 **St John’s Hill**

**Wind Farm**

**Community Fund**

**APPLICATION FORM**

Please refer to the Information and Guidance Sheet

when completing this form.

### Q1. Contact Details

|  |  |
| --- | --- |
| Name of group or organisation:  |  |
| Main contact:  |  |
| Position held: |  |
| Contact Address: |  |
| Telephone Number  | Day: |  | Evening: |  |
|  | Mobile: |  | E- Mail: |  |

### Q2. Please tell us about your group/organisation

|  |  |
| --- | --- |
| Type of organisation:*Please attach a copy of your set of rules or constitution.* |  |
| Affiliations to other bodies: |  |
| Registration Number:*Charity Number, VAT Number (where applicable****)*** |  |
| Date formed: |  | How many Members do you have? |  |

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Q3. What does your organisation do?

 *Guidance Note: Use this space to tell the fund panel about your groups/organisation’s regular activities and work. Your answer should reflect what the rules or constitution say you do.*

### Q4. Project Information

 *Guidance Note: Tell the fund panel about the project you are planning, how you will go about it and what you want the money for.*

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| Title:  |
| Describe the project:  |
| Is this a new project? |  |
| Project Start Date:  |  | Project Completion Date: |  |
| *Guidance Note: The start date must be after the fund panel decision and there must be a completion date. Please**do not write on going, instead think about when you anticipate having spent all the money you are applying for.* |
| How will the project continue beyond the grant? (If applicable)*Guidance Note: Please explain here how you will find the on-going running costs after the money has been spent.* |
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# Q5. PROJECT COSTS. How much do you need and what will you spend it on?

*Guidance Note: List all costs including items that will be purchased from your own funds, donations and volunteer time. Add extra lines or attach a separate sheet detailing cost.*

|  |  |
| --- | --- |
| **Item** | **Amount** |
|  |  |
|  |  |
|   |  |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**Q6. PROJECT INCOME Please tell us about any money you have raised so far and about any other grants that you may have applied for.**

*Guidance Note: This maybe your own funds, other grants, donations, volunteer time, estimated value of equipment loan, free use of land or buildings. Please provide supporting evidence such as a letter pledging support.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding provider** | **Item** | **Amount** | **Date applied/approved** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total:** |  |  |

|  |
| --- |
| **Total Amount** |
|  |

**Q7. How much money are you requesting from the**

 **St Johns Hill Wind Farm Community Fund?**

*Guidance Note: The figure should be the Total from Q5 Less the Total from Q6.*

**Q8. How will the project benefit the community?**

*Guidance Note: Please explain here how the project meets one or more of the fund objectives – charitable, educational, community, energy efficiency, environmental and general community amenities.*

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### Q9. Who will benefit from the project?

*Guidance Note: Please explain here who will benefit from the project – age ranges, anticipated numbers, how often they will attend/take part.*

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### Q10. How do you know people require the project?

*Guidance Note: Please explain how the idea for the project came about and whether you have carried out any surveys or community engagement.*

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Q11. Where will the project take place?

*Guidance Note: Please list all the venues that will be used*

Q12. Policies, Licences and Permissions, pleaseconfirm if your organisation complies with the following:

*Guidance Note: Only some of the items listed may be relevant to your project.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | COMMENT |
| Equal Opportunities  |  |  |  |
| Data Protection |  |  |  |
| Child Protection |  |  |  |
| Vulnerable Person Protection |  |  |  |
| Public Liability Insurance |  |  |  |
| Planning Permission |  |  |  |
| Public Entertainment Licence |  |  |  |
| Other Policies, Licences and Permissions: *(Please list any relevant to the project)* |  |  |  |
|  |  |  |  |

Q13. Your Finances

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|  Have you applied to the St John’s Hill Community Fund before? |
| Yes |  | No |  |
|  If yes, when did you receive funds and how much did you receive?  |
| Date |  | Amount |  |

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| --- |
| Please provide us with details of your bank or building society account: |
| Name on account |  |
| Account number |  |
| Sort Code |  |
| Bank/Building Society  |  |
| Address |  |
| How many signatures are required on cheques? |  |
| Date of your end of financial year |  |

Q14. Signature and Declaration of main contact:

*I confirm that to the best of my knowledge and belief, all the information is true and correct. I understand that you may ask for additional information at any stage of the application process and that all necessary permission for the project has been obtained. I undertake to ensure that any grant awarded will be used for the sole purpose of the project stated and that if the project does not proceed as specified, all monies received from this fund will be repaid in full.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name(Block Capitals) |  | Position in organisation |  |
| Signed |  | Date |  |

Q15. Signature and Declaration of Referee:

*Guidance Note: The referee should be someone who knows about your work. They should not be a Trustee or Committee Member of the group BUT can be someone who takes part in events/activities.*

*I confirm that I know this group and its work. I have read this application and support this request for funding and I am suitably qualified to act as a referee for this project. I am willing to be contacted to discuss this application further.*

Name of Referee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name(Block Capitals) |  | Connection to the organisation |  |
| Signed |  | Date |  |

**Q16. Checklist**

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| Please make sure you have included the following with your application. Failure to include the relevant information may delay your application.  |
|  | The completed application form signed by two people. Electronic signatures will be accepted. |
|  | A signed copy of your constitution or set of rules for your organisation. |
|  | The most recent set of accounts for your organisation signed by your treasurer. A detailed Income & Expenditure sheet and a Balance sheet - please note that OSCR returns will not be accepted. If your accounts are more than 3 months old, please include a recent bank statement. Please give details any monies ring-fenced for a special purpose or project and any reason you may be holding large amounts of funds. |
|  | Quotations for goods or services to be purchased. If any item is over £5000, more than one quote for that item is required. If this is not possible, please indicate why. |
|  | Confirmation of any statutory permissions required (e.g. planning permission) if applicable. |
|  | If your application relates to building work you need to also submit a location plan, photographs, and detailed plans of the work you are proposing. |
|  | Copies of your Child Protection Policy and Vulnerable Persons Policy if applicable |

Q17. Finally, if there is anything else you would like to tell us about your application, please use the box below and/or add additional pages.

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Please email the completed application form along with any supporting material by 31 March 2024 to margo@kdp.scot

For more information, please contact:

margo@kdp.scot

Telephone: 07903 156864

www.kdp.scot