#### Ref No.

#### (Office Use Only)

**APPLICATION FORM 2017-2018**

**SMALL GRANTS (up to £500)**

**Applicants to this fund can be individuals or unconstituted or constituted groups.**

Please refer to the £EITH CHOOSES Guidance Notes when completing this form.

Please note that there is a different application form for Medium and Large grants

You do not have to have this form fully completed before you get in touch. We are happy to help you fill it in.

[www.leithchooses.net](http://www.leithchooses.net/) contact@leithchooses.net

**Project Theme**

**ENCOURAGING NEIGHBOURLINESS and BUILDING COMMUNITY SPIRIT**

This theme can cover a very wide variety of possible activities and potential purchases, but should include doing something for or with other people (rather than just buying things to supplement existing equipment).

Projects will be small-scale (even one-off) activities aiming to make life better for your neighbours or the wider local community.

Imagination and kindness needed!

**Privacy Notice**

Your name/ group’s name & principal contact person and website details will be made public.

We will treat any other personal information that you give us confidentially.

We will only use it for the £EITH 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.



|  |  |
| --- | --- |
|  |  |
| **Your Project**  | *Some people may base their votes on the project title alone, so choose a title that is fairly short but that accurately matches what the project is about.* |
| **Project Title** |  |
| **Outline****Your** **Project***30 words max* | *We will put the exact words that you use here on to the voting materials. Try to keep it simple, indicating clearly what the core of your project is, so that voters know what they are voting for.* |
| **What?** | Tell us more about your project, and describe exactly what you plan to do. |
|  |
| **Why?** | Tell us why you think this project is needed / why you want to make it happen. |
|  |
| **Who delivers?** | Tell us who will carry out the project. How many are volunteers? |
|  |
| **Who benefits?** | Who will benefit from your project? The whole community or specific people only? How many people? Will your proposal meet the needs of some of these groups? Minority ethnic communities, people with disabilities, faith communities, young people, LGBT (lesbian, gay, bisexual or transgender) people, older people, women. |
|  |

|  |  |
| --- | --- |
| **When?** | Tell us your project start and finish dates (must be within 1 year, that is, be completed by 31 March 2019), and how often (if relevant) your project activities will take place. |
|  |
| **Where?** | Tell us where you are based, and whereabouts your project will take place.  |
|  |
| **Past Grants** | Have you / your group received funding in the past from £eith Decides or from last year’s Community Links Fund (Leith Links) |
|  Yes No  |
| If Yes, did you submit a report with evidence that that project was carried out satisfactorily?  Yes Not yet No (If No, your application may not be accepted)   |
|  |  |
| **How much?** | Tell us how much money you are applying for, now, to make your project happen (Max £500)*If you want to apply for a larger grant, you need to fill in a different Application Form*  |
| **Basic breakdown of costs (roughly)** *– delete irrelevant categories, add more as necessary:* |
| Travel | £ |
| Materials / Equipment | £ |
| Fees | £ |
| Other items | £ |
|  |  £ |
|  |  £ |
|  |  £ |
| **TOTAL** | **£** |
|  |
| **Other funding?** | Do you have any other money to put towards this project? Yes No   |
|  If Yes, how much? £ Applying for some   From what source(s)? What will such money be used for? |
| **Checks** | Do you need permission to carry out any part of your project? |
| **Permission/ Consent?****Insurance?****PVG clearance?** | No Yes What is needed?   If yes, we may need to see evidence. |
| **ID** | I understand that before submitting my application - * As an individual or unconstituted group, I need to come in person and produce photo proof of ID and proof of address, and these will be copied.

 * Or, if applying as a constituted group, a copy of the Constitution is needed. Yes
 |

|  |  |
| --- | --- |
| **Your Group** | A primary intention of this fund is for applicants from small and unconstituted groups to access funding, with the minimum of barriers. You can apply as an individual but should provide a co-signatory to vouch for you.However groups with a constitution may also apply for small projects if they are not applying to any other £eith Chooses funds - note that groups may only make ONE application in total. |
| **Name of your Group** |  |
|      Individual Unconstituted group Constituted group |
|

|  |  |
| --- | --- |
| **1st Signatory - Lead Applicant****I am taking responsibility for the project.** | **2nd Signatory (required)****(e.g. Co-Applicant / Senior Officer authorising (if relevant) / Co-Sponsor for under-18s)**  |
| Full name |  | Full name |  |
| DOB  |  (if under 18) | DOB |  (must be over 18) |
| Address |  | Address |  |
| PostCode |  | PostCode |  |
| Contacts | Tel: Email:Web: | Contacts | Tel: Email:Web: |

 |
|  | Are any other organisations involved in your application as key partners to help you carry out the project? |  |
|  | Organisation (if relevant): Name & Contact: |  |
| **Declaration** | * We the undersigned are recognised as representatives of our group. We have read and will comply with all funding conditions.
* To the best of our knowledge, the information contained in this application and any accompanying attachments is accurate.
* We understand that should we be provided with an offer of funding, we will be required to sign a formal funding agreement before any funds are distributed.
* We understand that as applicants we are undertaking to carry out this project, if funded.
* We understand that as applicants it is our responsibility to obtain all relevant permissions, insurances and disclosure/background checks where required to do so.
* We understand that any mis-use of public funds may be reported to Police Scotland
 |
|  | ***Lead applicant*** | ***Sponsor / Co-Applicant / Authorised by*** |
| **Signed** |  |  |
| **Date** |  |  |
| **Please return this form by January 31** | Ideally, hand this form in, in person, at a local Drop-in Support Session. (You can then get ID etc. checked at same time.) See [www.leithchooses.net](http://www.leithchooses.net) or Email contact@leithchooses.net for places, dates, & times Or mail to: Caroline Lamond East Local Office 101 Niddrie Mains Road Edinburgh EH16 4DS Email: caroline.lamond@edinburgh.gov.uk |