



Berwickshire Association for Voluntary Service

BAVS ASSIST GRANT

Application for Financial Assistance

Before filling in this form please read the application guidance notes. If you have any further queries contact us on 01361 883 137 and we will be happy to help.

We will not process incomplete forms. Please email your completed form to us at kathy.cremin@bavs.org.uk

Part 1) About your project

Organisation Name	
Address	
Telephone Number	
Website	
Address for correspondence (if different from above)	
Telephone Number	
Legal status of organisation (if a registered charity please state charity number)	
Overview of your project	

Part 2) Main Contact

Name of main contact	
Position held	
Contact number	
Contact email address	



Part 3) About your project

Proposed project title	
How will the grant be used?	
Amount requested	£
How long will the project run for?	
Will this project involve partnership working with another organisation? (please detail organisation)	
Who will benefit from the project and how?	
Have you already been working with BAVS? In what capacity/ with whom?	

Part 4) Budget

How much will your project cost?
Partnership funding is not essential, but if you have secured or have applied for funding from other sources please detail here.

Items of expenditure	£
Total	



Account Details	
Name of bank/building society	
Name of account	
Account Number	
Sort Code	

Part 5) Referees

Please provide details of two referees that we can contact who know about and can provide support for your application. We will contact all referees directly and cannot release funds without references returned.

Referee 1	
Name	
Position	
Telephone	
Email	

Referee 2	
Name	
Position	
Telephone	
Email	

Part 7) Publicity

If a grant is awarded, any publicity must recognise BAVS support. Please indicate which of the following will be applicable to the project:

	Yes	No
Acknowledgement in all press and media releases	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement in all project documentation	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

Part 6) Signatures

I confirm that the information provided for this application is true and accurate

Name _____

Signed _____

Date _____

Position in Organisation _____



Part 7) Checklist

Before sending off this application, please check that copies of the following documents (where applicable) have been enclosed:

Established organisations (running for more than 2 years)

- Copy of constitution
- Two quotes/ estimates
- Last set of annual accounts

New organisations (running for less than 2 years)

- Copy of constitution
- Most recent bank statements (three months if possible)
- Two quotes/ estimates

Please send your completed application form to:

Kathy Cremin
Berwickshire Association for Voluntary Service
Platform One, Station Road, Duns, TD11 3HS
Tel: 01361 883 137 Fax: 01361 884 976 Email kathy.cremin@bavs.org.uk