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| **North Berwick Trust**  **Application for Grant** |  |

North Berwick Trust is registered as a charity in Scotland with the number SC000135. It was established for the benefit of the people of North Berwick and their dependents. It looks to spend its income on good and worthy causes within North Berwick. In addition to land in North Berwick, the Trust has investments. The Trust invites Applications for Grants from charities/Trusts local groups and individuals within the North Berwick community.

**NOTES FOR GUIDANCE**

Applications for Grants will be considered twice each year. **All applications for this round of funding must be submitted by 30th September 2016.**

The Trustees are currently seeking applications for one-off grants.

In assessing applications for grant, the Trustees will take the following factors into account:

1. the value and extent of the service provided to the community of North Berwick arising from the project;
2. evidence that the project has the support of the local community and the members of any organisation involved in it;
3. the number or residents (or their dependents) who are likely to benefit;
4. the duration of any benefit;
5. the steps taken to ensure that value for money is obtained from expenditure on the project (e.g. production of competitive estimates, specification of quality of goods and services);
6. the extent to which funding is available for the project from other sources; and

If a grant is made, the applicant is required to provide the Trustees with a report within 6-9 months of the funds being received confirming how they were utilised and how the project has benefitted the residents of North Berwick and their dependents.

If you are an organisation please attach a copy of your constitution/governing document and your most recent accounts or balance sheet and income and expenditure statement with this application.

If you have any questions relating to grants from the North Berwick Trust or any queries about completing your application, please contact the Trust's secretary by writing to Lyle Crawford & Co CA Glen Orchy, 15 Glenorchy Road, North Berwick EH39 4PE, emailing [info@lylecrawford.co.uk](mailto:info@lylecrawford.co.uk) or calling 01629 892090.

**North Berwick Trust**

**Application for Grant**

*Applicants should complete either of Part A (for individual applicants) or Part B (for organisation applicants)*

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| **PART A: INFORMATION ABOUT YOU** *(After completing this section please go to Part C)* | | | | | | | | | | |
| Your Name |  | | | | | | | | | |
| Date of Birth |  | | | | | | | | | |
| Your Address |  | | | | | | | | | |
| Contact Number (Home) |  | | | | Contact Number (Mobile) | | | |  | |
| Email |  | | | | | | | | | |
| Please tell us a bit about yourself: | | | | | | | | | | |
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| **PART B: INFORMATION ABOUT YOUR ORGANISATION** *(After completing this section please go to part C)* | | | | | | | | | | |
| Name of Organisation/Project | | |  | | | | | | | |
| Year established | | |  | | | | | | | |
| Name of Applicant |  | | | | | Position |  | | | |
| Address for Correspondence |  | | | | | | | | | |
| Contact Number (Daytime) |  | | | | | Contact Number (Evening) | | | |  |
| Email |  | | | | | | | | | |
| Briefly describe the aims and activities of your organisation indicating whether any services provided are for the general public or restricted (e.g. to members) and including the geographic area covered: | | | | | | | | | | |
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| What kind of organisation are you (more than one may apply): | | | | | | | | | | |
| Registered Charity? | |  | | If yes, please provide charity number: | | | |  | | |
| Local Branch of a National Charity? | |  | | If yes, please provide charity number: | | | |  | | |
| Voluntary Organisation? | |  | | | | | | | | |
| Not for Profit Club? | |  | | | | | | | | |
| Other? (Please describe) | |  | | | | | | | | |
| Are you a membership organisation? | |  | | | | | | | | |
| If yes, please provide a breakdown of the current total number of adult, senior and junior members. | |  | | | | | | | | |
| To qualify for a grant your organisation should normally have at least one of the following, please confirm: | | | | | | | | | | |
| Do you have: | | | | **YES** | | | | | | **NO** |
| A governing or management committee? | | | |  | | | | | |  |
| A bank or building society account? | | | |  | | | | | |  |
| A constitution/governing document? | | | |  | | | | | |  |
| Annual accounts? | | | |  | | | | | |  |

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| **PART C: INFORMATION ABOUT THE PROJECT OR WORK FOR WHICH A GRANT IS REQUESTED** *(Please use separate paper if required)* | | | | | |
| 1. Please describe in full the specific purposes for which the grant is sought: | | | | | |
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| 1. Please describe the benefits that you anticipate the project will bring to the community and residents of North Berwick: | | | | | |
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| 1. Why do you consider there is a need for your project, etc in North Berwick? | | | | | |
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| 1. Who do you think will be your main beneficiaries? (e.g. the elderly, young people, etc) | | | | | |
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| 1. The Trustees will require a report to be submitted within 6-9 months of the grant being confirmed to report on the success of your project, how do you propose to measure this? (e.g. satisfaction survey, etc) | | | | | |
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| 1. Please explain, in any other way, how this proposal will take account of the factors in the associated notes for guidance: | | | | | |
|  | | | | | |
| Please provide an estimated start date for your project: | | | | Please provide an estimated completion date for your project: | |
|  | | | |  | |
| **C. FUNDING INFORMATION** | | | | | |
| What is the total estimated cost of this project/work? |  | | | | |
| How much of your funding has been applied for from the following (please mark A where agreed, R if refused or U if not yet decided): | | | | | |
| Grants and Donations from Private Sources | |  | | | |
| Grants from other grant making Trusts or Charities | |  | | | |
| Government or Local Authority Grants | |  | | | |
| Fundraising | |  | | | |
| All other sources (please describe) | |  | | | |
| How much funding are you requesting in total from the North Berwick Trust? | |  | | | |
| Please give a breakdown of your project costs/expenditure in as much detail as possible: | | | | | |
|  | | | | | |
| Have you applied to the North Berwick Trust for a grant before? | | |  | | |
| If so, were you successful? | | |  | | |
| When was your grant awarded? | | |  | | |
| **D. ANY OTHER INFORMATION** | | | | | |
| Please add here any other information that you would wish the Trustees to consider in support of your application | | | | | |
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| **E. DECLARATION AND SIGNATURE** *(Please sign where applicable)* | | | | | |
| *For individual applicants*  I ………………………………………………………………………… confirm that, to the best of my knowledge, all the information provided on this application form is correct. If this application is successful I agree to provide a report on completion (and, if earlier, an interim report in 12 months time) on the project work undertaken, the benefits realised and how such a grant has helped me achieve that which is set out in this application. | | | | | |
| Signature | | | | | Date: |
| *For organisation applicants*  I ………………………………………………………………………… am the authorised representative of ………………………………………………………………………….. (Name of Organisation) confirm that, to the best of my knowledge, all the information provided on this application form is correct. If this application is successful I agree to provide a report on completion (and, if earlier an interim report in 12 months’ time) on the project work undertaken, the benefits realised and how such a grant has helped us achieve that which is set out in this application. | | | | | |
| Signature | | | | | Date: |

**Please submit completed applications with relevant enclosures to:**

**North Berwick Trust Secretary**

**Lyle Crawford & Co CA**

**Glen Orchy, 15 Glen Orchy Road**

**North Berwick**

**EH39 4PE**