

**KINCARDINE & MEARNS**

**COASTAL COMMUNITIES FUND**

**Grant Application Form**

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| **Project Name:**  |  |

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| **SECTION 1: Applicant Details** |
| **1.1** | **Organisation Name:** |  |
| **1.2** | **Registration Number, if applicable:** (i.e. SCIO or BenCom number) |  |
| **1.3** | **Registered Address:** |  |
| **1.4** | **Value of any public funding received over last three financial years:** | £ |
| **1.5** | **Is your organisation VAT registered?** | *Please select* |
| **1.6** | **VAT Number:** |  |
| **1.7** | **Contact Person Name:** |  |
| **1.8** | **Address (including postcode):** |  |
| **1.9** | **Telephone:** |  |
| **1.10** | **Email:** |  |

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| **SECTION 2: Capacity to Deliver** |
| **2.1** | **Please provide a summary of your organisation’s capacity to deliver the project, including information on past experience and personnel/resources available to manage and deliver the project.** |
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| **SECTION 3: Project Description and Outcomes** |
| **3.1** | **Where will the project be located/project activity take place?** The site of the project must be within 1 mile of Aberdeenshire’s coastline. Up to 2 miles **may be** considered where there is a strong and tangible link to the coast or sea. |
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| **3.2** | **Please provide a summary of the activity to be carried out.** |
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| **3.3** | **Please describe how the project demonstrates a tangible link with the coast and/or the sea.** |
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| **3.4** | **Please describe the anticipated positive benefits including leverage of other grant funding and impact of your project. You should also comment on the sustainability and legacy of the project.**  |
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| **3.5** | **Please provide an estimate and description of your project’s contribution to the following Outputs, Outcomes and Results indicators:**(You should only enter outputs which are directly attributable to the project and which can be evidenced following completion.) |
| **Indicator** | **Number** | **Please describe how the project contributes to these outputs as applicable:** |
| 1. Number of new facilities created
 |  |  |
| 1. Number of existing facilities enhanced
 |  |  |
| 1. Number of jobs created (FTE @ 37 hour week)
 |  |  |
| 1. Number of new products/services created
 |  |  |
| 1. Number of volunteer opportunities created
 |  |  |
| 1. Length of active travel routes enhanced or created
 |  |  |
| 1. Reduction in greenhouse gas emissions
 |  |
| 1. Increase in biodiversity
 |  |
| 1. Increase in revenue to sustain and grow the organisation
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| **3.6** | **Please indicate which 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?** |
| Click here to select a priority  |  |

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| **SECTION 4: Risk Management** |
| **4.1** | **Please provide a breakdown of risks to the delivery of the project and address how you will mitigate these risks:** |
| **Risk** | **Mitigation** |
| **Additional project costs** |  |
| **Timescale slippage** |  |
| **Others** (please insert a separate line for each identified risk) |  |
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| **SECTION 5: Project Timescale** |
| **5.1** | **Please provide a list of project milestones. These should cover the duration of the project and include all project activity listed in section 3.2****YOUR PROJECT MUST BE COMPLETE BY 31 MARCH**  |
| **Activity carried out** | **Estimated Start Date** | **Estimated End Date** |
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| **SECTION 6: Project Costs** |
| **6.1** | **Please enter a list of project costs** (a minimum of 10% match funding is required)**.**  |
| **Source** | **Confirmed? (Y/N)** | **Amount (£)** |
|  | Please select |  |
|  | Please select |  |
|  | Please select |  |
|  | Please select |  |
|  | Please select |  |
|  | **Total Project Costs:** | **£** |

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| **SECTION 7: Funding Package** |
| **7.1** | **Please enter a list of project match funding** (a minimum of 10% match funding is required)**.**  |
| **Source** | **Confirmed? (Y/N)** | **Amount (£)** |
|  | Please select |  |
|  | Please select |  |
|  | Please select |  |
|  | Please select |  |
|  | Please select |  |
|  | **Total match funding:** | **£** |

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| **7.2**  | **Grant requested** (This must equal total project costs minus total match funding) | **£** |

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| **SECTION 8: Supporting Documents** |
| **Supporting Documentation Enclosed:** | **Document name(s)** | **Submitted?**  |
| Constitution or Memorandum/Articles of Association |  | Please select |
| Annual accounts (most recent 3 years)  |  | Please select |
| Bank statements (most recent 3 months) |  | Please select |
| Quotes/specifications for each item |  | Please select |
| Relevant insurance policy certificate(s)\* |  | Please select |
| Evidence of land ownership/lease\* |  | Please select |
| Confirmation of match funding |  | Please select |
| Project cash flow |  | Please select |
| Letters of support |  | Please select |
| Evidence of need (e.g. consultation, research, surveys)\* |  | Please select |
| Permissions (e.g. planning, marine licence)\* |  | Please select |
| Photographs/plans/drawings\* |  | Please select |
| *Others- please add as applicable* |  |  |
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\**If applicable*

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| **SECTION 9: Declaration**  |
| **I confirm that I am authorised by my organisation to apply for grant funding from the Coastal Communities Fund and that all information provided in this application is correct to the best of my knowledge:** |
| **Authorised Signature** |  |
| **Print name** |  |
| **Position in organisation** |  |
| **Date** |  |

Completed forms and all additional documentation should be emailed to diane.henderson@aberdeenshire.gov.uk

**or**

sent by post to Kincardine and Mearns Area Team, Aberdeenshire Council, Viewmount, Arduthie Road, Stonehaven, AB39 2DQ

**Please Note:**- Successful applicants will be required to complete a short feedback form on the project by no later than 31March 2026.

**Privacy Notice**

The Data Controller of the information being collected is Aberdeenshire Council.

The Data Protection Officer can be contacted at Town House, 34 Low Street, Banff, AB45 1AY.

Email: dataprotection@aberdeenshire.gov.uk

Your information is being collected to use for the following purposes:

* To facilitate the administration of a grant application and any resultant grant award and claims

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| Being collected by Aberdeenshire Council |

Your information is:

The Legal Basis for collecting the information is:

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| **Personal Data** | **Special categories of personal data** |
| Consent |  | The data subject has given explicit ***consent*** to the processing |  |
| Performance of a Contract | X | Processing is necessary for the purposes of carrying out the obligations of the controller or of the data subject in the field of ***employment, and social security and social protection law*** |  |
| Legal Obligations |  | Processing is necessary to protect the ***vital interests*** of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent |  |
| Vital Interests |  | Processing relates to personal data which are made ***public*** by the data subject |  |
| Task carried out in the Public Interest |  | Processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity |  |
| Legitimate Interests[[1]](#footnote-2) |  | Processing is necessary for reasons of ***substantial public interest*** |  |
| Processing is necessary for legitimate activities with appropriate safeguards by a foundation, association or any other not-for-profit body with a political, philosophical, religious or trade union aim and on condition that the processing relates solely to the members or to former members of the body or to persons who have regular contact with its connections with its purposes and that the personal data are not disclosed outside that body without the consent of the individuals |  |
| Processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of ***health or social care*** or treatment, or the management of health or social care systems |  |
| Processing is necessary for reasons of public interest in the area of ***public health*** |  |
| Processing is necessary for archiving purposes in the ***public interest***, scientific or historical research purposes or statistical purposes |  |

Where the Legal Basis for processing is either Performance of a Contract or Legal Obligation, please note the following consequences of failure to provide the information:

*We will be unable to consider your grant application.*

Your information will be shared with the following recipients or categories of recipient:

*The UK and/or Scottish Government and associated agencies which are responsible for the administration of Coastal Communities Fund monies*

Your information will be transferred to or stored in the following countries and the following safeguards are in place:

*Not applicable*

The retention period for the data is:

*If your application is successful, 7 years from the closure of the funded project. If your application is unsuccessful, 7 years from the date of application.*

The following automated decision-making, including profiling, will be undertaken:

*Not applicable*

Please note that you have the following rights:

* to withdraw consent at any time, where the Legal Basis specified above is Consent;
* to lodge a complaint with the Information Commissioner’s Office (after raising the issue with the Data Protection Officer first);
* to request access to your personal data;
* to object, where the legal basis specified above is:
1. Performance of a Public Task; or
2. Legitimate Interests.
* to data portability, where the legal basis specified above is:
1. Consent; or

(ii) Performance of a Contract;

* to request rectification or erasure of your personal data, as so far as the legislation permits.
1. Please see the Privacy Notice Guidance for details of limited use of this ground for processing personal data [↑](#footnote-ref-2)