**ORGANISATION INFORMATION SHEET.**

This form is an important part of our records management process and must be completed by all applicants for funding. You will normally only need to complete this form once, unless there are subsequent material changes in your organisation we need to know about – for example, a significant increase or decrease in your other income, major staff changes, or changes to the issues you address.

We fund not for profit organisations and individuals. If you are not a registered charity, we may still be able to help you but you must supply us with all requested information.

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| **SECTION A: ABOUT YOUR ORGANISATION** | | | |
| 1. Name of charity / organisation / individual: |  | | |
| 1. Working name (if different): |  | | |
| 1. What is the main purpose of your charity or organisation (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. Use the space below to tell us, in your own words, the main purpose and activities of your charity or organisation and the difference it makes. (max of 200 words) | | | |
|  | | | |
| 1. Charity number (if applicable): |  | | |
| 1. When was the charity first registered (if applicable)? |  | | |
| 1. If your charity is less than one year old, please confirm you have supplied us with a copy of your Charity Recognition Letter (check box) with this completed form. | | |  |
| 1. How many paid staff does the charity employ? | | | |
| Full Time |  | Part Time |  |
| 1. How many volunteers work with the organisation? |  | | |
| 1. Do you have a volunteering policy (check box)? | YES:  NO: | | |
|  | | | |
| **SECTION B: CONTACT DETAILS** | | | |
| 1. Registered Address: |  | | |
|  | | |
|  | | |
| Postcode: |  | | |
| 1. Website: |  | | |
| 1. Telephone: |  | | |
| 1. E-mail: |  | | |
| 1. Correspondence Address (if different): |  | | |
|  | | |
|  | | |
| Postcode: |  | | |
| 1. Main Contact: |  | | |
| 1. Position held: |  | | |
| 1. Contact E-mail: |  | | |
| 1. Direct telephone: |  | | |
| 1. Mobile: |  | | |
|  | | | |
| **SECTION C: ENCLOSURES REQUIRED WITH THIS FORM** | | | |
| 1. Please confirm you have provided your most recent annual audited accounts with this form, if available (check box to confirm). | | |  |
| 1. For new charities, please confirm you have provided a copy of your last three bank statements **and** your projected cashflow statement for the year covering your funding request. | | |  |
| 1. Please confirm you have provided the names of your legally registered Trustees/Board Members, and given brief details (e.g. local resident, service user, local authority representative, expert advisor). | | |  |
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| **SECTION D: ACCEPTANCE AND DECLARATION** | | | |
| 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, may 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 NBT Ltd.  Please check this box to confirm your acceptance of this declaration. | | | |
| Name: |  | | |
| Position held: |  | | |
| Signature: |  | | |
| Date: |  | | |

Office use only:

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| Reference Number: | Eligibility Checked: |
|  |  |
| Name: |  |
| Date: |  |
|  |  |