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| **Shetland Charitable Trust**  **Small Grant Scheme – Application Form** |



Please read our Guidance Notes before completing the form.

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| **Organisation Name** |  |

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| 1. **Organisation Contact Details**   The grant contact should be available during normal office hours (i.e. 9am – 5pm) | | |
| Name |  |  |
| Position |  |  |
| Address |  |  |
| Home Tel: |  |  |
| Mobile Tel: |  |  |
| Email |  |  |
| Website |  |  |

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| 1. **What does your organisation do?**   This is an overview of your general activities - i.e. summary of what your organisation actually does, including its purpose. |
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| 1. **Provide one line to summarise the main purpose of your application for funding.** |
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| 1. **Funding Strands**   Please indicate which of the following funding strand(s) your application relates to | |
| Sport and Recreation |  |
| Arts and Culture |  |
| Heritage and the Environment |  |
| Social Care and Welfare |  |

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| 1. **Provide detail of exactly how you would use this grant and demonstrate why it is needed. Please demonstrate how many individuals your project will reach/impact.** (Evidence of need) |
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| 1. **The objective of the Small Grant Scheme is to help to reduce inequalities and/or promote social inclusion in Shetland. Please fully demonstrate how your project will achieve this.** |
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| 1. **What does your organisation wish to achieve with this grant? How will you know you have achieved this?** |
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| 1. **What risks have you identified with your project, what might go wrong, and how would you address these?**   (If you have a risk assessment for your project please attach it) |
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| 1. **What resources do you have in place to deliver the project**   (If appropriate, please attach your resource plan) |
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| 1. **Funding Request**   SCT is a match funder; funding of up to 75% of total eligible costs can be requested to a maximum of £5,000.  Please enclose a full project cost breakdown as Appendix A.  Any grant award must be spent in financial year ending 31 March 2022. | |
| Total cost of project / service / activity |  |
| SCT funding request  (Funding of £500 to £5,000 can be requested) |  |
| Other funding / match funding  (Please provide details eg. use of reserves) |  |

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| 1. **Please supply the following information from your most recent annual accounts.**   Please enclose a full signed copy of your most recent annual accounts | |
| Accounts for the financial year ending | Day\_\_\_ Month\_\_\_\_\_\_ Year\_\_\_\_\_\_\_ |
| Total Turnover | £ |
| Total Expenditure | £ |
| Profit or Loss for the year | £ |
| Savings, Reserves, Cash or Investments | £ |

**Protection of Vulnerable Groups**

From 1st April 2011, if your organisation is applying for grant assistance from this scheme, your group/ organisation will need to decide whether you have anyone (staff or volunteers) involved in `Regulated Work' with children (and/or protected adults). If your organisation has individuals involved in Regulated Work then those individuals will need to apply to become a member of the PVG Scheme. All groups must also have policies and procedures in place that adequately cover child protection and welfare issues.

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| 1. **Does your group have individuals involved in ‘Regulated Work’ with children and young people under the age of 18?** | |
| YES | NO |

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| 1. **Does your group have individuals involved in ‘Regulated Work’ with protected adults (from the age of 16)?** | |
| YES | NO |

If you answered no to both questions please proceed to question 21.

If you answered yes to either, or both, of the above questions then please complete all of the following questions.

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| 1. **Does your organisation undertake a PVG Scheme Membership check when appointing staff, volunteers or helpers who are doing `Regulated Work', to make sure they are not barred from working with children/protected adults as part of checking their suitability for the particular post?** | |
| YES | NO |

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| 1. **Does your organisation take reasonable steps not to appoint anyone who is unsuitable to work with children/protected adults or who is barred from working with children/protected adults?** | |
| YES | NO |

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| 1. **How does your organisation access PVG checks for its volunteers?**   Please tick one of the following options | |
| Voluntary Action Shetland |  |
| National Governing Body |  |
| Other (please specify) |  |
| Not Applicable (please let us know why) |  |

**Please note that it is a requirement of this scheme that your organisation has in place policies and procedures that meet the requirements of the Protection of Vulnerable Groups (Scotland) Act 2007, and which adequately address child protection and adults at risk of harm.**

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| 1. **Does your organisation have an approved Child and Adult Protection Policy?** | |
| YES | NO |

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| 1. **Does your organisation have an approved Equal Opportunities Policy?** | |
| YES | NO |

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| 1. **For organisations working with children and young people, do you have an approved Code of Conduct for staff and volunteers?** | |
| YES | NO |

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| 1. **Are you satisfied that your organisation complies with the requirements of the Protecting Vulnerable Groups Act 2007?** | |
| YES | NO |

You may wish to refer to the Shetland inter-agency Child and Adult Protection Procedures that are available through a link from the Safer Shetland website below:

[www.safershetland.com](http://www.safershetland.com)

**Data Protection**

As a Data Controller, your organisation must comply with Data Protection Laws including the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, when processing and storing personal data.

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| 1. **Does your organisation comply with Data Protection Laws?** | |
| YES | NO |

**Declaration**

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| Once you have submitted your application form, it is not possible for it to be returned for further work. It is therefore important you are happy with your answers and have included all supporting documents before you submit your application. |

This declaration is to be signed by two authorised persons from the Organisation.

We confirm that, to the best of our knowledge and belief, all the information in this application form is true and correct, and that all possible alternative funding sources have been fully investigated.

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| Signed |  |
| Print Name |  |
| Position |  |
| Date |  |

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| --- | --- |
| Signed |  |
| Print Name |  |
| Position |  |
| Date |  |

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| **Application Checklist**  (tick as appropriate) | | |
| All questions on the application form have been answered |  |
| Two authorised persons have signed the Declaration |  |
| **We have enclosed all the requested documents as detailed below.**  (tick as appropriate) | | |
| Application Form |  |
| Full Project Cost Breakdown (Appendix A) |  |
| Most recent certified accounts or financial statements |  |
| Most recent bank statement |  |
| Constitution |  |
| An up to date list of your organisation’s current management committee representatives, which provides the names and positions |  |
| Copy of Adult/Child Protection policies and procedures (if applicable) |  |

Shetland Charitable Trust (SCT) takes your personal data and our obligations as a Data Controller under Data Protection Laws very seriously. The information provided by you will be stored by SCT on a central electronic database and will be used in a number of ways by SCT when processing any funding applications made by you or your organisation, monitoring grants awarded, related administration and evidencing its grant-giving charitable activities. The information will not be transferred outwith SCT without your explicit consent, subject only to the transfer being necessary for SCT to comply with a legal obligation. SCT will only process your personal data in accordance with the Data Protection Laws. Please contact us if you have any queries about how your information will be used.

**We strongly recommend that you save or copy your application before submitting it.**

**Please email your application and supporting documents to** [**grants@shetlandcharitabletrust.co.uk**](mailto:grants@shetlandcharitabletrust.co.uk)

**Please note we are unable to receive emails larger than 25MB.**

We will send you an email during normal office hours to acknowledge receipt. To ensure your application is processed, please contact us if you do not receive an acknowledgement.