



**From mountain to sea**

## **COMMUNITY FOOD FUND**

### **Funding Application Form**

The aim of the Community Food Fund is to support local projects tackling food security in Aberdeenshire communities.

Groups applying must be **constituted**. **Partnerships** involving unconstituted Community organisations can apply but the **lead partner** must be constituted.

**Decisions on applications will be made by: Area Manager**

**Timescale for decision making will be: 20 working days from receipt of valid application form.**

## GUIDANCE NOTES

### PLEASE READ CAREFULLY WHEN COMPLETING YOUR APPLICATION

#### Section 1: Group Details

Please ensure this section is completed in full including bank details and that a copy of the group's Constitution or Memorandum and Articles is attached.

##### **Name of Organisation/Group applying**

This is the name of the group applying for the funding. For partnership applications the details of the lead partner should be used.

##### **Name(s) of Partners directly involved**

This section is for partnership applications only. This should be left blank if the group making the application is the sole organisation directly involved.

#### Section 2: Details of the Project

##### **2.1 Project Details**

Applicants should detail the outcomes the project proposes to achieve and explain how these relate to supporting food security for the community.

##### **2.2 Have you received any other funding for this project?**

Please give details of any other funding you may have received towards this project.

##### **2.3 How many people are likely to benefit from the project?**

Please give an indication of the number of people who will benefit from this project. If possible, applicants should seek to provide demographic information.

##### **2.4 How do you know the project is needed?**

Please indicate how you know there is a need for the project in your community, how you know it is not going to duplicate something that already exists and why your organisation or partnership should deliver it.

##### **2.5 Does the project demonstrate partnership working?**

How does your project involve other groups or partners?

## **2.6 Is your project aimed specifically at any of the following protected characteristics?**

Everyone is protected by the [Equality Act](#). Every person has one or more of the protected characteristics, so the Act protects all of us against unfair treatment.

Please indicate if your project is specifically aimed at promoting positive attitudes, equality and diversity and eliminating discrimination, harassment and victimisation in any of the nine protected characteristics.

### **Section 3: Project Costs**

Please ensure this is completed as fully as possible including a breakdown of the costs you are applying for.

Payment will be made directly into a group's bank account.

**The money awarded must be spent, and receipts sent to the Area Manager's Office, within 12 weeks of the grant award. If you will require longer to spend your grant you must discuss this with the Area Manager's Team.**

You must provide a report on the difference your project has made no later than six months after the grant is awarded.

### **Section 4: Signature:**

Please ensure the application is signed by one of the group's office bearers. If you are unable to sign the form, please type your name in the Signature Box and ensure the form is sent from the same email address stated in the group details section of the form.

### **Additional Information**

This scheme will be advertised widely by the Area Manager's Team.

Eligibility is limited to properly constituted groups (or Partnerships involving Community Organisations with a constituted group as lead partner) with an annual turnover of less than £250,000 per annum. Applications which are solely or substantially for individual benefit will not be considered.

Please make sure you have also read the Criteria document for the fund which can be found on the Community Food Fund page of Aberdeenshire Council's website.

If any additional assistance or guidance is required, please contact: your Area Office

BANFF & BUCHAN Area Office:

Tel. no: 01467 530700

[banffandbuchanamo@aberdeenshire.gov.uk](mailto:banffandbuchanamo@aberdeenshire.gov.uk)

BUCHAN Area Office

Tel. no: 01467 537259:

[buchan@aberdeenshire.gov.uk](mailto:buchan@aberdeenshire.gov.uk)

FORMARTINE Area Office:

Tel. no: 01467 538439

[formartineareaoffice@aberdeenshire.gov.uk](mailto:formartineareaoffice@aberdeenshire.gov.uk)

GARIOCH Area Office:

Tel. no: 01467 539371

[garioch@aberdeenshire.gov.uk](mailto:garioch@aberdeenshire.gov.uk)

KINCARDINE & MEARNs Area Office:

Tel. no: 01467 535652

[kincardineandmearns@aberdeenshire.gov.uk](mailto:kincardineandmearns@aberdeenshire.gov.uk)

MARR Area Office:

Tel. no: 019755 20400

[marr@aberdeenshire.gov.uk](mailto:marr@aberdeenshire.gov.uk)

# Aberdeenshire Council Community Food Fund Application Form

## SECTION 1: Group Details

<b>Name of Organisation/Group applying/ Lead Partner</b>	
<b>Name(s) of other Partners</b> (partnership projects only)	
<b>Contact Name</b>	
<b>Position</b>	
<b>Address</b> (including postcode)	
<b>Telephone No</b>	
<b>Email address</b>	

Please enter Treasurer's details below (if different from contact above)

<b>Address</b> (including postcode)	
<b>Telephone No</b>	
<b>Email address</b>	

Please enter the details of the Bank Account to receive funding if awarded:

<b>Bank Account Number</b>	
<b>Sort Code</b>	
<b>Bank Account Name</b>	

## **SECTION 2: Details of the Project**

**2.1 Please give details of your project, identifying proposed outcomes and how this project contributes to tackling community food security.**

**2.2 Have you received any other funding for this project? Please provide details of amount and the funder:**

**2.3 How many people are likely to benefit from the project?**

Please provide details:

Less than 20    21-50    51 – 100    whole community

**2.4 How do you know the project is needed?**

**2.5 Does the project demonstrate partnership working?**

Please give details of any other groups/partners that are involved in the project:

**2.6 Is your project aimed specifically at any of the following protected characteristics?**



Sexual Orientation



Pregnancy & Maternity



Age



Race



Disability



Sex



Religion/belief



Gender reassignment



Marriage/Civil partnership

**SECTION 3: Project Cost**

<b>Total cost of project</b>	
<b>Amount requested</b>	
<b>Breakdown of cost</b>	

## **SECTION 4: Signature**

<b>Signature</b>	
<b>Position</b>	
<b>Date</b>	

**Please check that you have included the following documents:**

The application form	
A copy of the group's (or lead partner's) Constitution, or Memorandum and Articles	

Please return the completed application form and any supporting documents to the email address for your local area office below. If an electronic return is not possible please contact us by phone at the number in the guidance notes.

BANFF & BUCHAN Area Office:

[banffandbuchanamo@aberdeenshire.gov.uk](mailto:banffandbuchanamo@aberdeenshire.gov.uk)

FORMARTINE Area Office:

[formartineareaoffice@aberdeenshire.gov.uk](mailto:formartineareaoffice@aberdeenshire.gov.uk)

KINCARDINE & MEARNNS Area Office:

[kincardineandmearns@aberdeenshire.gov.uk](mailto:kincardineandmearns@aberdeenshire.gov.uk)

BUCHAN Area Office:

[buchan@aberdeenshire.gov.uk](mailto:buchan@aberdeenshire.gov.uk)

GARIOCH Area Office:

[garioch@aberdeenshire.gov.uk](mailto:garioch@aberdeenshire.gov.uk)

MARR Area Office:

[marr@aberdeenshire.gov.uk](mailto:marr@aberdeenshire.gov.uk)

### **For office use only**

Award amount:

Authorised by:

Date sent to Finance: