|  |  |
| --- | --- |
| **For Office Use Only** | |
| Applicant: |  |
| Date Received: |  |
| Date Acknowledged: |  |
| Amount Requested |  |
| Reason for funding |  |
| Date of meeting: |  |
| Decision: |  |

**COLONSAY & ORONSAY COMMUNITY FUND**

**APPLICATION FOR**

**FINANCIAL SUPPORT**

**Long Form**

**(For applications by community members over £1000 and for all applications by organisations)**

**COMPLETED FORMS SHOULD BE RETURNED TO:**

**COCF Administrator** [**william.young@colonsayandoronsaycommunityfund.com**](mailto:william.young@colonsayandoronsaycommunityfund.com)

1. **YOU/YOUR ORGANISATION**

Individuals - Complete 1a ONLY and go to section 2.

Organisations – Complete all of this section.

|  |
| --- |
| **Section 1 (a) Name & Address** |
| Name: |
| Address: |
| Post Code: |
| Email: |
| Telephone Number: |

|  |
| --- |
| **Section 1 (b) Contact**  Who should COCF get in touch with about this application? |
| Name: |
| Role in Organisation: |
| Address: |
| Tel: |

|  |
| --- |
| **Section 1 (c)** **Background Information** |
| Please tell us about your organisation, how long it’s been running, does it have formal links with other groups or a parent body etc… |

|  |
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| **Section 1 (d) Organisation’s Aims and Objective** |
| What are the aims and objectives of your organisation, especially its position in Colonsay’s community, and does it provide services and who within the community benefits from these? |

|  |  |  |
| --- | --- | --- |
| **Section 1 (e) Registered Charity Number** | | |
| Are you registered as a charity? | | What is your registration number? |
| Yes | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1 (f) Membership and Users** | | | | |
| How many people in Colonsay & Oronsay regularly use the services/facilities offered by your organisation? |  | | | |
| Please indicate how many are | Male: | Female: | | Disabled: |
| Do you make a charge to your users? | Yes: | | No: | |
| If ‘Yes’ please give details: | | | | |
| Do you have a membership scheme? | Yes: | | No: | |
| How many members belong to your organisation? |  | | | |
| Please indicate how many members are | Male: | Female: | | Disabled: |
| Please give details of your membership fees: | | | | |

|  |  |  |
| --- | --- | --- |
| **Section 1 (g) Constitution** | | |
| Does your organisation have a constitution? | Yes: | No: |
| If ‘Yes’ please can you include a copy with your application. | | |

1. **FUNDING REQUEST**

|  |  |
| --- | --- |
| **Section 2 (a) Funding Request** | |
| How much money are you asking the Community Fund for? | £ |

|  |
| --- |
| **Section 2 (b) Use of Funding** |
| Please explain how the funding will be used and the resulting community benefit: |

1. **DETAILS OF PROJECT**

|  |  |
| --- | --- |
| **Section 3 (a) Project Costs** | |
| Please detail the total cost of your proposals:  Applicants seeking assistance towards equipment or building works must include two competitive quotes (please refer to guidance). | |
| ITEM OF EXPENDITURE | COST |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| TOTAL COST |  |

|  |  |  |
| --- | --- | --- |
| **Section 3 (b) Match Funding** | | |
| Have you applied to any other organisations for financial assistance towards the cost of the project?  Have you offers of “at cost” materials, use of machinery or volunteer labour? | Yes:  Yes: | No:  No: |

If ‘Yes’ please give details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Financial Assistance** | | | | |
| ORGANISATION | DATE OF APPLICATION | AMOUNT REQUESTED £ | AMOUNT AWARDED £ | IF NO DECISION, DATE EXPECTED |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other contributions, eg “at cost” materials, use of machinery, volunteer labour** | | | | |
| DONOR OF MATERIALS, SERVICES OR LABOUR |  | SAVINGS TO PROJECT (estimated) £ |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
|  | **Section 3 (c) Consents** | | | |
| Will you need any of the consents below? | | Yes: | Consent obtained: | No: | |
| Landlord | |  |  |  | |
| Planning | |  |  |  | |
| Building control | |  |  |  | |

**4. DECLARATION**

|  |
| --- |
| I can confirm that, to the best of my knowledge, all the answers given above are true and accurate. I understand that details contained in this form will be processed by the Community Council. I am aware that by submitting this application I am agreeing to the publication of the application details in any form that the members of Fund choose. I am also aware that the amount and conditions of any award granted will be made public. |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office held (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to get in touch with you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_