

COASTAL COMMUNITIES FUND BUCHAN (Grants over £1000) Standard Grant Application

| Project Title | |
|---------------|--|

1 Contact Details

| Organisation Name | |
|--------------------------------------|--|
| Registration Number (if applicable): | |
| Contact Name | |
| Position in Organisation | |
| Address (including postcode) | |
| Telephone Number | |
| Email Address | |

2. About your Organisation and Project

| 2.1 | Tell us about your organisation's aims and purposes (include details of your |
|-----|--|
| | membership and evidence that the organisation has the right level of resource, skills, |
| | and capacity to deliver the project) |

| 2.2 | Project location or address | |
|------------|-----------------------------|--|
| | | |
| Address | | |
| | | |
| Settlement | | |
| | | |
| Postcode | | |

| 2.3 | Provide a summary of the activity to be carried out. If the project has more than one phase, please note the phases and clearly state which phase(s) this application refers to. |
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| 2.4 | Please describe the anticipated benefits, outcomes and impact of the project. Should also comment on the sustainability and legacy of the project. | You |
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3 Project Costs and grant amount

Please note that grant applications for £10,000 or over should only be made using this form if an Expression of Interest has been approved in advance.

| 3.1 | What is the total project cost? | £ |
|-----|---------------------------------|---|
| | | |

| 3.2 | Please tell us the costs of each item or activity you would like us to fund: (Please read the application guidance on grant amounts and percentages.) | | | | |
|-----------------|--|------------|---|--|--|
| Item / Activity | | Total Cost | Amount Requested from Coastal Communities Grant | | |
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| | | | | | |
| | | | | | |
| Total £ | | | | | |

| 3.3 | Please tell us about match funding and fundraising, including other funding applied for: (give details of the amount(s) and source(s) as appropriate – including Aberdeenshire Council sources) | | | | |
|--------|---|--|--|--|--|
| Source | Amount Date confirmed | | | | |
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4. Project Timeline and Milestones

| 4.1 | Will your project be completed by 31 st March? | | Ye | es | | No | |
|-------------|---|----------------------|----|-----|--------|----------|--|
| 4.2 | Please list any project milestones. | | | | | | |
| Activity of | carried out | Estimated Start Date | | Est | imated | End Date | |
| | | | | | | | |
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5 Priorities and output indicators

| 5.1 | Please indicate which Coastal Communities priority the project will support and how it will contribute to this priority (applicants should select only one priority which the project best fits within): | | |
|---|---|---|--|
| Priority | | How does the project contribute to the selected priority? | |
| 1) Su | pporting the development of active travel | | |
| routes | s along, to and from the coastline | | |
| 2) Developing the coastal economy, workforce and sustainable tourism | | | |
| 3) Creating or enhancing community, leisure and recreational facilities | | | |
| 4) Safeguarding, restoring or enhancing the coastal environment | | | |

| 5.2 | Please indicate which Buchan Community Plan priority the project will support and how it will contribute to this priority (applicants may select more than priority if applicable) | | | | |
|--------------------------------|--|--|--|--|--|
| | It will contribute to this priority (applicants in | | | | |
| Priori | ty | How does the project contribute to the | | | |
| | | selected priority? | | | |
| | upport the delivery of projects and | | | | |
| initiati | ives which are important to communities | | | | |
| 1.2 D | evelopment of a Community Wealth | | | | |
| Buildi | ng approach in Buchan | | | | |
| 1.4 E | nsure there is affordable, accessible, | | | | |
| flexib | le, and reliable transport available in our | | | | |
| comm | nunities including active travel opportunities | | | | |
| 2.3 S | upport the development of activities for | | | | |
| comm | nunities, to maintain a healthier lifestyle | | | | |
| 2.4 S | upporting the development of tools and | | | | |
| initiati | initiatives to improve mental wellbeing and | | | | |
| reduc | reduce social isolation | | | | |
| Other | Buchan Community Plan Priority (please | | | | |
| state relevant priority here): | | | | | |
| lf you | If you are uncertain about any of these priorities please contact: the Buchan Area Team at | | | | |
| bucha | buchan@aberdeenshire.gov.uk | | | | |

| 5.3 | Please provide an estimate and description of your project's contribution to the following indicators ¹ : | | | | |
|-----------|--|--------|---|--|--|
| Indicator | | Number | Please describe how the project contributes to these outputs as applicable: | | |
| 1. Nu | umber of new facilities created | | | | |
| | umber of existing facilities | | | | |
| | umber of jobs created (FTE @ ' hour week) | | | | |

¹ You should only enter outputs which are directly attributable to the project and which can be evidenced following completion

| 4. | Number of new products/services created | | |
|---|---|----------|--|
| 5. | Number of volunteer opportunities created | | |
| 6. | Length of active travel routes enhanced or created (km) | | |
| 7. Reduction in greenhouse gas emissions (Carbon dioxide equivalent (CO2e) per annum) | | | |
| 8. | Increase in revenue to sustain and organisation (£ per annum) | grow the | |

| 5.3 | Give details of how your project meets the requirements of the Equality Act 2010 ensuring that it will be inclusive and not discriminate against any members of your community. |
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Applicant Declaration: -

I certify that the information contained in this application is correct, and that I am authorised to make the application on behalf of the above group. I understand that decisions made by the Buchan Area Committee, including those made by agreed delegation to the Buchan Area Manager in consultation with the Chair and Vice-chair, are final.

| Name (Please print) | |
|------------------------|--|
| (Please print) | |
| | |
| Signature | |
| | |
| | |
| Date | |
| | |
| | |

Checklist – please attach the following items

| Governing Document | |
|-----------------------------------|--|
| Most recent verified accounts* | |
| Three most recent bank statements | |
| Quotes / Specifications | |
| Confirmation of match funding | |

*new organisations or organisations not required to produce annual accounts should contact the Buchan Area Team at <u>buchan@aberdeenshire.gov.uk</u> to discuss evidence requirements.

Applications should be emailed to <u>buchan@aberdeenshire.gov.uk</u>

Please note application checks including financial checks will begin as soon as your application is received.