

# COMMON GOOD FUNDS GRANT APPLICATION FORM

Which Common Good Fund do you wish to apply for financial assistance from (please circle)?

Aberlour    Buckie    Cullen    Dufftown    Elgin    Forres    Keith

## TELL US ABOUT YOURSELF/YOUR GROUP

### Question 1

Name of Group

Name of main contact in the group (to whom correspondence will be sent)

Title

First Name

Surname

Position held in group

Contact Telephone Number

Full Address for Correspondence

Email Address

### Question 2

What type of group are you?

Registered Charity

Scottish Registration Number?

Voluntary

Do you have a constitution?

Yes	No
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Other

If Other Explain

### Question 3

What are the main activities and aims of your group?

**TELL US ABOUT THE AWARD**

**Question 4**

a) How much money are you applying for and briefly what will it be used for?

	Total Cost (£)	Amount (£) Requested

b) If the grant is needed for an on-going project, what are your plans for future/ongoing funding

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**Question 5**

How many people will benefit from the grant? (approximately)

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**Question 6**

What are the main benefits the grant award will achieve

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**Other Details**

**Question 7**

a) Give details of any fundraising you have done for the project described in this application?

	Total (£)
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b) Have you applied for, or do you intend applying for funds from other bodies for the project described in this application? If so, tell us how much you have applied for, or intend applying for.

	Amount (£)
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c) Have you applied for a Common Good Grant before?

Yes	No
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If yes, when did you apply and for what

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**Question 8**

Please give information relating to your most recent audited accounts

Year Ending

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Total Income	£
Minus Total Expenditure	- £
Equals Surplus/Deficit for the Year	= £
Savings (Cash, Investments, Reserves)	£

**PLEASE INCLUDE WITH YOUR APPLICATION A COPY OF YOUR MOST RECENT AUDITED ACCOUNTS**

I confirm, on behalf of ( insert name of group below)

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That I am authorised to sign this declaration on it's behalf, and that to the best of my knowledge and belief all replies are true and accurate.

Signed

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Date

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**Should the purchase or event not be carried out, repayment of the full amount will be requested.**

Please forward completed form to Accountancy, HQ, Elgin

Contact details: telephone No. 01343 563125, e-mail: [accountancy.support@moray.gov.uk](mailto:accountancy.support@moray.gov.uk)