



ff Funding at Falkirk Falkirk Council

Declaration & Checklist

We confirm that the information contained in this application is to the best of our knowledge true and accurate, that the application complies with Falkirk Council's Conductions of Grant and that we will comply with the Conditions of Grant and/ or Property Lease where applicable. Failure to abide by conditions may result in organisations having to repay their grant and effect future funding.

We confirm that we are allowed to submit this application on behalf of:

Name of Organisation:

Please ensure that you have enclosed the following information:

- Copy of most recent constitution.
- Statement of Income & Expenditure or if more than £5,000 is being requested, Audited Accounts.
- Copy of last three months bank statements if audited accounts are not available.
If your organisation has been established for less than 12 months please give an estimate of first year's income and expenditure.

The Council may also request the following information, depending on the type of application:

- Business Plan.
- Copy of contents/public liability insurance.
- Two quotes for or goods or services of over £100 (where funding is required to pay a third party).
- Names of office bearers (for local community organisations).
- Job description (where funding is required for a post/s).

Please provide 2 signatures. Signatory 1 should be the person who has filled out the form

Signatory 1

Signature:

Date:

Signatory 2

Signature:

Date:

**Please send the form and all enclosures to:
External Funding Unit
Falkirk Council
Municipal Buildings, Falkirk, FK1 5RS**

Part one – Your Organisation

Information about your group:

1. Please give the name of your organisation and address for correspondence:

Name:

Address:

Postcode:

Email:

Daytime Contact Number:

Evening Contact Number:

Website:

2. Please give the name and address of the main contact person in your organisation:

Name:

Position:

Address:

Postcode:

Email:

Daytime Contact Number:

Evening Contact Number:

Mobile:

3. When was your organisation formed:

4. What is your organisation's legal status eg. Company Limited by Guarantee, Constituted group, Charity etc? If your Organisation is a charity recognised by the Office of the Scottish Charity Regulator (OSCR), please give us the charity number:

5. What are the aims of your organisation:

6. What geographic area or communities of interest does your organisation cover:

7. How many members does it have:

8. Are there Elected Members or Officers of Falkirk Council on your Management Committee or Board: YES/NO (please delete as appropriate)

If yes please provide names:

9. Is membership restricted in any way? If so, why:

10. How is the day to day running of your organisation managed? (eg. by volunteers, paid staff):

11. Does your organisation have any national affiliation or membership, and if it is so is it eg. full affiliation, branding only etc:

12. If you have to pay letting or leasing charge in order to hold your organisation's meetings please tell us who the landlord is and what letting charges or leasing arrangements are in place:

13. If the total value of in-kind and/or financial support from Falkirk Council exceeds £5000 per annum, including this application, please tell us what financial audit arrangements your organisation has in place:

Part Two – About this application

14. Please indicate the nature of this application:

- Small Grant Scheme, £5,000 or less
- Event Please give date(s) of event
- New or Continuation of Service Level Agreement/Joint Working Agreement
- Partnership Funding eg. Community Regeneration Fund
Name of Fund
- Other, please specify

15. If your application relates to an event, please provide a start and end date for which support is required:

16. Please give us information about what you are applying for and what this is to be used for. Please include all resources that you require: transport, flowers, staff, halls, parks, barriers and how each will be used.

If you are applying for a leased property at reduced rental please give details of the property address and what the property will be used for. If necessary please use a supplementary sheet. It is important that you give a complete breakdown of your project or event outlining the objectives, benefits, dates and how its success will be measured. Please note the Council will be unable to provide any resources not specified on this form, or supporting information.

17. Who will benefit from this, for example how will you help the Council achieve its goals and objectives (as stated in guidance):

18. Please provide a financial breakdown of your project to include, where appropriate:

- Breakdown of all project costs
- Your organisation's contribution
- Total amount requested

19. Please tell us what grants (if any) or in-kind support your organisation has received from the Council and/ or other bodies over the last three years for any projects or activities. Please include details of the Rates Relief. Please also give details of any applications pending.

Funder	Amount/Resource	Tick if pending

20. Please tell us about any other fundraising activities carried out by your organisation:

21. Please tell us if you have spoken to anyone about your application (e.g local Councillor, Council Member, Council staff, other community group etc). If yes, please give details:

22. It is normal and acceptable for your group to have reserves within it's bank account. If your bank account shows you are holding funds in savings or reserves, please explain what you are planning to do with it:

23. What are your plans for future funding beyond the term of this application:

29. Please give any comments on application form and guidance:

Note:

If this application relates to paid staff please complete supplementary form on staffing. If this application relates to partnership funding i.e. Childcare Partnership, please make sure that you have discussed your application with the relevant Council Services and completed any additional sheets.

Please note that any information supplied on this form may be held, and processed for information purposes. The Council is a registered Data User with the Office of the Data Protection Registrar.

Supplementary Staffing Form

This page should only be completed if the resources you require relates to staff.

If employee costs are included within this application, please give a breakdown of each post in Table 1. A job description for each post should be appended to the application.

If Sessional Staff costs are included within this application, please give a breakdown in Table 2.

Table 1

No. of posts	Designation/ Title	Hours	Salary Scale	National Insurance	Super-annation	Total Staff Costs	Job Description Appended
TOTAL:							

Table 2

Designation	Estimated Total Annual Hours	Rate per hour	Total Sessional Costs

For Council Use Only – to be completed by lead service

App. No.

Service

Amount

a/c red'd

Ack'd

Decision

Conf'd to Applt