



# COMHAIRLE NAN EILEAN SIAR

Sport and Health Unit  
Lewis Sports Centre, Stornoway, Isle of Lewis, HS1 2PZ  
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## APPLICATION FOR A SPORT & GAMES GRANT TO VOLUNTARY ORGANISATIONS - 2020/21

Completed application forms should be returned to Nataliya Nedkova 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<br>'PREVIOUSLY SUBMITTED', 'SUB GROUP' OR 'TO FOLLOW' WILL NOT BE ACCEPTED |
|--|--------------------------|--|
| 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"/> | _____  |
| For Per Capita Grants Only<br>Internal evidence of record gathering for full membership verification (further evidence may be requested) | <input type="checkbox"/> | _____  |

### 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.

.....

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.....

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

Social & Community Services Department

## FOR COMHAIRLE USE ONLY

### 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: .....