



COMHAIRLE NAN EILEAN SIAR

Social & Community Services Department
Sandwick Road, Stornoway, Isle of Lewis, HS1 2BW

Tel: 01851 822719

www.cne-siar.gov.uk/leisurelearninggrants/index.asp

APPLICATION FOR LEISURE & LEARNING GRANT 2011/12

Completed application forms should be returned to Joan Macrae at the above address.

SECTION A – APPLICANT DETAILS

Name of Organisation:

Date of Formation: Applicant's Title (eg 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 - SUPPORT DOCUMENTATION

Please ensure that copies of **ALL** documents listed below are submitted with your application.

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL DOCUMENTATION IS RECEIVED

	Submitted	Reason for Non-Submission <i>'Previously submitted', 'sub group' or 'to follow' will NOT be accepted</i>
Constitution	<input type="checkbox"/>	_____
Latest Audited A/c's	<input type="checkbox"/>	_____
Latest Bank Statement	<input type="checkbox"/>	_____
Minutes of Last AGM	<input type="checkbox"/>	_____
All Relevant Quotations (if applicable)	<input type="checkbox"/>	_____
Names/Addresses of current Committee Members	<input type="checkbox"/>	_____
* Timetable of Weekly Activities (Days/Morning/Afternoon/Evening Session)	<input type="checkbox"/>	_____
** Internal evidence of record gathering for full membership verification	<input type="checkbox"/>	_____
*** Registered Museum and/or 2 Star Tourist Board Award	<input type="checkbox"/>	_____

Additional documentation is required for:

* Performance Grants ** per Capita Grants *** Registered Museum & 2 Star Tourist Board Award

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Date Received	Date Acknowledged	Reference Number
GRANT TYPE: Capital <input type="checkbox"/> Revenue <input type="checkbox"/> Passed to _____ on _____ for recommendation.		

SECTION D - BRIEFING

Briefly describe what you want to do with the grant and what benefit will be provided to the community. Dates of events, numbers attending trips to be included, if applicable.

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Please give detailed estimated costs. (Written quotations to be attached, where relevant)

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..... Total estimated costs: £

What is your organisation's financial contribution? £

How do you hope to raise this?

.....

.....

.....

.....

.....

Amount of grant requested from the Comhairle: £

SECTION E – OTHER SUPPORT

Have you applied to any other body for financial assistance or support in this financial year?

Yes

No

If Yes, please give details.

..... Amount (£)

..... Amount (£)

..... Amount (£)

..... Amount (£)

Have you applied to the Comhairle for any other grants in this financial year?

Yes

No

If Yes, how much and for what purpose?

..... Amount (£)

..... Amount (£)

..... Amount (£)

..... Amount (£)

SECTION F – 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)
(eg Chair/Secretary):

Signed on behalf of (Organisation):

SECTION F - 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 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
Social & Community Services Department

FOR COMHAIRLE USE ONLY

BUDGET TYPE (✓)	Adult Learning <input type="checkbox"/>	Events <input type="checkbox"/>
Sports & Games <input type="checkbox"/>	Performance <input type="checkbox"/>	Youth <input type="checkbox"/>
Amenities <input type="checkbox"/>	Christmas Lights <input type="checkbox"/>	Local History <input type="checkbox"/>

OFFICER'S RECOMMENDATION (Officer approval up to £1k)

Amount Approved: Approve

Details of Conditions: Part Approve

Claim by Date: Do Not Approve

Reason for Refusal:

Signed: Date:

HEAD OF SERVICE AUTHORISATION

Signed: Date:

COMMITTEE CHAIR/VICE-CHAIR'S OPINION (FOR GRANTS £2.5K - £10K)

Comments

Head of Service Signature: Date:

ADMINISTRATION PROCESS

Group Notified <input type="checkbox"/>	Date:	Claim form Returned <input type="checkbox"/>
Finance Notified <input type="checkbox"/>	Date:	Creditors Ref: <input type="checkbox"/>
Officer Notified <input type="checkbox"/>	Date:	Spreadsheet Completed <input type="checkbox"/>

Signed: Date: