure the appropriate PVG procedures are in place.
* A copy of your Public Liability Insurance (where applicable)
* A copy of your Child Protection Policy (where applicable)
* A copy of your Player and Coach Code of Conduct (where applicable)
* A copy of your Emergency Contact/Parental Consent Form (where applicable)
* A copy of Certificates for all First Aiders (where applicable)

**4 (b) The Contact Person’s Signature** (*please refer to guidance notes*)

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**4 (c) Independent Referee’s Statement**

Title First Name Surname Occupation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Contact address, including **full** postcode

|  |  |
| --- | --- |
|  | |
|  | |
|  | Postcode |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone: | Daytime |  | Evening |  |

I confirm that I know this organisation and its work, I have read this application and I support this request for funding. I am willing to be contacted now to discuss this application and at a later date to comment on the grant, if this application is successful.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**4 (d) Your Chairperson, Vice Chair, Secretary or Treasurer must sign below**

Title First Name Surname Position in the group

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Contact address, including **full** postcode

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
|  | Postcode |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone: | Daytime |  | Evening |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**To expedite the payment of grant if your organisation is successful, please read, sign and return the attached conditions of grant with your form.**

***NOTE: The person named at 4(d) must sign the Conditions of Grant.***

**Completed registration/application forms should be sent:**

**By E-mail:** Attaching all required documents send to:[**Jackie.fallon@inverclyde.gov.uk**](mailto:Jackie.fallon@inverclyde.gov.uk)

**By handing it in to the Customer Service Centre:**

Municipal Buildings, Clyde Square, GREENOCK PA15 1LY

Please mark envelope:

FAO Jackie Fallon, Inclusive Communities, Wallace Place

**By Post (Please ensure correct postage):**

FAO Jackie Fallon

Inclusive Communities, Inverclyde Council, Wallace Place, GREENOCK PA15 1JB

**CONDITIONS**

I confirm that the organisation named at 1(a) has authorised me to sign this agreement on their behalf. To the best of my knowledge and belief, all the information we have given in this application is true and correct. If this application is successful, in full or part, the group will keep to the following terms and conditions. I understand that this is an agreement between this organisation and Inverclyde Council.

We understand and agree the following:

* + 1. We will use any grant for exactly the purpose set out in this application and will not make any major changes to our plans without first receiving Inverclyde Council’s agreement in writing.
    2. We will not sell or dispose of any equipment or other assets costing over £100 which we have bought with a grant without first receiving Inverclyde Council’s agreement in writing.
    3. If we make any alterations to our constitution, we shall immediately forward a copy to Inverclyde Council. This copy will be duly dated and signed as adopted.
    4. We will inform Inverclyde Council of any changes to our bank or building society account.
    5. We will spend the grant within the year in which it is allocated. Any surplus will be immediately repaid to Inverclyde Council.
    6. We will submit an End of Grant report within one year of receiving the funds.
    7. We understand that any liability or claims are the sole responsibility of our organisation/group and not Inverclyde Council.
    8. We will keep all financial records and accounts, including receipts for items bought with the grant, for at least two years from receiving the grant and make these available to Inverclyde Council if asked. We understand that this does not release us from our legal responsibility to keep records for longer periods.
    9. We agree to provide access for persons authorised by Inverclyde Council to all records of our organisation/group and recognise that they have authority to seek explanations as deemed necessary.

We understand Inverclyde Council may withhold or ask us to repay a grant, in whole or in part if we fail to keep to these conditions in any way:

* If the application form was completed dishonestly or the supporting documents gave false or misleading information.
* If we do not follow equal opportunities practice in employing people, recruiting new members and providing our services.
* If any member of our governing body, staff or volunteers acts dishonestly or negligently in their work for us at any time during our project.
  + 1. If our group closes down or becomes insolvent, any assets secured with a grant from Inverclyde Council will be transferred to another group with similar aims and objectives. The organisation to benefit will be agreed with Inverclyde Council prior to the transfer taking place.
    2. These terms and conditions will apply until we have spent the grant and until the End of Grant report has been received by Inverclyde Council. If we buy any equipment or assets with the grant, these terms and conditions will apply until the end of the normal working life of the assets.
    3. We will acknowledge the Council’s grant in our annual report, our Chair’s or Secretary’s report at our AGM, the accounts which cover the period of the grant and in any publicity materials we produce about the project.
    4. We will participate in community engagement activities and contribute to development and initiatives relevant to our organisation when requested to do so.
    5. In accordance with General Data Protection Regulations, we accept that the personal information contained within shall only be shared with relevant Council staff and Elected members involved with the allocation of funds.
    6. Inverclyde Council’s General Conditions of Contract and Grant Conditions require compliance with all applicable law and guidance. This includes the Law relative to counter terrorism and its related guidance, including Prevent. This all-encompassing approach is preferred over specific reference to individual statutory obligations or particular guidance, which can change and vary considerably across the duration of an agreement.
    7. As a group/organisation, we must not or be seen to be acting against the aims or priorities of Inverclyde Council.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position in the Group |  |
| Signed |  | Date |  |

# For Office Use Only

|  |  |
| --- | --- |
| **ASSESSMENT CRITERIA** | **Status of Application** |
| **Form checked and information**  **correct** | Date : Yes  No  |
| **Documentation enclosed** | Annual Accounts Yes  No  |
|  | Constitution Yes  No  |
|  | Record last 3 meetings Yes  No  |
|  | Annual Report Yes  No  |
|  | Conditions of Grant signed Yes  No  |
|  | Public Liability Insurance Yes  No  |
|  | Player/Coach Code of Conduct Yes  No  |
|  | Parental Consent Form Yes  No  |
|  | First Aid Certificates Yes  No  |
| **Organisations working with Vulnerable Persons** | Yes  No  |
|  | Documentation provided Yes  No  |
| **Category assigned** |  |
| **Application Successful** | Yes  No  |