



COMHAIRLE NAN EILEAN SIAR

Department for Sustainable Communities
Balivanich, Isle of Benbecula, HS7 5LA
Tel: 01876 580 798 Fax: 01876 580 390

APPLICATION FOR ARTS GRANT 2008/09

Completed Application Forms should be returned to Arts Development Officer, Department for Sustainable Communities at the address above. Please complete in black ink and block capitals.

SECTION A – APPLICANT DETAILS

Name of Organisation:

Date of Formation: VAT registered: (please tick if appropriate)

Applicant's Title (e.g. Mr/Mrs/Miss/Ms):

Surname: Forename(s):

Address:

..... Postcode:

Home Tel No: Work Tel No:

E-mail : Position within Organisation:

SECTION B - PRESENT MEMBERSHIP (Please complete as accurately as possible)

Ages	Pre-School	Primary School	Secondary School	16-18 Out of School	Adults	Other Grouping	TOTAL
Male							
Female							

SECTION C - SUPPORTING DOCUMENTATION

Please ensure that the following information is submitted with your application.

* It is acknowledged that not all organisations will have an Annual Report/Business Plan, therefore, please submit as available.

Item	Submitted	Reason for Non-Submission
Constitution	<input type="checkbox"/>	
Latest Audited A/c's	<input type="checkbox"/>	
Bank Statement	<input type="checkbox"/>	
Minutes of Last AGM	<input type="checkbox"/>	
All Relevant Quotations	<input type="checkbox"/>	
Names/Addresses of current Committee Members	<input type="checkbox"/>	
*Annual report	<input type="checkbox"/>	
*Business Plan	<input type="checkbox"/>	
Timetable of events for forthcoming year	<input type="checkbox"/>	

FOR OFFICE USE ONLY

Date Received	Date Acknowledged	ID Number

GRANT TYPE: Arts Revenue Passed to on for comment

SECTION D – DETAILS OF PROPOSAL

1. Describe in detail what you want to do with the grant? You can submit additional information in support of your application.

.....

.....

.....

.....

.....

.....

.....

2. If relevant, please tell us when your proposed project will take place:

Expected start date:

Expected end date:

3. Who do you anticipate will be involved in your project? Please give, as accurately as possible; a breakdown by age and gender of the number of individual people who you anticipate will participate in your project. **Please note:** if funded, we will ask you to provide us with actual figures on completion of your project.

Ages	Pre-School	Primary School	Secondary School	16-18 Out of School	Adults	Over 60	Total
Male							
Female							
Totals							

What do you hope will be the benefits of the project to those involved?

.....

.....

.....

.....

Will your project increase access to the arts for people in the Outer Hebrides who live in remote rural areas or are challenged by disability, health or social issues? If yes, please give details.

.....

.....

.....

4. To help us quantify the potential public impact of your project, please tell us how many people you **estimate** will benefit from your proposed activity. Where categories are not applicable to your project please mark N/A. **Please note:** if funded, we will ask you to provide us with actual figures on completion of your project.

Performances/Events

Number of performances/events

Total audience attendance at performances/events *(please include paid for and free):*

Exhibitions

Number of exhibitions

Total audience attendance at exhibitions *(please include paid for and free):*

Education/ Community Participatory Workshops

No. of Education/ Community Participatory Workshops

Average Duration (in hours) of each Education/ Community Participatory Workshop *(e.g. ½ hour music lesson, 2 hour painting class)*

Average Attendance at each Education/ Community Participatory Workshop

Total Attendance over the programme of Ed/ Com Participatory Workshops *(Attendance at each w/shop x No of w/shops)*

Other *If your project does not fit into the above categories please give a total attendance and describe how you have calculated this figure.*

Jobs that will be created?

(Assume that part-time employees work 16 hours per week or less and that temporary workers include freelance, seasonal and those employed on self-employed contracts.)

Full-time:

Temporary:

Part-time:

Permanent:

How many volunteers will work on your project?

How many new commissions will result from your project?
(Original work which would not have occurred without your project)

5. How do you propose to evaluate your project?

.....
.....

SECTION E – EXPENDITURE & INCOME

6. Please give detailed estimated costs – continue on separate sheet if necessary. Written quotations must be submitted where relevant.

Item	Amount
TOTAL COST OF PROJECT	

7. Please give details of project income e.g. Trusts/Foundations, sponsorship, other public agencies.

Source	Amount in Cash	Amount in kind	Confirmed	Applied for	Not yet applied for
Own contribution			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CnES Arts Grant			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL INCOME					
TOTAL COST OF PROJECT					

How do you hope to raise your own contribution?

.....

8. Please confirm the amount requested from the Comhairle Arts Grant: £

SECTION G – ORGANISATION’S BANK DETAILS

(Without these details we will be unable to process your application)

Bank Name:	Address:
Account Name:
Account Number:	Postcode:
Sort Code:	Tel:
Account Operator(s) (E.g. Chair/Secy):	
Signed on behalf of (Organisation):	

SECTION H - DECLARATION

I hereby apply to Comhairle nan Eilean Siar for financial assistance for the purpose stated above. I have read the Notes for Guidance for Arts Grant Applications and I agree to abide by them. I agree to return all monies received from Comhairle nan Eilean Siar and not spent for the above noted purposes.

Signed: **Date:**

COMHAIRLE NAN EILEAN SIAR

Department for Sustainable Communities

FOR COMHAIRLE USE ONLY

BUDGET TYPE ()

Arts (70130937)

OFFICER'S RECOMMENDATION

Amount Approved: _____ Approve

Subject to: _____ Part Approve

Date to be Claimed by: _____ Do Not Approve

Signed: Date:

HEAD OF SERVICE AUTHORISATION

Signed: Date:

COMMITTEE CHAIR/VICE-CHAIR'S OPINION (FOR GRANTS BETWEEN £2.5K - £5K)

Comments

Signed: Date:

ADMINISTRATION PROCESS

Group Notified Date: Claim form Returned

Finance Notified Date: On FMS - Ref:

Officer Notified Date: Database Completed

Signed: Date: