Please ensure that you have read the accompanying Grant Programme Guidance before completing this form.

* Complete sections A,B,E and F of the application form if you applying for funding of up to £3,000 (Level 1).
* Complete all sections if you are applying for funding of between £3,000 to £30,000 (Level 2).

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A: BASIC INFORMATION – ALL APPLICANTS** | | | | | | | |
| 1. Registered Legal Name of charity: | |  | | | | | |
| 1. Working name (if different): | |  | | | | | |
| 1. Name of Project, or purpose of application: | |  | | | | | |
| 1. Please confirm that you have completed an Organisation Information Sheet and that you have either sent this to us in advance or submitted it and any additional information required with this application (check box to confirm). | | | |  | | | |
| 1. Please tell us what level of funding you are applying for (check box): | | | | | | | |
| Level 1  Maximum of £3,000 per project. | | | | Please insert amount:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Level 2  Up to £30,000 per project. | | | | Please insert amount:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. Under which funding theme are you applying for funding (check all that apply): | | | | | | | |
| To support and enhance recreational, cultural and sporting activities and facilities for our community  To support and enhance educational and lifelong learning opportunities for our community  To conserve and enhance the natural environment and public green space in North Berwick, and improve the sustainability of our community  To conserve and enhance the historic and built environment of North Berwick  To help those in need in our community  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 1. Main contact person for the project or application: | | | | | | | |
| Name: | | |  | | | | |
| Position held: | | |  | | | | |
| Telephone: | | |  | | | | |
| Mobile: | | |  | | | | |
| Email: | | |  | | | | |
| **SECTION B: TELL US ABOUT YOUR PROJECT OR ACTIVITIES – ALL APPLICANTS** | | | | | | | |
| 1. Please give us a summary of the project or activity for which you are seeking funding? *(Around 50 words).* | | | | | | | |
|  | | | | | | | |
| 1. What **key outcomes** will you achieve as a result of the project or activities that you are seeking funding for?   Under each outcome what key targets (activities or services) will you deliver in order to make these outcomes happen? *(Around 300 words).* | | | | | | | |
|  | | | | | | | |
| 1. Do you have **clear evidence of need** for your project or activities?   Please provide an outline of the research and intelligence that you used to develop your project or activities, citing sources of any official documentation or reports. *(Around 300 words).* | | | | | | | |
|  | | | | | | | |
| 1. Who are the main beneficiaries of your project or activities? | | | | | | | |
|  | | | | | | | |
| 1. How many people will benefit from your project or activities? | | | | | | | |
|  | | | | | | | |
| 1. Where will your project or activities take place? | | | | | | | |
|  | | | | | | | |
| 1. What is the start date for your project? | | | |  | | | |
| 1. What is the finish date for your project? | | | |  | | | |
| **SECTION C: ADDITIONAL INFORMATION – LEVEL 2 APPLICANTS ONLY** | | | | | | | |
| 1. Are you able to specify the demographic breakdown of beneficiaries? | | | | YES:  NO: | | | |
| If YES, please provide details here: ESTIMATES ONLY | | | | | | | |
| **Age Groups** | **Male** | | | **Female** | | **Total** | |
| Under 18 |  | | |  | |  | |
| 18 – 30 years |  | | |  | |  | |
| 30 – 65 years |  | | |  | |  | |
| 65 & Over |  | | |  | |  | |
| Total |  | | |  | |  | |
| 1. Will the project or activities help create any new jobs? | | | | YES:  NO: | | | |
| If YES, how many? | | | |  | | | |
|  | | | | Full-Time:  Part time: | | | |
|  | | | | Full-Time:  Part time: | | | |
| 1. How will the project or activities be managed, and by whom? *(Maximum 300 words).* | | | | | | | |
|  | | | | | | | |
| **SECTION D: BUDGET – LEVEL 2 APPLICANTS ONLY**  **Your application must come with a detailed budget and cashflow statement. We need full details of your income and expenditure relating to the project or activities we are being asked to support.** | | | | | | | |
| 1. What is the total budget for your project or activities? | | | |  | | | |
|  | | | | | | | |
| **Description of Activity** | | **Total Net Cost** | | **NBTL Grant Requested** | **Net cost remaining** | | **Other Funding Source** |
|  | |  | |  |  | |  |
| **Totals** | |  | |  |  | |  |

|  |  |  |
| --- | --- | --- |
| 1. % of project cost requested from NBTL? | |  |
| 1. Have you tried other sources of funding prior to approaching North Berwick Trust Limited? | | YES:  NO: |
| If YES, which ones, and what was the outcome/advice: | | |
|  | | |
| If NO, why not? | | |
|  | | |
| 1. What would happen to your project, activities and/or charity if your application to NBTL was unsuccessful? | | |
|  | | |
| **SECTION E: MONITORING AND EVALUATION – ALL APPLICANTS** | | |
| 1. **It is a condition of all funding from North Berwick Trust Limited that recipients establish a robust and reliable monitoring and evaluation plan for projects or.  Please give details of how you will monitor and evaluate your work, both throughout the project and at its conclusion, and how you will report on progress and final outcomes/impacts to North Berwick Trust Limited.** *(Up to 300 words).* | | |
|  | | |
| **SECTION F: ACCEPTANCE AND DECLARATION – ALL APPLICANTS** | | |
| 1. I agree that North Berwick Trust Limited can create and maintain computer and paper records of data contained in this and any other official documentation and that this will be processed and stored in accordance with the General Data Protection Regulations (GDPR).  I confirm that all the information given by me on this form is correct and accurate, and I understand that if any of the information I have provided is later found to be false or misleading, any subsequent offer(s) of funding, or agreed staged payments, will be suspended or withdrawn.   I confirm that I am a legally appointed member of the organisation stated at 1 (above) and that this organisation is either a charity registered with the Office of the Scottish Charity Regulator (OSCR) OR has written confirmation of eligibility to apply for funding from NBTL.  Please check this box to confirm your acceptance of this declaration. | | |
| Name: |  | |
| Position held: |  | |
| Signature: |  | |
| Date: |  | |

Office use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Reference Number: | Grant Requested: | Grant Awarded: | Eligibility Checked: |
|  |  |  |  |
| Name: |  | | |
| Date: |  | | |
|  |  | | |