**Non-constituted/Voluntary Group for Community Benefit Grant Application Form**

Please refer to the Non-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** |  |
| **Address** |  |
| **Post code** |  |
| **Telephone numbers** |  |
| **Email address** |  |

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| **Section 2: Application details** | |
| **Please describe your project and plan – and include important dates.** |  |
| **Who will benefit from the project and in what way?** |  |
| **How have you determined this project is required?** |  |
| **What is the total cost of the project?** | £ |
| **What other sources of funding have been sought and what was the response?** |  |
| **Please state the amount of grant you are applying for from the Trust (maximum £1000.00)** | £ |
| **Has the group received a grant from SFCT previously?** | Choose an item. |
| **If yes, how much?** | £ |

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| **Section 3: 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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| **Section 9: Checklist**  **Make sure you supply the following information along with your application form:** | |
| 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 if applicable | Choose an item. |
| Returned Completion Report from previous grant if applicable | Choose an item. |

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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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| **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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