**<INSERT COMMUNITY COUNCIL NAME>**

**COMMUNITY COUNCIL**

**APPLICATION FOR GRANT**

Please use this application form to tell us about your organisation and to describe the project which you are seeking funding for.

Completed application forms and enclosures must returned to the Community Council clerk at least <**insert timescale i.e. two weeks**> prior to the next meeting. Applications deemed incomplete may be returned.

**Section 1 – Project details**

Name of organisation

What is the main purpose of your organisation?

Please tell us what you require funding to do? You should include details of what you will spend the grant on, project location and key dates where appropriate.

Please explain the need for this project?

Please tell us who are the project beneficiaries? How will people within <**INSERT COMMUNITY COUNCIL NAME**> area benefit from this project?

Which of the following Shetland Partnership Plan shared priorities will your project contribute towards and/or deliver on?

**Participation**: people participate and influence decisions on services and use of resources

**People:** individuals and families thrive and reach their full potential

**Place:** Shetland is an attractive place to live, study, work and invest

**Money:** all households can afford to have a good standard of living

Please describe how your project will contribute towards the shared priorities selected above

Please provide a breakdown of project costs you would like us to fund:

|  |  |
| --- | --- |
| **Item or description** | **Amount (£)** |
|  |  |
|  |  |
|  |  |
|  |  |
| Non recoverable VAT (if applicable) |  |
| TOTAL PROJECT COSTS (A) |  |

Please detail how you propose to fund this project:

|  |  |  |
| --- | --- | --- |
| **Funding source(s)** | **Secured**  **(yes or no)** | **Amount (£)** |
|  |  |  |
|  |  |  |
| Applicant contribution |  |  |
| TOTAL FUNDING (B) |  |  |
| Funding required from <**INSERT COMMUNITY COUNCIL NAME**> (C) | |  |

**\* Please note Total Project costs (A) less Total Funding (B) must equal the grant requested from Community Council (C).**

If your organisation has savings, reserves, cash or investments greater than £10,000 please specify the purpose for which these funds will be used. Please note that organisations with significant funds that are not specified as restricted or designated funds may not be considered for grant assistance.

**Section 2 - Protection of Vulnerable Groups Details**

Since 1st April 2011, if your organisation is applying for grant assistance from this scheme, your group/ organisation will need to decide whether you have anyone (staff or volunteers) involved in `Regulated Work' with children and/or protected adults.

If your organisation has individuals involved in Regulated Work then those individuals will need to apply to become a member of the PVG Scheme. All groups must also have policies and procedures in place that adequately cover child protection and welfare issues.

Regulated work definitions can be found here: [PVG - Regulated Work Definition](https://www.mygov.scot/pvg-scheme/types-of-work-covered-by-pvg) and here: [Youth Work Essentials - What is Regulated Work?](http://www.youthworkessentials.org/safe-sound/the-protecting-vulnerable-groups-(pvg)-scheme/what-is-regulated-work.aspx)

**Q1a** Does your group have individuals involved in `Regulated Work' with children and young people under the age of 18?

Yes No

**Q1b** Does your group have individuals involved in `Regulated Work' with protected adults (from the age of 16)?

Yes No

**If you answered no to both question 1a and 1b, go to questions 3 and 4;**

**If you answered yes to either, or both, questions 1a or 1b, please complete all of the following questions:**

**Q2a** Does your organisation undertake a PVG Scheme Membership check when appointing staff, volunteers or helpers who are doing `Regulated Work', to make sure they are not barred from working with children/protected adults as part of checking their suitability for the particular post?

Yes No

**Q2b** Does your organisation take reasonable steps not to appoint anyone who is unsuitable to work with children/protected adults or who is barred from working with children/protected adults?

Yes No

**Q2c** How does your organisation access Disclosure Checks for its volunteers? Please tick one of the following options:

|  |  |
| --- | --- |
| Voluntary Action Shetland (VAS) |  |
| National Governing Body |  |
| Other (please specify) |  |
| Not Applicable (please let us know why. You should use the space below\* to explain why your volunteers do not undertake Disclosure Checks) |  |

**Please note that it is a requirement of this scheme that your organisation has in place policies and procedures that meet the requirements of the Protection of Vulnerable Groups (Scotland) Act 2007, and which adequately address child protection and adults at risk of harm.**

**Q3a** Does your organisation have an approved Adult and Child Protection Policy?

Yes No

**Q3b** Does your organisation have an approved Adult and Child Protection Procedure?

Yes No

**Q3c** Does your organisation have an approved Equal Opportunities Policy?

Yes No

**Q3d** For organisations working with children and young people, do you have an approved Code of Conduct for staff and volunteers?

Yes No

**Q4** Are you satisfied that your organisation complies with the requirements of the Protection of Vulnerable Groups Act 2007?

Yes No

\*Please use the space below to provide us with any additional information:

<https://www.childprotectionshetland.com/for-community-groups> provides information and sample documents for you as a community group to use to help you meet the Scottish Executive Framework for Standards, the legal requirements of the Protection of Vulnerable Groups (Scotland) Act 2007 and to achieve best practice for those who provide activities, care for, or work with children and vulnerable adults.

**Section 3 – Checklist**

The following documentation may be required to be provided along with your completed application form:

|  |
| --- |
| Governance document |
| Most recent Annual accounts |
| Most recent bank statement |
| Quotes or estimates |
| Protection of Vulnerable Groups policies and procedures |

**Section 4 – Declaration**

I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct.  I understand that you may ask for more information at any stage of the application process. I have read and understood the Privacy Notice concerning the handling of personal information.

Authorised signatory:

PRINT NAME SIGNATURE

POSITION DATE

All completed application forms and enclosures should be submitted as follows:

Post to:

<**INSERT COMMUNITY COUNCIL NAME**>

<**INSERT COMMUNITY COUNCIL ADDRESS**>

Email to:

<**INSERT EMAIL ADDRESS**>

If you have any queries on this application form please contact:

<**INSERT CLERK’S CONTACT NAME & TELEPHONE NUMBER**>

<**INSERT COMMUNITY WORKER NAME & TELEPHONE NUMBER**>

**Privacy Statement**

The information provided by you is processed by the Community Council in accordance with the Data Protection Act 2018 to allow us to effectively administer grant aid schemes. The Data Protection Act 2018 gives you the right to know how we will use your data.

**Who we are**

Shetland Community Councils are statutory bodies created under the Local Government etc. (Scotland) Act 1973. Our contact details can be found here [Shetland Islands Council Committee Information - Community Councils](https://coins.shetland.gov.uk/allCommunityCouncils.asp)

**Why do we need your personal information and what do we do with it?**

You are giving us your personal information to allow us to determine whether your organisation is eligible to receive grant funding from the Community Council, and to administer that funding to your organisation. We also use your information to verify your identity where required, contact you by post, email or telephone and to maintain our records.

**Legal basis for using your information:**

Processing your personal information is necessary for: the performance of a task carried out in the public interest [use of public funds] by the community council; the performance of a contract [the grant] with you (or to take steps to enter into a contract with you); and on the basis of your consent on submission of your application. If you do not provide us with the information we have asked for then we will not be able to process your grant application.

**Who do we share your information with?**

We are legally obliged to safeguard public funds so we may be required to verify and check your details with other public or statutory bodies such as the Shetland Islands Council or HMRC.

**How long do we keep your information for?**

We only keep your personal information for the minimum period amount of time necessary. Community Councils maintain a records retention and disposal schedule which sets out how long we hold different types of information for.

**Your rights under data protection law:**

Access to your information – you have the right to request a copy of the personal information that we hold about you. You also have the following rights: Correcting your information; Deletion of your information; Objecting to how we may use your information; or Restricting how we may use your information. Please contact us if you wish to exercise any of these rights.

**Complaints**

If you have a complaint about how we have handled your personal information, please contact us. However, you also have the right to lodge a complaint about data protection matters with the Information Commissioner's Office, who can be contacted by post at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. By phone on 0303 123 1113 (local rate) or 01625 545 745. Visit their website for more information at- <https://ico.org.uk/concerns>

**Section 5 – Contact details**

Name of organisation

Name of main contact Position in organisation

Contact address Post code

Telephone number Email address

Charity number (if applicable) VAT number (if applicable)

**Section 6 – Bank details**

Please provide the name of the bank account this grant would be paid into if successful. This bank account must be in the same name as the organisation applying for funding.

|  |  |
| --- | --- |
| Account name |  |
| Bank or building society name |  |
| Bank or building society address |  |
| Bank sort code |  |
| Bank account number (8 digits) |  |
| Roll number (building society accounts only) |  |

How many people have to sign each cheque or withdrawal from this bank account?