**Auchtertool Community Trust – Funding Guidelines and Information**

Auchtertool Community Trust is a Company Limited by guarantee and ihas charitable status which has been established to undertake projects and disburse community funding received from the Gevens Wind Turbines to support projects in Auchtertool and the surrounding area. (Auchtertool Community Council boundary)

WHAT WE WILL SUPPORT:

* Community projects for public benefit
* Projects which improve the quality of life for local residents
* Projects from constituted groups within the communities of Auchtertool and the surrounding area
* Individuals, whose home address is within Auchtertool and the surrounding area, who are pursuing their education/training/or area of excellence
* Projects that compliment or improve statutory funded projects or services.

OUR AREAS OF SPECIFIC INTEREST

* Community Involvement
* Community Facilities
* Safety issues
* Improved community spaces
* Education & training
* Transport
* Environmental Improvement
* Health & wellbeing

WHAT WE CANNOT FUND:

* Projects out-with the areas of Auchtertool and the surrounding area
* Groups which have no constitution or bank account
* Commercial undertakings creating commercial profit for individuals unless of a social enterprise model and community benefit.

LEVEL OF SUPPORT

* There is no minimum or maximum level of funding as each application will be considered on its own merits. Major projects may be asked to provide additional information after The Trust has considered an initial application
* The Trustees are prepared to fund a project completely i.e. there is no matched funding required.
* The Trustees would like to emphasise that there is no minimum level of funding support.

IF YOU ARE SUCCESSFUL

* You will be expected to produce proof of expenditure as part of the monitoring process
* You will be asked to take part in publicity through the local press, including photographs

AWARD DETAILS

* Payments will be made by cheque or BACS, so state clearly the payee and account details in your application.
* The Trustees will meet at least quarterly to consider applications.
* Applicants will be advised of the outcome of their applications timeously.
* Cheques/payments will be issued within 10 working days.

REPEAT APPLICATIONS

* The Trustees will not consider multiple live applications from the same group at any time.
* Upon satisfactory completion of one project, a second application may be submitted.
* However, the same project will not be funded annually as a matter of course,

but may be considered by the Trust.

Application Form

1. **What is the Organisation or Individual’s name and address?**

Organisation/Individual Name

|  |
| --- |
|  |

Organisation/Individual Address

|  |
| --- |
|   Postcode |

Name of Main Contact – If group or individual is under 16 this should be an appropriate adult.

|  |
| --- |
|  |

Telephone Number

|  |  |
| --- | --- |
| Daytime | Evening |

1. **Previous Funding**

Have you received funding from us before?

Yes No

If yes, please give details below

|  |
| --- |
|  |

1. **Please indicate which of ACT Areas of Specific Interest your project/award will support.**
2. **Please give details of your proposed project?**

Project Description

|  |
| --- |
|  |

Where is your project?

|  |
| --- |
|  |

How much do you need?

|  |
| --- |
|  |

Who Will Benefit?

|  |
| --- |
|  |

How many people will benefit?

|  |
| --- |
|  |

Ages of those that will benefit from the project?

|  |
| --- |
|  |

What is the expected timescale of the project?

|  |
| --- |
|  |

1. **Checklist**

Please make sure you have enclosed the following information.

Organisation’s Constitution

Latest Accounts or bank statement if you are a new organisation

Detailed costings of project including any quotes obtained

Any photographs or further information which would help support the application

1. **Declaration**

By signing this declaration you are indicating that you are authorised to apply for a grant from us (ACT) on behalf of the organisation/individual and furthermore acknowledge that if at any stage of the application you make seriously misleading statements or knowingly withhold information this could make your application invalid and you could be held liable to repay any funds to us.

|  |  |
| --- | --- |
| Signed  | Date |

Please return the completed form to:

bursaryauchtertooltrust@gmail.com

or by posting it in the grey letter box beside the Village Hall door.