

When did your group or organisation start?

Date:

Organisation type:

Organisation Type	Please indicate (X)
SCIO	
Company Limited by Guarantee with Charitable Status	
Community Interest Company	
Charity	
Constituted Community Group	

Is your Organisation VAT Register	ed?	Yes	No 🗌
If so, what is the VAT Registration	n Number?		
Scottish Charity Number:			
Company Registration Number:			
Tell us about your organisation (1 This should be an overview of your curre and notable achievements; NOT what your curre and notable achievements)	ent work, a des	scription of your aims & o	objectives

How is your organisation managed

Provide the names and roles of **FOUR** of your committee members along with their skills (e.g. Project management, Budget management, Grant management, professional skills or any other skills relevant to the delivery of the project)

Name	Role (Chairperson, etc)		Skills and Experience
How many staff member		s your	Staff:
organisation currently l	nave:		
			Volunteers:
PROJECT DETAILS:			
Name of the Project or	Service you are seeking	LCF Gran	it for?
Where is the project go	ing to be delivered?		
(The Project MUST be delivered	ed within the 9CCG geographic	al eligibility a	area)
Address:			
Post Code:			
Expected Project Start		ke into accou	ınt the time it will take for
the application to be processe	od		
Expected Project Start	Date:		
Expected Project End D	Date:		

Include who you will help and what activities will be provided **Does the Project require Planning Permission?** Yes No \square Yes No \square Does the Project require a Building Warrant?

Describe the project you would like us to fund (500 words Max)

ell us how do you know it is needed; what will it ach xample - Can you reference your Community Local Action Pla	
ow many people will benefit from this project?	
, people benem p. 0,0001	
ow many jobs will be created from this project, if ar	ıy?

PROJECT COSTS AND FUNDING:

How many years funding are you requesting?		ng?	Please indicate (X)				
1 Year		2 Years			3 Years		

Item(s)	Year 1 Costs	Year 2 Costs	Year 3 Costs	Total Costs	Quote Received Y/N
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
TOT	AL £	£	£	£	

How much LCF Funding do you require? List ALL Match Funding Sources and INCLUDING how much LCF Funding you require.					
List of Funders	Year 1 Costs	Year 2 Costs	Year 3 Costs	Total Costs	Match Funding Confirmed Y/N
9CCG Local Community Fund	£	£	£	£	
List Other Match Funders Below					
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
	£	£	£	£	
TOTAL (LCF + Match Funding)	£	£	£	£	

BANK ACCOUNT DETAILS:

Bank Details We pay successful applicants using an electronic tracorganisations bank account. Please remember that y statement.	nsfer, which means the money goes straight into your you must send the original of your most recent bank
Name of Account	
Name of Account	
Sort Code	
Account Number	
7.000diit (Tailino)	
Bank name, address and postcode	
Dank name, address and postcode	
Signatories - How many people must sig	n each cheque
To be eligible for a grant your account must require at least two au	uthorised signatures for the release of funds. Please list everyone
who is authorised to sign cheques drawn from this account Name	Position in Organisation
Name	Position in Organisation

APPLICATION AUTHORISATION:

AUTHORISATION and CONTACT DETAILS

I hereby declare that:

- I have read and agree to abide by the standard terms & conditions in the enclosed Grant Fund Eligibility Criteria Notes governing the award of the 9CC Group's LCF Grant Award
- I understand that any award made must be spent as itemised within this application. Any changes must first be approved by the 9CC Group's local administrator
- I understand that my organisation must supply any monitoring information required by the 9CC Group
- I understand that any underspend of a LCF Grant Award by my organisation must be identified and returned to the 9CC Group
- All information provided in this application form is accurate to the best of my knowledge and belief
- I understand the terms of the 9CC Group Anti-Fraud and Corruption Policy. (See www.9ccg.co.uk)

Return your completed form to: Stephen.mccarron@live.co.uk

Stephen McCarron Chief Operating Officer C/O The Boswell Centre 18 Well Road Auchinleck KA18 2LA

KA18 2LA TEL: 07427654230

REMEMBER TO INCLUDE:

- 1. A signed copy of your organisation's constitution.
- 2. Most recent accounts (income and expenditure statement for organisations less than a year old).
- 3. Latest copy of your bank statement or internet printout (within the last three months).
- 4. Copies of any required Planning / Building Consents
- 5. 2 Quotes for all items over £1,000