**Small Grants Scheme 2024/25**

**Application Form**

Please make sure you read the criteria notes before filling out and submitting this application form.

**Tell us about your group / organisation**

|  |  |
| --- | --- |
| **Group / organisation** |  |
| **Contact name** |  |
| **Position in group / organisation** |  |
| **Contact address** |  |
| **Contact telephone number** |  |
| **Contact email** |  |

**Tell us about the activity you are looking to fund**

|  |  |
| --- | --- |
| **Briefly describe the main purpose of your group / organisation**  |  |

|  |  |
| --- | --- |
| **Please tell us what you want to use the Small Grant Scheme to do:**  |  |

|  |  |
| --- | --- |
| **When will your activity start?** |  |
| **When will your activity end?** |  |

|  |  |
| --- | --- |
| **Please tell us how your proposed activity will have local impact:** |  |

**About the activity finances**

|  |  |
| --- | --- |
| **How much will your project cost?*****(this should not be more than £5000)***  | £ |
| **How much do you want from us?*****(this should not be more that £500)*** | £ |

Please give a breakdown of costs for each item of your activity. We ask that you **do not include on-going costs such as salaries, rents, and other running costs** as these cannot be covered (please see the criteria booklet for more information).

|  |  |  |
| --- | --- | --- |
| **Cost of your** **Activity:****(add more rows if required)** |  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Total**  | £ |

|  |  |
| --- | --- |
| **Name of Bank/Building Society and Branch Name** |  |
| **Cheque to be made payable to** |  |
| **Account Number** |  |
| **Sort Code** |  |

**Have you given us all the information we need?**

|  |  |
| --- | --- |
|  | **Yes / No** |
| **Have you attached your constitution?** |  |
| **Have you attached your most recent set of accounts?** |  |
| **Has your group / organisation previously received an award from the Small Grant Scheme before?** |  |

**Declaration**

I apply, on behalf of the group / organisation named above, for funding as outlined in this proposal to be spent over the proposed funding period on the activities described above.

I confirm that I have the permission / authority from my group / organisation to make this application.

I certify that, to the best of my knowledge and belief, the statements made by me in this application are true and the information provided is correct.

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Date** |
|  |  |  |

Signed…………………………………………………………………………………

Date……………………………………………………………………………………

Application Forms should be completed and submitted before **9:00 am Monday 3 March 2025** by:

* email: kerry.wilson@vaorkney.org.uk
* post: Voluntary Action Orkney, 6 Bridge Street, Kirkwall, KW15 1HR



**Liam McArthur MSP**