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 1 – application closing date 1st August 2019

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	Grant	Grant	Monitoring	Report
Number	Requested	Awarded	Report due	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 propo Please provide as much de				nding.
Expected start date		Expected	d completion date	

What impact will this funding haveon?			
Young people			
Volunteers			
The Community			
=	oject should be identified through completion of the Company aspect of check identified the need for this project?		
	the completed Healthcheck Action Plan should be included***		
Did you consult young people, and if so, what did they say?			
How will you record	d 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

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

Please return application to:

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

By 1st August 2019 (Round 1)