

## Medium Awards £500 - £5,000

## Large Awards £5,000 - £10,000

**Privacy notice**

Your Group’s name, main contact person and website details will be made available to the public.

We will keep other personal information that you give us confidentially.

We will only use it for the Leith Chooses PB Initiative. We will not pass it on to anyone.

Any information that you give us will be stored for 2 years and then destroyed. Thank you.

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|  | Ref no. (Office Use Only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

We need this information to consider your application

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| **Group name:** | |
| **Contact Address and Post code:** | |
| **Main contact name & position:** | |
| Telephone number: | **Website address:** |
| **Email address:** | |
| **Please give a brief description of your group’s main aims and activities (max 100 words):**  . | |

Your project

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| Leith Links Community Council and Leith Neighbourhood Partnership are combining two funds and inviting bids for funding through one process.  Leith Links Community Council secured Community Choices funding from Scottish Government for local community projects. The City of Edinburgh Council’s Community Grants Fund is for small, one off projects which progress one or more local priorities – learn more: <http://edinburghnp.org.uk/>  Our local priorities and themes are:   1. Improving the quality of our environment 2. Celebrating our cultural and artistic lives 3. Making connections in Leith 4. Creating a healthier community   Please show which (one or more) of these themes and local priorities your project reflects. Then describe your project - what activities will take place, who will benefit and how it would meet our local priorities and themes (max 500 words – box will expand to fit) |
| Where will your proposal be based? |
| What post codes are covered by your proposal? |
| Projects can be funded for up to twelve months (until March 2018). Please state your proposed start and finish dates: |
| How many people (roughly) from the Leith area will benefit from your proposal? |
| How many volunteers are in your group?How many hours volunteering do they contribute each week to this project? |
| How will your proposal meet the needs of these groups?Minority ethnic communities, people with disabilities, faith communities, young people, lesbian, gay, bisexual or transgender (LGBT) people, older people, women. |
| Are other organisations involved in your proposal – if so, which? |
| Have you consulted anyone in relation to your proposal – if so, who? |
| **Have you obtained consents, permissions or insurance necessary to carry out your proposal? (We may ask you to provide evidence of this.)**  YES / No / Not yet / Not necessary |
| How did you find out about this fund? |

## Constitution & Accounts

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| **Does your group have a constitution?** |
| **Please enclose the following documents with this application:** |
| Constitution or Memorandum and Articles of Association, Trust Deeds of your organisation |
| Most recent annual (audited) accounts. Where your organisation is newly constituted, a most recent bank statement will suffice. |
| Quotations (for equipment / machinery, services costing over £300) |

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| Bank Account |
| Please state the name of the bank account this grant would be paid into if successful. This should be the same as the applicant name. |
| **Name of bank** |
| **Bank address** |
| **Account name** |
| **Bank sort code** |
| **Account number** |

Project Financial Information

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| **Project costs -** Please list each item of expenditure for this project, showing how calculated, and enclose estimates or other evidence of costs, including *in kind.*  If there is a specific element(s) of this you are requesting from £eith Chooses, please state clearly. | |
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| **Total expenditure** |  |
| **Project income -** If your project costs more than requested from us, please list the source of any match funding or in-kind funding for this project, or if income from charges is anticipated. Please show evidence that such funding is secured and that you can complete the project. | |
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| **Total income from other sources:** | |
| **Amount requested from this fund:** | |

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| **DECLARATION** | |
| All applications must be signed by two people who are recognised as representatives of your group. | |
| You are being asked to declare that:   * You have read and will comply with all funding conditions; * To the best of your knowledge, that the information contained in this application and any accompanying attachments is accurate. | |
| Signature  Name  Date  Position | Signature  Name  Date  Position |
| Please return this form in person at one of the drop-in surgeries advertised at [www.leithchooses.net](http://www.leithchooses.net) or send to: Caroline Lamond East Neighbourhood Centre 101 Niddrie Mains Road Edinburgh EH16 4DS | |
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