**Mini Grants for Growth**

Supported by Guild Partnership

APPLICATION FORM

Grants of up to £1,000 to support the growth of the Brigade in Scotland and improve the quality of experience offered to members and leaders.

**Round 5 (Restart)** – closing date Monday 6th September 2021

*Please read the guidelines carefully. You must complete* ***all*** *sections of the form.*

**Section 1 – Company Details**

|  |  |
| --- | --- |
| **Company Name** |  |
| **Contact Name** *(this is the person we will contact to discuss/clarify your application, if required)* |   |
| **Position** |  |
| **Correspondence Address** |  Postcode |
| **Email Address** |  |
| **Daytime Telephone Number** |  |
| **Evening telephone Number** |  |
| **Mobile Number** |  |
| **Company’s website** **or Facebook page address** |  |
| **Company Meeting Place** |  |

**For office use only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference Number** | **Grant Requested** | **Grant** **Awarded** | **Monitoring Report due** | **Report** **Received** |
|  |  |  |  |  |

**Section 2 – Proposed activities**

In this section we want you to tell us what you want the funding for and why?

|  |
| --- |
| **How many young people will benefit from this funding?** |
| **Age Group** | **Male** | **Female** | **Total** |
| **Anchors (P1 – P3)** |  |  |  |
| **Juniors (P4 – P6)** |  |  |  |
| **Company (P7 – S3)** |  |  |  |
| **Seniors (S4 – S6)** |  |  |  |
| **Young Leaders (Up to age 26)** |  |  |  |
| **Totals** |  |  |  |

|  |
| --- |
| **Please describe the proposed activity for which you are applying for funding.****Please provide as much detail about the activities as possible.** |
|  |
| **Expected start date**  |  | **Expected completion date** |  |

|  |
| --- |
| **What impact will this funding have…on?** |
| **Young people** |  |
| **Volunteers** |  |
| **The Community** |  |
| **The need for the project should be identified through completion of the Company Healthcheck. What aspect of check identified the need for this project?****\*\*\*A copy of the completed Healthcheck Action Plan should be included\*\*\*** |
| **Did you consult young people, and if so, what did they say?** |
| **How will you record what you have achieved, as a result of the funding?** |

**Section 3 – Finance and Budget**

|  |  |
| --- | --- |
| **Item of Expenditure (A)** | **Estimated Cost £** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Totals (A)** | **£** |
| **LESS Income from other sources (B)** | **£** |
| **Mini Grant requested (C)** | **£** |

**Note: A – B = C**

If you have attracted income from other sources, please tell us about this below

|  |  |  |
| --- | --- | --- |
| **Income from other sources (B)** | **Is funding confirmed?** | **Amount £** |
|  | **Yes/No** |  |
|  | **Yes/No** |  |
|  | **Yes/No** |  |
|  |  | **£** |

**Section 4 – Signed Statements**

To the best of my knowledge, the information given on this form gives a true and accurate account of the Company’s work and needs. I confirm that this application will enable our BB Company to grow local provision for young people, through provision of the activities listed on page 2.

|  |  |
| --- | --- |
| **Applicant’s Name** *(in Block Capitals)* |  |
| **Signature** |  |
| **Date** |  |
|  |
| **Captain/Chaplain’s** *(delete as appropriate)* **Name** |  |
| **Signature** |  |
| **Date** |  |
| **Contact Telephone Number** |  |

 **Section 5 – Checklist**

**Please return application to:**

john.sharp@boys-brigade.org.uk

**By 6th September 2021 (Round 5)**

|  |  |
| --- | --- |
| Answered **all the questions** on the application form |  |
| Application is **signed** |  |
| Application is **countersigned** |  |
| Copy of **most recent annual accounts enclosed** |  |
| Copy of **Company Healthcheck action plan** **enclosed** |  |

The Boys’ Brigade, Scottish Headquarters, Carronvale House, Carronvale Road, Larbert FK5 3LH

T: 01324 562008 (Option 1) F: 01324 552323  facebook.com/TheBBScotland @TheBBScotland

Scottish Charity Number SC038016