**Local Place Plans Grant Fund**

**Grant Application Form**

|  |  |
| --- | --- |
| **Project Name:** |  |

|  |  |  |
| --- | --- | --- |
| **SECTION 1: Applicant Details** | | |
| **1.1** | **Organisation Name:** |  |
| **1.2** | **Registration Number[[1]](#footnote-2) (if applicable):** |  |
| **1.3** | **Registered Address[[2]](#footnote-3):** |  |
| **1.4** | Governing Document Checklist | Yes/No |
| **1.4.1** | Is your Governing Document formally adopted and signed by two authorised signatories?  Does your Governing |  |
| **1.4.2** | Document specify which office bearers can manage your organisation’s bank account(s)? |  |
| **1.4.3** | Does your Governing Document specify a quorum for committee meetings and the AGM? |  |
| **1.4.4** | Does your Governing Document include a dissolution clause that sets out what will happen to assets if your organisation folds? |  |
| **1.5** | **Value of public funding received over last three financial years[[3]](#footnote-4):** | £ |
| **1.6** | **Is your organisation VAT registered?** | *Please select* |
| **1.7** | **VAT Number:** |  |
| **1.8** | **Contact Person Name:** |  |
| **1.9** | **Position in Organisation** |  |
| **1.10** | **Address:** |  |
| **1.11** | **Telephone:** |  |
| **1.12** | **Email:** |  |
| **1.13** | **Ward Area** |  |
| **1.14** | **Has an Expression of Interest been submitted to develop a Local Place Plan (Y/N)** |  |

|  |  |
| --- | --- |
| **SECTION 2: Organisation** | |
| **2.1** | **Please provide a summary of your organisation, including information on past experience and personnel/resources available to manage and deliver the project.** |
|  | |

|  |  |
| --- | --- |
| **SECTION 3: Project Description and Outcomes** | |
| **3.1** | **Please provide a summary of the proposed project and outcomes (If relevant please provide 4 copies of quotes)** |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 4: Project Costs** | | | |
| **Cost Item** | | **Cost amount[[4]](#footnote-5) (£)** | |
|  | |
|  | |  | |
|
|
|  | |  | |
|
|
|  | |  | |
|
|
|  | |  | |
|
|
|  | |  | |
|
|
| Please insert further rows if you have additional cost items | **Total Project Expenditure:** | | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 5: Funding Package** | | | |
| **5.1** | **Please enter a list of project match funding.** | | |
| **Source** | | **Confirmed? (Y/N)** | **Amount (£)** |
|  | | Please select |  |
|  | | Please select |  |
|  | | Please select |  |
|  | | **Total match funding:** | **£** |

|  |  |  |
| --- | --- | --- |
| **5.2** | **Grant requested[[5]](#footnote-6)** | **£** |

|  |  |  |
| --- | --- | --- |
| **SECTION 6: Supporting Documents** | | |
| **Supporting Documentation Enclosed:** | **Document name(s)** | **Submitted?** |
| Constitution or Memorandum/Articles of Association |  | Please select |
| Annual accounts (most recent) |  | Please select |
| Bank statements (most recent 3 months) |  | Please select |
| Quotes for every cost item (if relevant) |  | Please select |
| Organisational policies (e.g. equal opportunities, health and safety, child protection) |  | Please select |
| List of directors/trustees/committee |  | Please select |
| Relevant insurance policies certificates\* |  | Please select |
| Confirmation of match funding |  | Please select |
| *Others- please add as applicable* |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\**If applicable*

|  |  |
| --- | --- |
| **Section 7: Bank Details** | |
| **Account Name** |  |
| **Bank/Building Society Name** |  |
| **Bank/Building Society Address** |  |
| **Account Number** |  |
| **Sort Code** |  |

|  |  |
| --- | --- |
| **SECTION 8: Declaration** | |
| **The Service Related Privacy Notice for this scheme is available on the Council website (**[**https://www.dumgal.gov.uk/privacy**](https://www.dumgal.gov.uk/privacy)**).**  **I confirm that I understand that the Scottish Government or individual local authorities may publish a full list of grants paid using the Fund.**  **I confirm that I am authorised by my organisation to apply for grant funding from the Borderlands Place Plan Grant Fund and that all information provided in this application is correct to the best of my knowledge:** | |
| **Signature[[6]](#footnote-7)** |  |
| **Print name** |  |
| **Position in organisation[[7]](#footnote-8)** |  |
| **Date** |  |

**Please attach a copy of your Board Minutes which confirms that you have the authority to apply for this grant.**

Completed forms and all additional documentation should be emailed to: [LPPFund@dumgal.gov.uk](mailto:LPPFund@dumgal.gov.uk)

1. Company number, charity number etc. [↑](#footnote-ref-2)
2. This should match the address at which your organisation is formally registered if a limited company/charity etc. [↑](#footnote-ref-3)
3. You should declare the total value of public grants received by your organisation since 2019. [↑](#footnote-ref-4)
4. The cost for each item should match the cost of the preferred supplier. [↑](#footnote-ref-5)
5. This must equal total project costs minus total match funding. [↑](#footnote-ref-6)
6. An electronic or scanned signature is acceptable [↑](#footnote-ref-7)
7. This must be a director, office bearer or equivalent [↑](#footnote-ref-8)