**Support to Community Facilities – Sports Facilities Application Form Details/Questions**

**(THIS IS NOT AN APPLICATION FORM)**

**Information**

Please use the form to tell us about your organisation and the facility you would like us to fund.

All applications for Support to Community Facilities grant funding must be received by the Grants Unit WITHIN 6 MONTHS of your organisation's new financial year commencing.

* For example, if your group's financial year runs from 1 April to 31 March, we need to receive your application by no later than 30 September.

In order to reduce the demand on the Shetland Islands Council's resources your organisation should apply to all alternative grant sources, where appropriate, prior to using this grant aid scheme.

Before you fill in the form please make sure you have thoroughly read the scheme guidelines. This will help you when filling in the application form.

You may also wish contact the Grants Unit to discuss your application prior to completing the form, to make sure your expenditure is eligible for grant aid.

Please refer to Section 11 of the guidelines with regard to our use of the information you provide.

**Applicant’s Details**

* Applicant organisation name
* Contact Name
	+ Title
	+ First Name
	+ Surname
	+ Position
* Address
* Top of Form
	+ Postcode (Please ensure there is no space at the beginning and the end of the valid UK postcode)
	+ Select Address
	+ If your address is not on the list above, please select ‘Other’ from the list and enter your address into the text box.
* Bottom of Form
* Contact Phone number
	+ Home
	+ Work
	+ Mobile
* Email address
* What are the main activities of your organisation?
* Please give a brief description of the facilities that your organisation currently maintains
	+ Include the location of these facilities, eg Lerwick, Brae, etc
* What age groups does your organisation mainly work with?
	+ 0-17
	+ 18-65
	+ 66+
	+ All
* Does your organisation own, lease, hire or have some other form of agreement to manage and maintain the above facilities?
	+ Owned
	+ Leased
	+ Hired
	+ Access Agreement
* Does your organisation insure its facilities?
	+ Yes / No
* Please use the space provided on the form to specify:
	+ The type of insurance you have in place
	+ The value of cover provided
	+ The period that the policy is valid for
* Is your organisation a registered charity and/or is it registered for VAT?
	+ Yes / No
	+ If yes, please provide either:
		- Charity Number
		- VAT Number
* How does your organisation’s activities meet one or more of the Support to Community Facilities Scheme’s aims?

**Protection of Vulnerable Groups Details**

* From 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.
* 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.
* For more information on Protection of Vulnerable Groups requirements please refer to grant scheme guidelines.

* You may also wish to contact us for advice or refer to the Shetland inter-agency Child and Adult Protection Procedures that are available through a link from the Safer Shetland website: [www.safershetland.com](http://www.safershetland.com/)
* Does your group have individuals involved in `Regulated Work' with children and young people under the age of 18?
	+ Yes / No
		- If yes:
		- 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 / Not Applicable
		- 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
		- How does your organisation access PVG checks for its volunteers?
			* Voluntary Action Shetland
			* National Governing Body
			* Not applicable
			* Other
* Does your group have individuals involved in `Regulated Work' with protected adults (from the age of 16)?
	+ Yes / No
* Does your organisation have an approved Adult and Child Protection Policy?
	+ Yes / No
* Does your organisation have an approved Adult and Child Protection Procedure?
	+ Yes / No
* Does your organisation have an approved Equal Opportunities Policy?
	+ Yes / No
* For organisations working with children and young people, do you have an approved Code of Conduct for staff and volunteers?
	+ Yes / No
* Are you satisfied that your organisation complies with the requirements of the Protecting Vulnerable Groups Act 2007?
	+ Yes / No
* Any additional information?

**Project Details**

* How will the grant be used?
	+ Please briefly provide details of how you would spend the grant, specifying dates, venues, and number of participants where appropriate.
* Why do you think your group's activities are needed?
* What do you hope to achieve this year? Please detail any aims / targets you may have?
* How will you know your project aims / targets have been achieved?
* Which of the Support to Community Facilities Grant Scheme aims will your project will meet?
	+ Encourage participation in community life, in particular those focusing on children, young people, older people and those most disadvantaged
	+ Assist in the process of sustaining and regenerating fragile rural areas
	+ Ensure organisations are open to those who want to take part and that they actively encourage more people into their organisation
	+ Promote individual and community achievement
* Please briefly describe how your project will meet the aim(s) selected above

**Financial Details**

* Actual income and expenditure for last financial year
	+ Please tell us about your group’s actual income and expenditure for the previous year.
	+ Use your annual accounts to complete this section.
* Please confirm the financial period
	+ Eg 1 April 2021 – 31 March 2022
* All income for last financial year: (If any are zero, enter 0)
	+ Grants
		- This should include last year’s Support to Community Facilities grant and any other grant funding.
		- If this is zero, enter 0
	+ Sponsorship
	+ Memberships, fees and hires
	+ Fundraising and other income
	+ Total income
* Grant expenditure for last financial year
	+ Building insurance
	+ Rent / rates
	+ Heating / lighting
	+ Building repairs
	+ Telephone line rental
	+ Cleaning / caretaker (wages & materials)
	+ Activity insurance & affiliations
	+ Licences
	+ Administration costs & audit fees
	+ Local transport
	+ Venue hire
	+ Expendable equipment
	+ Wages / honorarium
	+ Total
* Estimated income and expenditure for current financial year
	+ Please use this section to tell us about your organisation’s estimated income and expenditure for the current financial year.
* Please confirm the financial period
	+ Eg 1 April 2021 – 31 March 2022
* All estimated income (If any are zero, enter 0)
	+ Grants
		- This should include last year’s Support to Community Facilities grant and any other grant funding.
	+ Sponsorship
	+ Memberships, fees and hires
	+ Fundraising and other income
	+ Total income
* Estimated expenditure for current financial year
	+ Building insurance
	+ Rent / rates
	+ Heating / lighting
	+ Building repairs
	+ Telephone line rental
	+ Cleaning / caretaker (wages & materials)
	+ Activity insurance & affiliations
	+ Licences
	+ Administration costs & audit fees
	+ Local transport
	+ Venue hire
	+ Expendable equipment
	+ Wages / honorarium
	+ Total
* Grant requested from Shetland Islands Council
* Please supply the following from your most recent Annual Accounts
	+ Account for financial year ending
	+ Total Gross Income
	+ Minus Total Expenditure
	+ The form will automatically calculate Profit or Loss for Year
	+ Savings, reserves, cash or investments
* Does your group have savings, reserves, cash or investments greater that £10,000?
	+ Yes / No
	+ If yes, please specify the purpose for which these funds will be used.
	+ Please note that groups with significant funds that are not specified as restricted or designated funds may not be considered for grant assistance.

**Bank Details**

* Account Name
* Bank or Building Society name
* Postcode (Please ensure there is no space at the beginning and the end of the valid UK postcode)
* Address
* Account sort code
* Account number
* Roll number
* How many people have to sign each cheque or withdrawal from this account?
* Does your group have savings, reserves, cash or investments greater that £10,000?
	+ Yes / No

**Committee details**

* Chairperson
	+ Title
	+ First Name
	+ Surname
	+ Postcode
	+ Contact telephone number
	+ Email
* Treasurer
	+ Title
	+ First Name
	+ Surname
	+ Postcode
	+ Contact telephone number
	+ Email
* Secretary
	+ Title
	+ First Name
	+ Surname
	+ Postcode
	+ Contact telephone number
	+ Email

**Finishing Your Application**

* We can only process your application if:
	+ You complete all the questions on this form
	+ You complete this checklist
	+ You send us all the necessary
* You must tick all the boxes below to confirm that:
	+ You have answered all the relevant questions on the form
	+ You (the main contact named in question 1 of this application form) are authorised to apply for a grant from us (Shetland Islands Council) on behalf of your organisation
	+ You understand that if you make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or knowingly withhold any information, this could make your application invalid and you could be liable to repay any funding to us
	+ Your organisation meets our eligibility requirements as set out in our guidelines
	+ You understand and accept our obligations under the Data Protection and Freedom of Information Acts as set out in our guidelines
* Other important checks:
	+ We will ensure that this form is received by the Grants Unit within six months of our organisations new financial year commencing.
	+ We have made a copy of this application to keep for our reference.
	+ We understand that if we are asked to provide any additional information, we must do so within 2 months of the date of receipt of this application, otherwise it will be withdrawn.

**Document Submissions**

* The form allows you to submit all necessary documents online
* These can be submitted as scanned documents from your computer, or as pictures from your mobile device using the field below.
	+ The maximum document size for upload is 2MB
* Alternatively:
	+ You may email the appropriate documentation to **grants.unit@shetland.gov.uk**
	+ Or post it to the Grants Unit, Community Planning & Development, Solarhus, 3 North Ness Business Park, Lerwick, Shetland, ZE1 0LZ.
* Documents:
	+ A copy of our most recent annual accounts,
		- Dated
		- Checked
		- Signed by an individual independent of the organisation.
	+ A bank or building society statement
		- Dated within the last 3 months
	+ Completed Evaluation form for last year’s grant
* You only need to enclose the following documents if this is your organisation’s first application or if these have recently been amended.
	+ A copy of our Constitution or set of rules
		- ONLY ENCLOSE if your constitution has recently been amended or if this is your organisation’s first application
	+ A copy of our Adult and Child Protection Policies & Procedures
		- ONLY ENCLOSE if these have recently been amended or if this is your organisation’s first application