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Description automatically generated**Constituted Group for Community Benefit Grant Application Form**

**Grant up to a maximum of £25,000**

Please refer to the Constituted Group for Community Benefit Grant **Guidance Notes**. They will help you to complete this form. If you need any additional help or have any questions about eligibility or assembling the supporting information, please contact: [sharon@sfctrust.org.uk](mailto:sharon@sfctrust.org.uk)

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| **Section 1: Contact details** | |
| **Name of group** |  |
| **Contact person and position, e.g., Treasurer** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Address (including postcode)** |  |
| **Is this a business or private address?** | Choose an item. |
| **Organisation’s address if different from above** |  |
| **Is this a business or private address?** | Choose an item. |

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| **Section 2: About your Organisation** | |
| **What are the main activities of your group or what service do you provide?** |  |
| **What year was your organisation established?** |  |
| **What is the total cost of the project?** | **£** |
| **Please state if you are a registered charity or not. If so, please include your charity registration number.** |  |
| **Please state the number of Committee Members/Directors/Trustees on your management committee.** |  |
| **Please state the number of full and part time staff your organisation employs.** |  |
| **Please state the number of regular volunteers in your group.** |  |

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| **Section 3: Organisation’s Activities** | |
| Please describe the residents of Stratherrick and Foyers who are involved with your organisation as members or beneficiaries. Please estimate how many residents are involved on a monthly or annual basis.  *Note - If you work with Children or vulnerable adults you must include a copy of your*  *Child / Vulnerable Adults Protection Policy with your completed application form.* |  |
| How does your group consult and involve local people to ensure the group is providing a valuable and  responsive service? |  |
| What other organisations provide a similar service or activity in Stratherrick and Foyers? |  |

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| **Section 4: Organisation’s Bank Details** | |
| **Bank** |  |
| **Sort Code** |  |
| **Account Name** |  |
| **Account Number** |  |

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| **Section 5: Organisation’s Financial Details** | |
| *This Section should be completed using your latest set of annual accounts. You must also include a copy of your latest annual accounts, checked and signed, with the application form. If you are a new group, please include a projection of income and expenditure instead.* | |
| **Do you have annual accounts? Please state Yes or No. If you do not have annual accounts the Trust may be unable to offer you a grant, unless you are a new group.** | Choose an item. |
| **If no, please state why:** |  |
| **How many signatures are required to authorise cheques and payments?** |  |
| **Please state the names of all signatories and contact details.** |  |
| **Are any of these signatories related? (Please refer to the Guidance Notes for details).** |  |
| **The Trust requires that your annual accounts are inspected by a suitably competent person who is independent of your organisation. Please state who has done this for you. This person should also have signed the accounts as ‘’EXAMINED”.** |  |
| **Name of examiner and position they hold** |  |

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| **Please extract the following from your annual accounts and insert them below:** | |
| **Total income in the last accounting year** | £ |
| **Total expenditure in the last accounting year** | £ |
| **Surplus or deficit in the last accounting year** | Surplus or deficit amount:  £ |
| **Current Reserves** | £ |
| **Unrestricted Reserves** | £ |
| **Please state why the Organisation’s Unrestricted Reserves cannot be used to fund this project** |  |
| **If the grant application is successful, will the grant be expended within one year of receipt?** | Choose an item. |

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| **Section 6: Grant Details** | |
| In fewer than 100 words, please state what this grant will be used for | |
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| **Please state what date the project is due to commence**  Remember Stratherrick and Foyers Community Trust cannot fund retrospectively, so you cannot commence your project or activity until after you receive a firm offer of grant from the Trust. You must apply in plenty of time as our application process and deadlines mean that there is a minimum period of six weeks between Grant Deadlines and Grant Meetings of the Trust Board. |  |
| **What is the total cost of the project?** | £ |
| **Please state the amount of grant you are applying for from the Trust.** | £ |
| **What other funding sources have you applied for in relation to this project, and the amounts?** |  |
| **When will you know the outcome of these applications?** |  |
| **Have your organisation received a grant from SFCT previously?** | Choose an item. |
| **If yes, how much did you receive?** | £ |
| **Does your organisation have a Dissolution Clause?** | Choose an item. |
| **COST BREAKDOWN (please show the costs of the different elements of your project and how this adds up to the total sum required):** | |
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| **FUNDING BREAKDOWN (please show the different funders of your project, including SFCT, and demonstrate how it adds up to the total sum required):** | |
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| **In a few words, describe how this project will benefit the community of Stratherrick and Foyers:** | |
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| **How many people in the community will benefit from this project?** | |
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| **In a few words, describe what will happen if SFCT does not provide the grant you have applied for:** | |
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| **Section 7: Referee** | |
| **Please provide the name, telephone number and email address:** |  |

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| **Section 8: Further Information**  Is there any further information you would like to provide in support of your application? *This could include details of the contribution volunteers will make to the project.* |
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| **Declaration – By signing this form below:** |
| * **I certify the information provided in this form is correct.** * **I understand that decisions made by SFCT are final.** * **I agree to my personal details and data supplied on this form being used by Stratherrick & Foyers Community Trust and shared with the Trust’s funders, in accordance with their published Privacy Statement.** * **I understand that any grant award will be publicised by Stratherrick & Foyers Community Trust.** |

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| **Section 9: Checklist -** Make sure you supply the following information along with your application form: | |
| Copy of signed Constitution or Trust Deed, or other governing document | Choose an item. |
| Copy of most recent annual accounts (or financial projection from new groups) | Choose an item. |
| Copy of most recent AGM Minutes (unless new group) | Choose an item. |
| Copy of your Child and Vulnerable Adult Protection Policy, if applicable | Choose an item. |
| Quotations and price lists to corroborate the project costs you have inserted. | Choose an item. |
| Detailed expenditure for items over £500 | Choose an item. |
| Returned Completion Report from previous grant | Choose an item. |
| Copy of your Dissolution Clause | Choose an item. |

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| **Name** |  |
| **Signature** |  |
| **Date of Signing** |  |
| **Remember to include quotations, pricelists etc., as applicable, and any other supporting information.** | |

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| **Please return the completed form to:**  **The Administrator, Stratherrick and Foyers Community Trust, The Wildside Centre, Whitebridge, Inverness, IV2 6UN**  **or email:**  [**admin@sfctrust.org.uk**](mailto:admin@sfctrust.org.uk) |

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| **Stratherrick and Foyers Community Trust Ltd. is a company limited by guarantee,**  **Registered in Scotland, SC270423 at The Wildside Centre, Whitebridge, Inverness, IV2 6UN.**  **Funding for these Trust grants originates from community benefit payments made by**  **SSE, Greencoat UK Wind and other renewable energy generators in Stratherrick.**  A close-up of a logo |