

Community Grant Application Form

Please ensure that you have read and understood the grant selection criteria before completing the following application. Please use BLOCK CAPITALS.

Section 1 - Contact Information

Sections 1 - 3 & 5 to be completed by all applicants

1a Applicant name / group name

1b Contact name
(if applying on behalf of a group)

1c Contact address

Post Code

1d Contact email address

1e Registered address
(if applying on behalf of a group)

Post Code

1f Your position in the group

1g Daytime telephone/mobile no.

1h Web address for group/project

1i Where is your local Scotmid?

1j Are you or any member of your group a member of Scotmid? (please tick) Yes No

If yes, please provide up to 2 members names and share numbers (S/N) below

Name	S/N
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Name	S/N
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Section 2 - Tell us about your group

2a What category does your project fall into? (please tick)

Children/Education Arts & Culture Homelessness/Poverty
Health Elderly People Fair Trade
Environment Active Lifestyles

Other (Please specify)

2b Please provide a brief description of the activities you/your group undertake

2c In what year was the group founded?

2d What is your organisation's main source of income?

2e Are you a registered charity? Yes No

If yes, please provide the registered number

2f Are you a co-operative? Yes No

2g Has your group applied for a Scotmid grant before? Yes No

If yes, were you successful? Yes No

2h Do you or any member of your group have any links with Scotmid? Yes No

If yes, who? (e.g. member of staff, related to member of staff, committee member)

2i If your application relates to sport -
Is the team a member of/or affiliated to a recognised sporting body? Yes No

If yes, which one

2j If the application relates to a childrens group,
have all the relevant child disclosure certificates been received? Yes No

Section 3 - Tell us about your community activity

3a How much are you applying for?

£

3b Have you received funding for this activity from another source?

Yes No

If yes, from where and how much?

3c If successful, what will the grant be used for? Please give a breakdown of your costs of the project.

3d How will this activity benefit your local community?

3e If the grant is for a specific event, what is the date of your event?

3f Will this grant be publicised?

Yes

No

If yes, how?

Section 4 - Independent reference details

to be completed for all applications of £250 or over

4a Please give the name of someone who can provide an independent reference on behalf of you/your group. This must be someone NOT directly involved with the activity for which you are applying for funding.

4b Job title/occupation of referee

4c Referee contact address

4d Referee daytime telephone no.

4e Referee email address

4f Relationship to the group (if any)

Section 5 - to be completed for all applications

Data Protection Statement

Scottish Midland Co-operative Society Limited (Scotmid) may use the information you have provided to enable us to tell you about products, services, offers, news and events. We may also use electronic methods such as email to keep you informed. Please tick here if you would prefer not to receive this information.

Please tick here to confirm that you read and accepted the Grant Selection Criteria.

Signed on behalf of (group name)

Signature

Date

Cheques payable to (group name)

FOR OFFICE USE ONLY

Rec'd

Store

No

Cont'd

W/Sm Ch

Ind Ref Ch

Acc req

Acc ch

Ch done