

BERWICKSHIRE ASSOCIATION FOR VOLUNTARY SERVICE

BAVSASSIST

Application for Financial Assistance

PLEASE

- **REFER TO THE GUIDANCE AND INFORMATION NOTES BEFORE COMPLETING THIS FORM**
- **COMPLETE FORM IN BLOCK CAPITALS OR TYPE AND USE BLACK INK**
- **DO NOT START YOUR PROJECT OR COMMIT EXPENDITURE ON IT BEFORE RECEIVING APPROVAL OF GRANT**

1. The name of your group/organisation

2. The name and address of your group's contact person

Postcode: _____

Telephone (day) _____ Telephone (evening) _____

Email _____

3. The name of your project

4. Where in the Berwickshire area will the grant be used?

5. How will the grant be used?

We need to build a stout and secure shed to house our recently bought tractor/lawn mower and a variety of gardening tools.

The shed will be built next to the outside classroom on the play park and will be built under the supervision of the Criminal Justice Team who built our outside classroom for us.

The labour will be provided by young people on the Community Payback Scheme

6. When will your project start? _____ When is expected to end?
2914 _____

7. What evidence is there that your project is needed?

8. Who will benefit from the project and how?

9. Does this project require planning permission/building warrant
If yes please give details (including if these have been applied for or granted)

10. What environmental impact(s) will your project have?

11. How much will your project cost?

Items of expenditure	£
Total	

12. Bank/building society account details

Name of bank/building society

Name of account

How many people have to sign each cheque or withdrawal from this account;

Names of Signatories to account and post held

13. 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)	<input type="checkbox"/>	<input type="checkbox"/>

Declaration:

We wish to apply for a Berwickshire Association for Voluntary Service *BAVSASSIST* Scheme Grant. The above is an outline of proposed project. We have read and understand the guidance notes for applicants and agree to the conditions contained therein. We understand that the grant may be modified or withdrawn, if all conditions are not adhered to. On completion of the work we will submit a grant claim form to Berwickshire Association for Voluntary Service, attaching receipted invoices. We are willing to co-operate in the monitoring of the grant scheme and to meet with their representatives if required to do so.

Signed: ----- **Date:** -----

Checklist:

Before sending off this application, please check that copies of the following documents (where applicable) have been enclosed: Quotations/Estimates, Up to date financial information on the group applying for funding.

Please send your completed application form to:
Alice Fisher
Berwickshire Association for Voluntary Service
Platform One, Station Road, Duns, TD11 3HS
Tel: 01361 883 137 Fax: 01361 884 976 Email alice.fisher@bavs.org.uk