AREA CAPITAL RECEIPT FUND

- ONE OFF ASSISTANCE FOR STRATEGIC EVENTS
- ONE OFF ASSISTANCE FOR STRATEGIC COMMUNITY ASSETS



Argyll and Bute Council

Welcome to the Argyll and Bute Council Grant Application Pack for the Area Capital Receipt Fund. This application is available from Area Corporate Service Managers (See page 2 for contact details). This pack covers grants from the Area Capital Receipt Funds which can be made on a one off basis to strategic events and community assets which contribute to the Council's Corporate Plan, Statement of Intent or Area Strategies.

Introduction

This pack has been designed to make it as simple as possible for you to apply for a grant from Argyll and Bute Council. It will ascertain whether your organisation passes the grant criteria in order to submit an application.

It should be noted that this Fund is used primarily as a source of funding for capital spend on Council assets and as such it is likely that Council assets will take priority. The amount available through Area Capital Receipt Funds changes from year to year and there is no prescribed timescales for awards to be made. Individual Area Committees may decide to take applications at any time. Prospective applicants are asked to make contact with the Area Corporate Services Manager, **before completing this form**, to find out whether funds are still available within the annual fund and to discuss timescales and eligibility.

Criteria for grants

Please read the criteria carefully and, if appropriate, complete the form and submit it to the relevant Area Corporate Services Manager who will acknowledge its receipt and where possible give guidance on timescale for consideration. Once your completed application has been received it will be passed to the appropriate person for assessment.

Assessment of applications

All applications for financial assistance require to be assessed by the Council's officers to ensure that they meet the criteria for grant assistance. To help your application to be dealt with as quickly as possible please make sure you supply <u>all</u> information required (a checklist is provided for you on page 18).

Once the officer has assessed the application, which may involve contacting or visiting you for more details, they will either:-

- 1. Submit the application to the appropriate Council Committee for consideration.

 Please note that Council Officers do not make decisions on the granting of funds, or
- 2. Write to inform you that the application does not meet the criteria, and return all your material.

PLEASE NOTE THAT ONLY FULLY COMPLETED APPLICATION FORMS CAN BE PROCESSED.

Please make sure you complete the form in black ink.

The application and guidelines can be emailed to your organisation.

LIST OF CONTACTS

Area Corporate Services Managers

Bute and Cowal	Shirley MacLeod Shirley.macleod@argyll-bute.gov.uk 22 Hill Street Dunoon PA23 7AP	01369 704374
Oban, Lorn & the Isles	Ken MacDonald Kenneth.macdonald@argyll-bute.gov.uk Lorn House Albany Street Oban PA34 4AR	01631 567901
Helensburgh & Lomond	Lynn Smillie Lynn.smillie@argyll-bute.gov.uk Scotcourt House 45 West Princes Street Helensburgh G84 8PB	01436 658822
Mid Argyll, Kintyre & the Islands	Alison Younger Alison.younger@argyll-bute.gov.uk Dalriada House Lochnell Street Lochgilphead PA31 8ST	01546 604558

CRITERIA FOR GRANT APPLICATIONS

<u>General - The following criteria apply to all applications for financial assistance from the Council:</u>

- 1. Applications must clearly demonstrate the strategic link of the event / asset to the Corporate Plan, Statement of Intent, or Area Strategy (see Pages 5, 6).
- 2. Only applications submitted by properly constituted organisations operating on a non-profit making basis will be considered.
- 3. The Council will have to be satisfied that the organisation has the necessary expertise and resources to deliver the project / event.
- 4. Applications should demonstrate their fund-raising activity or evidence of contribution to the delivery of the project / event in kind or in cash.
- 5. Applicants will normally only receive up to 50% of their total funding costs for any activities.
- Applications will not be accepted in respect of proposals on which work has already started, or in aid of expenditure that applicants have already committed themselves to or paid, unless there are exceptional circumstances.
- 7. Applications will only be considered if they include a copy of an organisation's most recent audited or approved accounts, or financial projection in the case of a new organisation. Accounts can only be approved by someone independent of the organisation submitting the application. This person's name and address must be supplied.
- 8. Applications will only be considered if they include a statement showing how much the organisation has in <u>all</u> bank or other accounts. A Council officer will assess this statement. If an organisation has significant balances a full justification for their existence, and a statement detailing why they cannot be used for the purposes for which grant assistance is being sought, should be provided.
- 9. Applicants must be able to demonstrate that membership of their organisation is open to all members of the community and that it does not unfairly discriminate against anyone on the grounds of race, gender, creed, ethnic origin, sexual orientation, age or disability.
- 10. Grants will not be provided for any activity, which is designed to promote or oppose the view on any question of political activity, which is identifiable as the view of one political party and not of another.
- 11. Organisations are obliged to disclose details of any sponsorship agreements that they make.
- 12. Applications should demonstrate that services to be provided are consistent with, and will further, stated policies and priorities of the Council.
- 13. Where applicable in dealing with children under 18, vulnerable individuals or groups, organisations must be registered with CRBS and have all appropriate policies in place and meet all legal obligations.
- 14. All organisations receiving funding must credit Argyll and Bute Council by displaying the A&B logo on all publicity material (posters, leaflets, programmes, press releases, invitations) and produce details of what form this will take on application.
- 15. On completion of the project / event, a report and financial statement must be submitted. Those receiving grants will be required to keep full and complete records/receipts throughout the project. Organisations should give an honest appraisal of the successes, failures and uptake of the project / event.

<u>Community Asset - The following criteria apply to all applications for financial assistance for one off support towards a community asset:</u>

- 1. Premises, land or equipment in respect of which a grant is given should either be in the ownership of the applicant or secured by lease for a period of not less than 21 years.
- 2. A business case must be submitted which covers:
- Estimate of capital costs and explanation of how this has been calculated e.g. by an architect
- Sustainability of asset including any ongoing revenue / maintenance costs
- Statement of funding identifying that which is secured and being considered
- How the assets will be managed during construction and in the future
- 3. Payment will normally be made in phases as the project progresses and copies of any statutory permissions (e.g. Planning permission, Building Warrant) must be provided prior to any release of funds.

<u>Strategic Event - The following criteria apply to all applications for financial assistance for one off support towards a strategic event:</u>

- 1. Funding for strategic events is strictly of a one-off nature.
- 2. The total event cost must be no less than £12,000 of which the Council can contribute no more than 50%.
- 3. An income / expenditure projection is required to be submitted.

Pictorial reps	of Corporate	plan and	relevant	area	Strategy to	be inc	luded in	next 2
pages.								

Argyll and Bute Council Area Capital Receipt Fund



Ref

Application Form

Information Regarding your Organisation

Please make sure you refer to the guidance notes provided in the general and specific criteria of this pack while you complete this form. Please complete the form clearly in black ink or type.

Q1	Help us direct your application to the right person						
What Area Of Argyll And Bute Is Your Application For? (Please tick)				Bute and Cowal Helensburgh and Lomond Mid Argyll, Kintyre and the Islands Oban, Lorn and the Isles			
Whic	h Of The Council G	rant Schemes	s A	re You Applying ⁻	To? (Please	Tick)	
STR/ EVEI	ATEGIC NT	CON ASS		UNITY 「			
Q2	Tell us about you	r organisatio	n				
Nam	e of the organisatio	n					
differ	name on your consent to the name gives write it here.						
Nam	e of main contact	in the organi	sa	tion. <i>(To whom c</i>	correspond	lence will be sent)	
	Title	Fir	st	Name		Surname	
Posit	ion Within Organisa	ation					
Addr	ess For Correspond	dence					
Posta	al Town			Full Post Code			
Daytime Telephone:			Evening Telephone:				
E-Mail Address							
Spec	ial Requirements						
Text Phone			Sign Language		Other Language		
Any	Other Special Requ	irements					
	long has the organ						
established and providing a service:							

Q3	If you are a branch of a larger organisation or a member of an umbrella body, please tell us which one.						
Q4		oe of group are you are we req				registered	charity to apply for a
Not a	a recognise		uno you		Awaiting cha	aritable rec	ognition
Char	ity recogni	sed by OSCR ir	Scotlan	d	Charity Num	nber	
Char	ity recogni	sed in England	and Wale	es	Charity Num	nber	
years		ition works with re you registered		under 8	Yes	No	Don't Know
Q5	When w	as your organis	sation es	stablished	?		
Mont			Year			More t	han 5 years ago
Q6	What are	e the main activ	ities of	the organi	sation	•	
Q7	Q7 How many people overall with benefit from this grant and in what way?						
Q8	How ma	any people are	involved	d in runnin	a vour organ	nisation?	
Com	mittee	Pa	id Staff		Paid Staff		Volunteers
Mem	bers	Ful	I Time		Part Time		
Q9	How do	people join you	ır organ	isation?			
		,					
Q10	Q10 Does your organisation have any identified training needs?						

Q11	How would you describe the people your group works with?
Pleas	se tick the appropriate box to indicate the age of your beneficiaries 0 - 14 years 15 - 29 years
	30 - 44 years 45 - 59 years
	60 - 74 years 75 and over
Pleas	se tick the appropriate box to indicate the sex of your beneficiaries Male Both
Are a	ny of your beneficiaries disabled? Yes No
What	are your beneficiaries ethnic group(s)?
A W	/hite Scottish Other British Irish
	Any other White background please specify
ВМ	ixed Any Mixed background please specify
c [Eastern European
D A:	sian, Asian Scottish or Asian British Indian Pakistani
	Bangladeshi Chinese
	Any other Asian background please write in
E BI	ack, Black Scottish or Black British Caribbean African
	Any other Black background please write in
F O	ther Ethnic background Any other background please write in

Q 12	Please make a concise statement of why your grant is needed and the direct contribution it will make to the Council's Corporate Plan, Statement of Intent or Area Strategy.

POLICY AND PROTECTION SECTION

(This section should be completed by all organisations applying for a grant)

Q13	Do you work with children under 18 years of age or vulnerable adults							
	Yes No (If no go to Question 17)							
Q14	Are you registered with the Central Registration Bureau for Scotland (CRBS)							
	Yes No							
	Please supply the Registration No:							

	FINANCE SECTION							
Q15	Tell us how much money you need in order to fund the project you are applying for and give us a breakdown. Please provide evidence of the need for this service / project / activity. (Include staffing costs.)							
Item /	Activity					Amount		
	•							
Α	Total							
В	How much of th	nis total	are you funding fr	om your gr	oup			
	resources?				-			
С			om other agencies					
			IN THIS APPLICA	`	•			
and sh	ould be no more tha	at 50% of	the total (A) and no le	ess than £600	00)			
Q16	Tall us about or	ov othor	grant or current a	nnlications	vou bovo mo	do to Arayll and		
QIO	Bute Council w			pplications	you nave ma	ue to Argyli aliu		
Grant	Scheme							
			ption / Amount	Year	Successful Yes	No		
					Yes	No		
					Yes	No		
					Yes	No		
					Yes	No		
		•						
Q17	Are you applying	ng to an	v other funders for	what you l	nave describe	d in this		
٠	Q17 Are you applying to any other funders for what you have described in this application?							
Grant	Scheme		Description / Amo	unt	Successfu			
			,		Yes	No		
					Yes	No		
					Yes	No		
					Yes	No		

Q18	As this funding is of a one off nature, if this project is intended to extend beyond the grant period, how do you intend funding the project after this time?					
Q19	Tell us your bank details	s where payment v	vould be made to.			
Accou	nt name of group					
Bank /	Building Society name					
Bank /	Building Society address					
Sort co	ode 6 digits	Account Numb	Der 8 digits			
	ng Society roll number					
(if app	licable rom your group is authorise	d to sian cheaue	es?			
Name		<u>u to o.g</u> ooqu.	Position			
Name			Position			
Name			Position			
If your	If your Treasurer is not one of the authorised signatories, please give the Treasurers name					
Q20	Q20 Give information relating to your most recent annual accounts. Before completing this section make sure you have read and understood the Councils general criteria.					
Accou	Account year ending					
	and address of auditor					
	2.2.2.2.3.4.3.2.					
	gross) income					
Minus	total expenditure					

			T			
	surplus / deficit for the ye					
	(reserves, cash or inves					
Are you	r Savings / Reserves reta	ained for				
another	purpose (give details)					
	Your Signature. Must be		·			
I confirm th supporting	at to the best of my knowledge ar information may be requested at	nd belief, all replies give any stage of this applica	n on this application an attention.	e true and accurate. I understand that the		
Signatu	ıre		Date			
		<u>Decla</u>	<u>ration</u>			
	Additional Signatory (\) This must not be the main			Treasurer must sign below)		
	n that I am authorised to		Insert name of g	aroup		
	ion on behalf of :			, p		
	est of my knowledge and		Post Held			
	tion provided in this appli	ication is true				
and acci	urate.	le: (N				
Title		First Name		Surname		
Address		<u> </u>				
71001000						
		1 -		T		
Post Cod	de	Postal town		Argyll and Bute Area		
Dav time	telephone		Evening telephone			
- u,	10.00.00					
Signature			Date			
	Acc	eacement C	ontact Date	aile		
	<u> 455</u>	sessment C	Unitact Det	<u>ali3.</u>		
Q23	An officer of Argyll ar	nd Bute Council	may contact yo	ur organisation to arrange to		
				cate below the person who		
	should be contacted.					
Name			Job Title			

Email

Visit Address

Day time Phone No.

Evening Phone No.

YOUR PERSONAL CHECKLIST

Items to Include with your application

You will need to ensure that the following items, where relevant to your organisation, are returned with your form. If you do not include them there may be a delay in dealing with your application. Please tick the boxes to show that you have included each item with your application.

Your group's constitution or other governance papers
Your most recent accounts signed and dated by an auditor or someone external to your organisation (Please include their name and address), or if you are a new organisation a financial projection in case
A current bank certificate/statement showing balances held in EVERY account
If applying for grant assistance towards a community asset , a copy of your Business Case
If applying for grant assistance towards an event , a copy of your projected income / expenditure for the event.

Please send your form to the appropriate Corporate Services Manager

You should receive an acknowledgement of receipt within five working days. If you do not, contact whomever you sent the form to.



Head Office: Kilmory, Lochgilphead, Argyll PA31 8RT