|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Advanced Grant Scheme - Tier Two Application Form for projects over £500  Please read the guidelines before completing this form. All sections must be completed | | | | | | | | | | | | |
| Which community council(s) are you asking to support your project? | | |  | | | | | | | | | |
| Name of organisation/charity | | |  | | | | | | | | | |
| Contact name | | |  | | | | | | | | | |
| Position in organisation | | |  | | | | | | | | | |
| Website | | |  | | | | | | | | | |
| Email address | | |  | | | | | | | | | |
| Telephone | | | Daytime  Alternative | | | | | | | | | |
| Correspondence address (including postcode) | | |  | | | | | | | | | |
| What are the main activities of your organisation/business and what service do you provide?  And what areas of Shetland benefit?  Maximum word limit – 250 words | | |  | | | | | | | | | |
| If applicable, what’s your charity or business registration number? | | |  | | | | | | | | | |
| How many members does your management committee have? | How many regular volunteers do you have in addition to your management committee? | | | Based on a 40 hr week How many full-time equivalent staff do you presently employ? | | | If successful how many additional staff will you employ? | | | How many members does your organisation have? | | |
|  |  | | |  | | |  | | |  | | |
| **Section 2:** Financial information | | | | | | | | | | | | | |
| What’s your main source of income? | |  | | | | | | | | | | | |
| Total income  last accounting year?  (Or projected income in first year) | | Total Surplus/Deficit last accounting year? | | | | | | Current  unrestricted reserves | | | | | |
| £ | | £ | | | | | | £ | | | | | |
| Why can’t your reserves be used for this project? | |  | | | | | | | | | | | |
| **Section 3:** Grant application  If you are applying for over £5,000 you must contact  SCBF *before* submitting a formal application | | | | | | | | | | | | | |
| Please describe the project you are seeking AGS support for e.g.  What areas of Shetland will benefit?  What do you want to do?  How will you do this? (activities you will deliver, equipment needed, how it will be used)  Where will the project take place?  Who will lead the project?  Maximum word limit – 250 words | |  | | | | | | | | | | | |
| Which of the SCBF aims, objectives and priorities will this project meet - and how?  (please refer to [AGS Guidelines](http://www.scbf.org.uk/ags))  Maximum word limit – 250 words | |  | | | | | | | | | | | |
| Please describe how the community:  1. have shown a need for this project  2.have been involved in the development of the project  3. have shown support for the project (e.g. letters of support, surveys, local fundraising etc)  4. will be involved in the delivery of the project  Maximum word limit - 250 words | |  | | | | | | | | | | | |
| How will you maintain/ sustain your project after the period of funding is finished?  Maximum word limit - 200 words | |  | | | | | | | | | | | |
| Is this a new project? | |  | | | | | | | | | | | |
| If your project is already running, please describe how it has been funded to date | |  | | | | | | | | | | | |
| Does your project require any permits or planning permission?  If so, are these in place? Please provide evidence | |  | | | | | | | | | | | |
| How much are you  applying to AGS for? | | | | | | How much does your total project cost? | | | | | | | |
| **£** | | | | | | **£** | | | | | | | |
| If applying for £5,000 or more have you already discussed your project with SCBF | | | | | | YesNo | | | | | | | |
| Please provide, or attach separately, a full cost breakdown of the whole project and indicate which elements you are requesting from this fund. Please enclose quotes or evidence where possible  Please describe how you have sourced best value for the items requested from the fund | | | | | |  | | | | | | | |
| Please advise the minimum amount which will allow this project to be delivered? | | | | | |  | | | | | | | |
| **What other sources of funding have you applied for?**  *(This information will be treated in the strictest confidence by SCBF)* | | | | | | | | | | | | | |
| Name of funder | | | | | Amount requested | | | Confirmed funding? | | | Date confirmed | | |
|  | | | | | **£** | | |  | | |  | | |
|  | | | | | **£** | | |  | | |  | | |
|  | | | | | **£** | | |  | | |  | | |
| If you have not applied for any other funding from elsewhere, please explain why? | |  | | | | | | | | | | | |
| Will you be contributing any of your own funds to the projects or undertaking local fundraising to help meet the costs?  If not, please explain why. | |  | | | | | | | | | | | |
| When does your project start/finish? | |  | | | | | | | | | | | |
| What will happen if we can’t award you this grant in full, i.e. part award or no award? | |  | | | | | | | | | | | |
| How will you publicise and recognise any support from SCBF and the Viking Community Fund? | |  | | | | | | | | | | | |
| **Section 4:** Checklist | | | | | | | | | | | | | |
|  | | | | | | | | | **Yes** | | | **No** | |
| We have appropriate procedures in place to carry out our project safely | | | | | | | | |  | | |  | |
| I can confirm this project doesn’t require retrospective funding | | | | | | | | |  | | |  | |
| If requested, I could provide the details of an independent referee. | | | | | | | | |  | | |  | |
| I can confirm that any level of salary paid is at, or greater than, the Living Wage | | | | | | | | |  | | |  | |
| **I have included the following documents with my application:** | | | | | | | | | | | | | |
| A signed copy of the organisation’s constitution (if applicable) | | | | | | | | |  | | |  | |
| Latest annual accounts (independently verified) | | | | | | | | |  | | |  | |
| A copy of your most recent Bank Statement | | | | | | | | |  | | |  | |
| Project budget plan | | | | | | | | |  | | |  | |
| A copy of the organisation’s Child Protection/Vulnerable Adult Policy (if applicable) | | | | | | | | |  | | |  | |
| I have attached additional information with this application - please detail here | | | | | | | | |  | | |  | |
| I have read and accept SCBF guidelines for this scheme and its policies on Equality and Child Protection | | | | | | | | |  | | |  | |
| **Declaration**  By submitting this application form to SCBF you certify that the information contained in this application is correct, and that you, the contact person listed in Section 1, are authorised to make the application on behalf of the above group. You understand that decisions made by SCBF are final. You confirm that the body you represent complies will all relevant Child Protection legislation if relevant to your activities.  You also agree that the body you represent will provide any information required for monitoring and auditing the project and complete a report when the project is completed.  **GDPR**  Personal Data collected through this application will be used for the purposes of administering your grant and, if successful, it may also be used to promote the SCBF grant scheme. Further details on how we will use your Personal Data, who we share it with and your rights under GDPR can be found in our [Privacy Statement](https://www.scbf.org.uk/ags) | | | | | | | | | | | | | |
| Signed: | | | | | | | | | Date: | | | | |

Please return completed application form and any supporting documents to SCBF either by

email - [ags@scbf.org.uk](mailto:ags@scbf.org.uk) or by post to:

SCBF Ltd, AGS Application, Market House, 14 Market Street, Lerwick, ZE1 0JP

**-----------------------------------------------------------------------------------------------------------------------------------**

Do not fill in these sections - For SCBF use only

Project Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Date Received by SCBF |  |
| If project over £5,000 has SCBF been consulted? |  |
| If so when? |  |
| Checked by |  |
| Date feedback form sent to community council |  |

Document issue date – August 2022

Document review date – August 2023