

# CashBack for Communities

## Small Grants Scheme

Grants of up to £2,000 to support local youth groups to provide big opportunities for Scotland's young people



Please read the guidelines carefully. You must complete **all** sections of the form. (Version 3)

### Section 1 – Group/Unit Details

<b>Name of Company</b> <i>(To be used in all future correspondence)</i>				
<b>Contact Name</b> <i>(this is person we will contact to discuss/clarify your application)</i>				
<b>Position in Group</b>				
<b>Correspondence Address</b> If this is your personal address please place a tick in this box – this relates to Freedom of Information - see note in section 5.	<input type="checkbox"/>			
<b>Day Tel:</b>	<b>District:</b>			
<b>Evening Tel:</b>	<b>Town/City:</b>			
<b>Mobile Tel:</b>	<b>Postcode:</b>			
<b>Website:</b>	<b>Local Authority:</b>			
<b>Email:</b>				
<b>Are you a voluntary led youth group without the services of paid youth work staff? (please tick)</b>	<b>YES</b>		<b>NO</b>	

Please state whether you are applying for a start-up grant or a programme grant (please tick)

<b>Start-up Grant</b> <i>(please tick)</i>		<b>Programme Grant</b> <i>(please tick)</i>	
<b>When was your group established?</b> <i>(You can apply for a start up grant within 6 months of your group being established)</i>	<b>When was your group established?</b>		
<b>If your group is not yet established, when will it start?</b>			

For office use only:

Reference Number	Grant Requested	Grant Awarded	Eligibility Checked	Monitoring Report due	Monitoring Report received

**Section 2 – About the proposed activities. Tell us what you want the funding for and why?**

**How many Young People will benefit from this funding?**

<b>Age Groups</b>	<b>Male</b>	<b>Female</b>	<b>Totals</b>
<b>Under 10 (See note below)</b>			
<b>10 - 13</b>			
<b>14 - 16</b>			
<b>17 - 19</b>			
<b>20 &amp; over (See note below)</b>			
<b>Totals</b>			

**Note**

CashBack for Communities funding is aimed at young people aged between 10 and 19 years of age. However, consideration will be given to applications where a small percentage of the young people that will benefit from this grant are in either the under 10 or over 19 age range.

**Volunteer Support**

How many volunteers will be involved in the delivery of this programme or project?:

What is the estimated total number of hours that each volunteer will spend on the programme or project?:

How many of these will be new volunteers?:

**Please describe the proposed events and/or activities for which you are applying for funding. Please provide as much details about the events and activities as possible.**

**On what date will you expect your project to start?**

**When will you expect your project to finish?**

**Please give the postcode of the regular meeting place of your group:  
(You must complete this)**

**What impact will this funding have?** (e.g. on young people, on the volunteers within your group, on the local community)

**How have you identified the need for this project?**

**Did you consult young people, and if so, what did they say?**

**How will you record what you have achieved:** (You will be required to keep records on the number of participants and the events and activities that have been organised as a result of this funding)



## Section 4 – signed statements

### Statement to be signed by the unit leader or youth group worker

To the best of my knowledge the information given on this form gives a true and accurate account of the organisation's work and needs.

Your Name (in block Caps)			
Address			
Your Organisation:		Work Tel No:	
		Mobile Tel No:	
Position Held in the Organisation:		Home Tel No:	
		Email Address:	
I confirm that this application will enable the unit or youth group to grow local provision for young people by providing (please tick): <ul style="list-style-type: none"> <li>• The start up costs of a unit or youth group</li> <li>• The costs (or part of the costs) of a particular programme of activity.</li> </ul>			
Signature:			Date:

**Statement to be signed by a member of the youth group's management committee or a Senior Volunteer.** To the best of my knowledge the information given on this form gives a true and accurate account of the organisation's work and needs.

Your Name (in block Caps)			
Address			
Your Organisation:		Work Tel No:	
		Mobile Tel No:	
Position Held in the Organisation:		Home Tel No:	
		Email Address:	
I confirm that this application will enable the unit or youth group to grow local provision for young people by providing (please tick): <ul style="list-style-type: none"> <li>• The start up costs of a unit or youth group</li> <li>• The costs (or part of the costs) of a particular programme of activity.</li> </ul>			
Signature:			Date:

## Section 5 – Checklist

Answered **all the questions** on the application form

Application is **signed** in person by Group Leader

Application is **signed** in person by Member of Management Committee or Senior Volunteer

A copy of your **most recent annual accounts**

### Data Protection

The partnership of six organisations are aware of their responsibilities in ensuring that the data you have provided as a result of this application is secure. We confirm that we will only use this data to fulfil our duties in relation to this grant programme. As this is Scottish Government funding it is however subject to the provisions of the Freedom of Information (Scotland) Act 2002 and we may have to provide information to fulfil this obligation. **Personal addresses are not subject to Freedom of Information so it is important that you tick the box on the front page if you are using your personal address for correspondence.**

I confirm that I have read the above information regarding Data Protection and the Freedom of Information Act.  Tick Box

**If your application is successful, your organisation may be one of those chosen to be visited by a Scottish Government Officer or by a Minister.**

### Deadline Details

**All completed applications must be completed and received by:**

- 1 June 2011
- 1 September 2011
- 1 December 2011
- 1 March 2012

**Please return this application to:**

**ENTER ORGANISATION ADDRESS HERE**

**The Boys' Brigade  
Carronvale Road  
Carronvale House  
LARBERT FK5 3LH**