



# COMHAIRLE NAN EILEAN SIAR

Education, Skills & Children's Services Department  
Sandwickhill Learning Centre, East Street, Sandwick, Isle of Lewis  
HS2 0AG Tel: 01851 822714

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## APPLICATION FOR A GRANT TO VOLUNTARY ORGANISATIONS – 2020/21

Completed application forms should be returned to Alice Murray 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: .....

Mobile 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 'PREVIOUSLY SUBMITTED', 'SUB GROUP' OR 'TO FOLLOW' WILL NOT BE ACCEPTED
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"/>	
Constitution – <b>PLEASE ONLY SUBMIT IF THERE HAS BEEN A CHANGE TO THE PREVIOUS ONE</b>	<input type="checkbox"/>	
* Timetable of Weekly Activities (Days/Morning/Afternoon/Evening Session)	<input type="checkbox"/>	
** Internal evidence of record gathering for full membership verification (further evidence may be requested)	<input type="checkbox"/>	

**Additional documentation is required for these specific grants: \* Performance Grants \*\* per Capita Grants**

#### FOR OFFICE USE ONLY

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.**

.....

.....

.....

.....

.....

.....

.....

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

.....

.....

.....

..... 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: ..... Account Name: .....

Address: ..... Account Number: .....

..... Sort Code: .....

..... Postcode: ..... 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

Education & Children's Services Department

## FOR COMHAIRLE USE ONLY

### BUDGET TYPE (✓)

Performance

Youth

Events/Trips

### OFFICER'S RECOMMENDATION (Officer approval up to £1k – Head of Service £1k - £5K)

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 OVER £5k)

Comments .....

Head of Service Signature: .....

Date: .....

## ADMINISTRATION PROCESS

Group Notified

Date: .....

Claim form Returned

Finance Notified

Date: .....

Creditors Ref: .....

Officer Notified

Date: .....

Spreadsheet Completed

Signed: .....

Date: .....