

ASSISTANCE TO VOLUNTARY ORGANISATIONS
ASSESSMENT FORM for Leisure Development Grants

1 Details

Name of Assessing Officer	Martin Turnbull
Have you contacted the organisation to assess this application?	Yes
Have you checked that the organisation has had their accounts correctly audited?	Yes

Applicant:	Dunoon Argyll Bowling Club	Scheme:	Leisure Development
Project Title:	Changing Rooms	a) Grant requested from A&B Council	£6,000
		b) Grant awarded last year?	N/A
		c) Total Cost	£12,410
		d) How much is coming from group resources?	£6,410
		e) How much is coming from other agencies?	
Reason for grant	To erect a new changing facility.	Grant Recommended:	£2,000

2 Financial Check – Have you checked the Organisation is:

a)	Fully constituted	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b)	Has submitted a bank statement	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c)	Has submitted audited/signed accounts	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
d)	<u>Leisure and Education Development Grants</u> : If over £2000 has this grant been sent to finance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
e)	If relevant, has the grant passed the financial check?	Awaiting Comments	
f)	Have you checked that the organisation is within 50% of the costs for Education or Leisure Development grants?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
g)	Have you checked that the Council is meeting its obligations under Best Value in awarding this grant, for example, if the grant is awarded will the work definitely go ahead?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

3 General Criteria

Do you concur with the organisation in their assessment of need? Please supply a very brief summary:			
The existing changing facilities are cramped and inadequate, especially as the club is attempting to increase junior participation and develop bowling for disabled and sensory impaired players.			
Is the activity non-political?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Is the project consistent with Council priorities?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Does the project have open membership?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Have sponsorship agreements been checked?	N/A		
How many people overall will benefit from this grant?	100+		
Is the organisation well established?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Have you identified any training needs for the organisations committee or volunteers?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Does the organisation have volunteer training in place?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Have you confidence in their ability to deliver a service?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

5 Equal Opportunities

Please tick the appropriate box to indicate the age of your client group

- 0 - 14 years 15 - 29 years
 30 - 44 years 45 - 59 years
 60 - 74 years 75 and over

Please tick the appropriate box to indicate the sex of your client group

- Male Female Both

Are any of your client group disabled?

- Yes No

What are your clients ethnic group(s)?

A White

- Scottish Other British Irish

Any other White background please specify

B Mixed

Any Mixed background please specify

C Eastern European

D Asian, Asian Scottish or Asian British

Indian Pakistani

Bangladeshi Chinese

Any other Asian background please write in

E Black, Black Scottish or Black British

Caribbean African

Any other Black background please write in

F Other Ethnic background

Any other background please write in